

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-EZ**

Department of the Treasury Internal Revenue Service

## **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)

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/form990.

OMB No 1545-1150

2016

Open to Public Inspection

Α	For th	ne 2016 cale	ndar year, or tax year begii	nning		, and	l ending			
В	Check	Check if applicable C Name of organization					D Em	D Employer identification number		
	Addres	s change	IGLESIA PENTECOSTAL EBENEZER, INC				ĺ			
	Name	change	Number and street (or PO box, if mail is not delivered to street address)  Room/suite			66-0558099				
	Initial re	eturn	PO BOX 444					E Tele	phone nu	ımber
	Final retu	ım/terminated	City or town		State	ZIP cod	e	1		
	Amende	ed return	KINGSHILL		VI	00851	-0444		(340	0) 513-8957
	Applica	tion pending	Foreign country name	Foreign provi	nce/state/county		postal code	F Gro	oup Exe	mption
	-							Nu	mber <b>&gt;</b>	
_	A		X Cash Accrual	Other (en				Chask		.f.th.a. a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a
G	Websi	nting Method	X Cash Accrual	Other (spe			"	Check		If the organization is
١.						<del></del>			•	o attach Schedule B 0-EZ, or 990-PF)
<u>J</u>	Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527					(1 01111				
~K	Form o	f organization	Corporation	Trust	Association	X Ot	her NON-	PROFI	Γ	
77	Add line	es 5b. 6c. and	d 7b to line 9 to determine gro	oss receipts If gros	s receipts are \$200	.000 or mor	e. or if total as:	sets	-	
$\sim$			pelow) are \$500,000 or more,				., ., ., ., ., .,		<b>▶</b> \$	12,618
en P	art I		ie, Expenses, and Cha				(see the in	structi		
<u> </u>			f the organization used							X
₹—	1		ns, gifts, grants, and simila		<del>_</del>	7			1	12,581
-	2		ervice revenue including g					ł	2	12,301
er Frig		-		overninent rees a	ila contracts			t	3	<del></del>
	4	3 Membership dues and assessments . 4 Investment income							4	<del></del>
S	5a		ount from sale of assets oth	er than inventor	,	5a			7	
₹	b		or other basis and sales e			5b			7	
	c		ss) from sale of assets oth	•	(Subtract line 5b f		a)		5c	0
1.	6		id fundraising events	or triair inventory	(Capuaci iii cap i		*)		30	
	a	•	me from gaming (attach S	chedule G if area	ter than					
9		\$15,000)	me nom gaming (attach e	onedale on grea	tor triair	6a			- <u>E</u>	
E I	ь		me from fundraising event	s (not including	\$		tributions		3	
Revenue	~		alsing events reported-on I	•	nedule G if the					
Œ			h gross income and contri			6b				
	c		t expenses from ganting a			6c				
	d	Net income	e or (loss) from gaming and	d fundraising.evei	ntspadd lines 6a a	and 6b and	subtract			
					10				6d	0
	7a	Gross sale	s of inventory, less returns	and allowances.		7a		Ī	383	
	b	Less cost	of goods sold	IDEN. UT		7b				
	С	Gross profi	t or (loss) from sales of mi	rentory (Subtract	line 7b from line 7	'a)			7c	0
	8	Other rever	nue (describe in Schedule	O)					_ 8	37
	9_	Total rever	nue. Add lines 1, 2, 3, 4, 5	c, 6d, 7c, and 8	<del></del>			▶	9	12,618
	10		l sımılar amounts paid (list	ın Schedule O)					10	
	11		aid to or for members					1	11	
es S	12		ther compensation, and er	• •	•				12	
Expenses	13		al fees and other payment	•	contractors				_13	5,900
9	14		, rent, utilities, and mainte			٠		ļ	14	160
Ω			ublications, postage, and s	•				1	15	
	16	-	enses (describe in Schedul					_	16	17,227
	17_		nses. Add lines 10 through						17	23,287
ফ	18		(deficit) for the year (Subtr			•			18	-10,669
336	19		or fund balances at begin		i line 27, column (/	A)) (must a	gree with		46	
Ř		-	r figure reported on prior y	·	O-b				19	
Net Assets	20		nges in net assets or fund l						20	33,798
	21		or fund balances at end o			<u> </u>			21	23,129
FO	г нарег	work Reduct	tion Act Notice, see the se	parate instruction	15.					Form <b>990-EZ</b> (2016)

ı aı	Check if the organization used Schedule O to re	-	this Part II			X
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			4,580	22	23,129
23	Land and buildings .				23	
24	Other assets (describe in Schedule O) .	•			24	
25	Total assets	•	·	4,580	_	23,129
26	Total liabilities (describe in Schedule O)		. –	4,580	_	00.400
27	Net assets or fund balances (line 27 of column (B rt III Statement of Program Service Accomplish			0	27	23,129
FE	Check if the organization used Schedule O to					Evnoncos
		<del></del> _	III UIIS FAIT III		(Red	Expenses guired for section
	at is the organization's primary exempt purpose?	CHURCH	largest program so	ND/1000		(c)(3) and 501(c)(4)
	neasured by expenses. In a clear and concise manne					anizations, optional others)
	ons benefited, and other relevant information for each		ovided, the nambe	01		
28				<u></u>	T	
				·		
	(Grants \$ ) If this amount	includes foreign grants, c	heck here	▶ □	28a	
29						
			·			
	(Grants \$ ) If this amount	includes foreign grants, c	heck here	▶	29a	
30						
					]	
	(Grants \$ ) If this amount	includes foreign grants, c	hack hara	▶ □	00-	
24	Other program services (describe in Schedule O)	includes loreign grants, c	TIECK TIETE		30a	+
31		includes foreign grants, c	heck here	▶ □	31a	
	Caranis a i ii ins aniouni					
77						<del></del>
	Total program service expenses. (add lines 28a th	rough 31a)		nsated—see the inst	32	0
	Total program service expenses. (add lines 28a th rt IV List of Officers, Directors, Trustees, and Ko	rough 31a) ey Employees (list each or	ne even if not compe	nsated—see the inst	32	0
	Total program service expenses. (add lines 28a th	rough 31a) ey Employees (list each or respond to any question	ne even if not compe	_ <del>_</del>	32 ruction	0
	Total program service expenses. (add lines 28a th rt IV List of Officers, Directors, Trustees, and Koncheck of the organization used Schedule O to	rough 31a) ey Employees (list each or	ne even if not compe in this Part IV (c) Reportable compensation	(d) Health benefit contributions to	32 ruction	ns for Part IV)  (e) Estimated amount of
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Form 990-EZ (2016) IGLESIA PENTECOSTAL EBENEZER, INC 66-0558099 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. 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 Х 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 35 a 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 **b** 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 c 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 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 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file Form 1120-POL for this year? 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 4 any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ► \_\_\_\_\_ , section 4955 ► 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 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 sections 4912, 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 e 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. List the states with which a copy of this return is filed ► VI 42 a The organization's books are in care of ► See Attached Statement Telephone no ▶ Located at ► City ST b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Х 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 c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 45a 45 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)

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Part VI Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tab 50 and 51  Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?	46 bles for lines		No X			
to candidates for public office? If "Yes," complete Schedule C, Part I  Part VI Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tab 50 and 51  Check if the organization used Schedule O to respond to any question in this Part VI  47 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  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?	46 bles for lines	· s	_ x			
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year? If "Yes," complete Schedule C, Part II  1s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  1d Did the organization make any transfers to an exempt non-charitable related organization?  1d If "Yes," was the related organization a section 527 organization?	48					
<ul> <li>Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>If "Yes," was the related organization a section 527 organization?</li> </ul>	48		X			
b If "Yes," was the related organization a section 527 organization?	49a		X			
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"						
	Tone					
(a) Name and title of each employee  (b) Average (c) Reportable compensation (d) Health Denefits, contributions to employee devoted to position (Forms W-2/1099-MISC)  (d) Health Denefits, contributions to employee benefit plans, and deferred compensation						
Name None						
Title Hr/WK 00						
Name	<del></del>					
Title Hr/WK 00						
Name						
Title Hr/WK 00						
Name						
f Total number of other employees paid over \$100,000						
		<del></del> -				
51 Complete this table for the organization's five highest compensated independent contractors who each received mor	re than	<u>.</u>				
	re than					
51 Complete this table for the organization's five highest compensated independent contractors who each received mor	re than  (c) Compensate	tion				
Complete this table for the organization's five highest compensated independent contractors who each received mor \$100,000 of compensation from the organization. If there is none, enter "None"		tion				
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  Name None  Str  City  ST  ZIP		tion				
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name None Str  City ST ZIP  Name Str		tion				
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name None Str.  City ST ZIP.  Name Str.  City ST ZIP.		tion				
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name None Str City ST ZIP  Name Str City ST ZIP  Name Str		tion				
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Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name None Str.  City ST ZIP  Name Str.  City ST ZIP  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  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	(c) Compensati		No			
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name Str.  City ST ZIP  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	(c) Compensati		No			
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  Name None Str City ST ZIP Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	(c) Compensati		No			
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name None Str.  City ST ZIP  Name Str.  City ST ZIP  Under paralized or other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penaltizes of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	(c) Compensati		] No			
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  Name None Str City ST ZIP Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	(c) Compensati		No			
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  Name None  Str  City  ST  ZIP  Name  Str  City  ST  ZIP  Ad Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Signature of officer  Particular of penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Particular officer  Particular o	(c) Compensation		No			
Complete this table for the organization's five highest compensated independent contractors who each received mor \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  Name None Str.  City ST ZIP  Name Str.  City ST ZIP  Under penalter of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Paid Print Paid Preparer's name Charles in the penalter of the correct of the correct of the pate Signature of officer.  Paid Print Type or print name and title  Paid Print Type preparer's name Charles in the penalter of the pate Signature of officer.  Check Str.  C	(c) Compensation    X Yes   Ye	s	No			
Complete this table for the organization's five highest compensated independent contractors who each received mor \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  Name None Str.  City ST ZIP  Name Str.  City ST ZIP  Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Paid Print/Type preparer's name Charleen M ISAAC  Preparer CHARLEEN M ISAAC  Check X self-employ.	(c) Compensation	4967	No			

Form **990-EZ** (2016)

#### 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.

2016

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► 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.

Open to Public Inspection

Name	Name of the organization Employer identification number							
		PENTECOSTAL EBENEZER, I					<del></del>	58099
Par								
1 ne		anization is not a private foundat						
2	뜯	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) )							
3	누	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	L.,	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						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
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		A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	II)			
9		An agricultural research organizor university or a non-land-graruniversity						
10		An organization that normally re receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelat	ons—subject to certain led business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusive	ly to test for public safe	ety See se	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organiz the supported organization(sorganization You must con	s) the power to regu	larly appoint or elect a				
b		Type II. A supporting organization(s) You must c	ne supporting organi	ization vested in the sa				
С		Type III functionally integral its supported organization(s)						rated with,
d e		Type III non-functionally in that is not functionally integr requirement (see instruction Check this box if the organiz	rated The organizat is) <b>You must comp</b>	tion generally must sat plete Part IV, Sections	isfy a distr A and D,	ibution red and Part	quirement and an att V.	entiveness
		functionally integrated, or Ty					)[, .)[, .)[-	
f		Enter the number of supported	•					0
g	(i)	Provide the following information  Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	117	realite of supported organization	(u) Litt	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)							-	
(B)								
(C)		<u> </u>			<u> </u>			<del></del>
(D)	-							
(E)								
Tota								· - · - · - ·
I CATO							. A	^

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 I f the organization fails to qualify under the tests listed below, please complete Part III )

Calendar year (or fiscal year beginning in)  1    Grifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")  2    Tax revenues leved for the organization's benefit and either part for 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 protion 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)  6    Public support. Subtract line 5 from line 4  8    Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources  9    Net income from unrelated business activities, whether or not the business is regularly carried on load of the property of the amount shown on line 10 of the property carried on 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 instructions)  13    First five years, if the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3)	Sec	tion A. Public Support	is to quality u	idei tile tests il	sted below, pier	ase complete r	art III )	
1 Girls, grants, contributions, and membraching fees received. (Do not membraching fees received. (Do not membraching fees received. (Do not medude any "unusual grants") 2 Tax revenues leved for the organization's benefit and either pad to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge organization or total contributions by each person (other than a governmental unit or public's yeopported organization) micluded on line 1 that exceeds 2% of the amount shown on line 11, objumin (f) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, rayallises and income from similar sources 9 Net income from unrelisted business is regularly carried on the business is regularly carried on 10 Other income Do not include gian or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) dwadd by line 11, column (f)) 15 Public support percentage for 2016 (line 6, column (f) dwadd by line 11, column (f)) 16 33 1/3% support test—2016. If the organization did not check a box on line 13, ride, or 16b, and line 14 is 10 10% or more, and if the organization meets the "Tacts-and-circumstances test, check this box and stop here. Explain in Part VI in the organization meets the "Tacts-and-circumstances test, check this box and stop here. Explain in Part VI in the organization meets the "Tacts-and-circumstances test, check this box and stop here. Explain in Part VI in the organization meets the "Tacts-and-circumstances test, check this box and stop here. Explain in Part VI in the organization meets the "Tacts-and-circumstances test, check this box and stop here. Explain in Part VI in the organization meets the "Tacts-and-circumstances test, check this box and stop			(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on the 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 7 Announts from line 4 8 Gross income from miterest, dividends, payments received on securities loans, payments received on securities loans, rents, royalles and income from similar sources 9 Net mome from unclated 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 V) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 980 is for the organization of unded by line 11, column (f) 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 16 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 17 All young proper percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 18 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 19 Years and stop here. The organization qualifies as a publicly supported organization 19 10%-facts-and-circumstances test—2016. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the Tacts-and-circumstances lest, check this box and stop here. Explain in large the foundation. If the organization meets the Tacts-and-circumstances lest, check this box and stop here. Explain in large supported organization.  19 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and	_	Gifts, grants, contributions, and membership fees received. (Do not						30 901
funshed by a governmental unit to the organization without charge  1 Total, Add lines 1 through 3  5 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)  6 Public support Subtract line 5 from line 4  7 Amounts from line 4  8 Gross income from unrelated business activities, whether or not the business is regularly carried on  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)  17 Total support. Add lines 7 through 10  18 Gross recepts from related activities, etc. (see instructions)  19 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)  17 Total support. Add lines 7 through 10  18 First five years. If the Form 990. is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6; column (f) divided by line 11, column (f))  15 Public support percentage for 2016 (line 6; column (f) divided by line 11, column (f))  16 Justice support percentage for 2016 (line 6; column (f) divided by line 11, column (f))  17 Total support percentage for 2016 (line 6; column (f) divided by line 11, column (f))  18 Justice support percentage for 2016 (line 6; column (f) divided by line 11, column (f))  19 Justice support percentage for 2016 (line 6; column (f) divided by line 11, column (f))  19 Justice support percentage for 2016 (line 6; column (f) divided by line 11, column (f)  19 Justice support percentage for 2016 (line 6; column (f) divided by line 11, column (f)  19 Justice support percentage for 2016 (line 6; column (f)	2	Tax revenues levied for the organization's benefit and either paid to or expended on	4,360	4,560	4,380	4,560	12,361	30,901
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on the 1 that exceeds 2% of the amount shown on line 11, column (f)  8 Public support. Solutract line 5 from line 4  8 Cass income from interest, dividends, payments from a section B. Total Support  Callendar year (or fiscal year beginning in)  7 Amounts from line 4  4 J.580  4 J.	3	furnished by a governmental unit to the						
5 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) 6 Public support. Subtract line 5 from line 4 30,900.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 A mounts from line 4 4,580 4,580 4,580 4,580 12,581 30,900.  Section B. Total Support  Calendar year (or fiscal year beginning in) 8 4,580 4,580 4,580 4,580 12,581 30,900.  Section Calendar year (or fiscal year beginning in) 9 A 4,580 4,580 4,580 4,580 12,581 30,900.  Section Calendar year (or fiscal year beginning in) 9 A 4,580 4,580 4,580 4,580 12,581 30,900.  Goss income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources or loss from the sale of capital assests.  (Explain in Part VI) 10 Total support. Add lines 7 through 10 10 10 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14 10 000% 13 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and 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 is 15 10 or more, and 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 in Part VI how the or	4		4 580	4 580	4 580	4 580	12 581	30 901
6 Public support. Subtract line 5 from line 4  4	_	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,				-330	12,001	30,301
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  4,580  4,580  4,580  4,580  4,580  12,581  30,901  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unerlated business is regularly carned 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 instructions)  12 Gross receipts from related activities, etc (see instructions)  13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 3 31 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "fact	6	`''	<b>4.</b>				Pi	30.901
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 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  23 Gross receipts from related activities, etc (see instructions)  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. 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 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 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, or 17a, and line  15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						**** *** * <u>*</u> ***	***************************************	
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 business is regularly carried on loss from the sale of capital assets (Explain in Part VI) 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 instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 33 1/3% support test—2016. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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-circums	Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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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  22 Gross receipts from related activities, etc. (see instructions)  33 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  4 Public support percentage from 2015 Schedule A, Part III, line 14  15 0 00%  15 Public support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. 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 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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.	8	payments received on securities loans, rents, royalties and income from similar				ji		0
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12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization  16 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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  10 0%-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, check this box and stop here. Explain in Part VI how 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.	10	loss from the sale of capital assets						0
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Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2015 Schedule A, Part II, line 14  15  0 00%  16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. 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 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  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.  Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first,		h, or fifth tax year a	is a section 501(c)		<b>▶</b> X
Public support percentage from 2015 Schedule A, Part II, line 14  15 0 00%  16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. 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 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  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.  Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								0.000/
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	b	15 is 10% or more, and if the organization means the "fact	eets the "facts-and	d-circumstances" te	est, check this box	and stop here. Ex		. ▶□
	18	•	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar yeàr (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")						_ 0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				1	ĺ	
	furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513 .				ļ .		0
4	Tax revenues levied for the organization's				_		
7	benefit and either paid to or expended on						
	its behalf				]	1	0
_					<del></del>		
5	The value of services or facilities					į	
	furnished by a governmental unit to the						0
	organization without charge .				<del></del>		0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3 received					İ	
	from other than disqualified persons that		1				
	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	0	0	0	0	0
8	Public support (Subtract line 7c from					A Part of the second	
	line 6 )		· · · · · · · · · · · · · · · · · · ·	T 1		**	0
_	tion B. Total Support	1 2 2 2 2	41.0040		I		
Cale	ndar 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 .	0	0	0	0	0	0
10a	Gross income from interest, dividends,				ĺ		
	payments received on secunties loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less			l			
	section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975 .						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	<u> </u>					0
12	Other income Do not include gain or						
	loss from the sale of capital assets	II.				,	
	(Explain in Part VI ) .			· 			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						▶ []
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2016 (line 8, c	olumn (f) divided b	y line 13, column (	f))		15	0 00%
16	Public support percentage from 2015 Sched	ule A, Part III, line	15			16	0 00%
Sec	tion D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2016 (line	10c, column (f) di	vided by line 13, co	olumn (f))		17	0 00%
18	Investment income percentage from 2015 Se					18	0 00%
	33 1/3% support tests—2016. If the organi			4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The org	anızatıon qualıfies	as a publicly supp	orted organization		▶ 🗌
b	33 1/3% support tests—2015. If the organi	zation did not ched	k a box on line 14	or line 19a, and lir	ne 16 is more than :	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a pub	licly supported orga	anızatıon	▶ [
	Private foundation. If the organization did i	act abook a boy on	line 14 10a or 10	h shook this how	and soo instructions		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Namè of the organization	Employer identification number				
IGLESIA PENTECOSTAL EBENEZER, INC	66-0558099				
Form 990-EZ, Part I, Line 8, Other Revenue INTEREST INCOME 37					
Form 990-EZ, Part I, Line 16, Other Expenses Travel 300					
Form 990-EZ, Part I, Line 16, Other Expenses LIABILITY INSURANCE 6,000					
Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLIES AND EXPENSE 1,305					
Form 990-EZ, Part I, Line 16, Other Expenses CONTRIBUTION TO FAMILY IN NEED 4,822					
Form 990-EZ, Part I, Line 16, Other Expenses REPAIRS & MAINTENANCE TO CHURCH 4,800					
Form 990-EZ, Part I, Line 20, Net Assets CONTRIBUTION FROM MEMBERS OF CHURCH 33,	798				
Form 990-EZ, Part II, Line 26, Liabilities OPENING EQUITY BALANCE Beginning of year 4,580					
End of year 0					

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization IGLESIA PENTECOSTAL EBENEZER, INC	Employer identification number 66-0558099