Department of the Treasury

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

2017 Open to Public Inspection

X Yes

om **990** (2017)

Internal Revenue Service ► Go to www irs gov/Form990 for instructions and the latest information For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable VOICE OF CALVARY MINISTRIES Address change Doing business as 64-0564343 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone numbe 531 WEST CAPITOL ST 601-969-3088 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated **JACKSON** 1.685,962 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending PHIL REED 531 WEST CAPITOL STREET H(b) Are all subordinates included? **JACKSON** 39203 If "No " attach a list (see instructions) MS X 501(c)(3) Tax-exempt status 4947(a)(1) or WWW.VOCM.ORG Website > H(c) Group exemption number X Corporation Year of formation 1975 Form of organization Association State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities REBUILDING COMMUNITIES THROUGH THE GOSPEL BY PROVIDING HOLISTIC PROGRAMS TO BUILD STRONG INDIVIDUALS, FAMILIES, CHURCHES & COMMUNITIES THAT REACH THEIR FULL POTENTIAL IN CHRIST, PHYSICALLY, SPIRITUALLY, ECONOMICALLY & SOCIALLY. 2 Check this box ▶ │ │ if the organization discontinued its operations or disposed of more than 25% of its net assets 8 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) OCT 18 2018 0 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 8 Contributions and grants (Part Viti in ED 1711 1,536,160 1,004,470 48,148 44,538 Program service revenue (Part VIII, line 2g) 10 Investment income (Part Ville column (A) 18 es 3, 4, and 7d) -4,796 1,300 13,000 602,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – arthures 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Partix, Sections A), lines 1–3) 1,598,608 646,212 576,592 103,299 14 Benefits paid to or for members (Part IX, column (A), line 4) 820,542 1,027,420 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 53,394 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 521,597 637,447 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 561,288 2,125,609 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -527,001 84,924 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 776,137 1,841,731 20 Total assets (Part X, line 16) 380,404 229,886 21 Total liabilities (Part X, line 26) 1,461,327 1,546,251 22 Net assets or fund balances Subtract line 21 from line 20 Pärt'll Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign 10/16/18 Phil Read PHIL REED PRESIDENT/CEO Here Type or print name and title Pnnt/Type preparer's name Preparer's signature Check Paid SCOTT A. HODGES self-employed P00641691 Preparer RUSS CO., PLLC 20-5630688 TANN, BROWN Firm's FIN Use Only 1501 LAKELAND DRIVE, SUITE 300 601-354-4926

JACKSON, MS

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

39216-4841

Page 3

Part IV . Checklist of Required Schedules

Ρ;	art IV . Checklist of Required Schedules			
4	Textes are an extra described to a control of \$244,000 and \$24,000 and \$1,000	Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ļ		ļ
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	_		x
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
•	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-0-		
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
9	complete Schedule D, Part III	- <u>-</u> -		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	j .		
	custodian for amounts not listed in Part X, or provide credit counsoling, debt management, credit repair, or	9		х
^	debt negotiation services? If "Yes," complete Schedule D, Part IV	} 		
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		х
4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	i
_	complete Schedule D, Part VI	110		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11e		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
2-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	- · · ·		
24	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
6	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
4a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.44		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate]		}
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1112		
9	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- · · ·		
6	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			 -
7	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 		 -
J	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	Did the digutification report more than \$10,000 or gross income from gaining detertion on that \$10, the dail.	- 1	1	l

If "Yes," complete Schedule G, Part III

Part IV . Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Ī	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u></u>		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated] .	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a	_	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ŀ		1
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26	!	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Sec.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)]	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ]]	ĺ
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	l		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		[[ĺ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		ĺ
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	l

Pa	art V , Statements Regarding Other IRS Filings and Tax Compliance					\Box
	Check if Schedule O contains a response or note to any line in this Part V				T 1/2	<u> </u>
10	Enter the number reported in Pay 2 of Form 1006. Enter, 0, if not englished	1a	28		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	- 3° ~	, V	l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	[10]		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, "	
·	reportable gaming (gambling) winnings to prize winners?			1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,	1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	17	304	4	4/ ₂ % }
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	^ '
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					100
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	. = 3.=	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan					İ
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts			**	
	(FBAR)			5.00		2
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	nγ		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the] .		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			A		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	as		70		X
_	and services provided to the payor?			7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			"		
С	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conti			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a f	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		1
10	Section 501(c)(7) organizations. Enter	ا مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[100	 			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a		7		V 18
a	Gross income from other sources (Do not net amounts due or paid to other sources	119				
b	against amounts due or received from them)	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		SCHOOL S
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which			24, 251		
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c	, , , , , , , , , , , , , , , , , , , 			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	004	2 (2047)

Form 990 (2017) VOICE OF CALVARY MINISTRIES 64-0564343 Page 6 Part VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 8 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure MS List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records **\rightarrow** 20

531 WEST CAPITOL STREET

39203

PHIL REED

JACKSON

Part VII	,	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	nd
		Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual tructees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	(C) (D) Position Reportable compensation box unless person is both an officer and a director/frustee) Output (D) Reportable compensation from the organization							(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1000 miles)	organization and related organizations	
(1) WILLIS FINLEY	1.00										
CHAIRMAN	0.00	x		x				o	o	0	
(2) BRETT BAXTER	0.00							-			
(-,	1.00			'							
SECRETARY	0.00	X		X				0	0	0	
(3) RONNIE CRUDUP, J	R.		-								
	1.00										
BOARD OF SERVANTS	0.00	X			Ĺ_		_	0	0	0	
(4) SADIE PALMER							}				
	1.00	٠,,							o	o	
BOARD OF SERVANTS (5) PATTY PATTERSON	0.00	X			-	-	_	0			
(5) PATTI PATTERSON	1.00						}				
BOARD OF SERVANTS	0.00	\mathbf{x}						0	0	0	
(6) PAT VANDER POL	0.55	-			_	_			- 		
(6,2333 132.2.2.3.	1.00										
BOARD OF SERVANTS	0.00	x						0	0	0	
(7) PRIMUS WHEELER											
	1.00										
BOARD OF SERVANTS	0.00	X						0	0	0	
(8) LESTER WILLIAMS											
	1.00									_	
BOARD OF SERVANTS	0.00	X				<u> </u>		0	0	0	
(9) PHIL REED	40.00	1								li	
DDECIDENM (CDC	40.00			X				98,472	o	7,124	
PRESIDENT/CEO	0.00	\vdash	-	^			_	30,412		,, ====	
(10)											
(11)											
DAA										Form 990 (2017	

Form	990 (2017) VOICE OF	CALVARY	MI	NI	ST	RI:	ES		64-056	4343	
								s, ar	nd Highest Compensated		
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rsonı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
		-									
									98,472		7,124
C	Sub-total Total from continuation shee	ets to Part VII, Se	ectic	n A				>	98,472		7,124
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from			to the	ose I	istec	abo	ve) v		00,000 of	,,121
3 4	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization.	mer officer, direct complete Schedu 1a, is the sum of zations greater th	tor, of the second seco	for su ortabi 150,	uch u le co 0007	mpe Mpe	dual nsati Yes,"	on a con	and other compensation from applete Schedule J for such	n the	Yes No 3 X
5 Secti	Did any person listed on line 1st for services rendered to the ord on B. Independent Contractor	anization? If "Yes								ividual	5 X
1	Complete this table for your five compensation from the organize	e highest compen	sate ipen	d ind satio	leper	nden	t con caler	trac ndar	year ending with or within th	he organization's tax year	
	Name and	(A) business address							Descripti	(B) ion of services	(C) Compensation
				_							
2	Total number of independent or	ontractors (includ	ng b	ut no	ot lim	ıted	to the	se	isted above) who		
DAA	received more than \$100,000 o	f compensation fi	om	the o	rgan	ızatı	on 🕨		 	0	Form 990 (2017)

Part VIII . Statement of Revenue

		Check if Schedule	e O con	itains a	response	or note to any line	in this Part VIII		
	•				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ts t	1a	Federated campaigns	1a					, , , , , , , , , , , , , , , , , ,	
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b			1 '. `- '.			
Θ,ς M G	С	Fundraising events	1c						
ar A	ď	Related organizations	1d			led the self	See .	100	4.2
% E	е		1e		743,099	1886 15 5 16 T			
Sign	f	All other contributions, gifts, grants,					10 18 1 3 18 18 18	N. S	
her		and similar amounts not included above			261,371	A STATE	To A William Miles	***	
EQ.	q	Noncash contributions included in lines		\$	202,372	海北京湖北海		A STATE OF THE STA	
Sor	h	Total Add lines 1a-1f	10-11	•		1,004,470			
					Busn Code				
eun	2a	FAMILY AND YOUTH F	BOCRAM	2	624200		44,517		
Sev.			KOGKA!	•	900099		21		
- 8	6	b OTHER			300033				
e.Z	d					·		 	
S	u					 	 		
gra	•	All other program convec rou			<u> </u>	 	 	 	
Program Service Revenue		All other program service rev	enue		<u> </u>	44 538		KARATIKA SANG	
\exists	<u>y</u>	Total Add lines 2a-2f Investment income (including	duudone	de unteres		44,550	3/2/2017 A T. J. C. M. J. M. C. P. (1777) 18 (R. Ser. Ser. And S. Mark Printers	
		and other similar amounts)	is, iiileies	· ,	147			147	
	4	·		1 hand acc			 	<u> </u>	
	5	Income from investment of ta	ix-exemp	t bond pro	oceeus -				
ĺ	3	Royalties (i) Real		(u) E	Personal		ARCHITECTURE	William Control No.	
l	6-		2,000	(11)	ersonar				
	6a		2,000						N.
1	b	Less rental exps	2,000					N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	C		2,000			2,000			2,000
	d 7a	Net rental income or (loss) Gross amount from (i) Security		1 40	Othor	2,000			2,000
		sales of assets (i) Secunt	es	(11)	Other				
		other than inventory			34,807				
	D	Less cost or other			20 750	100			
		basis & sales exps		 	39,750				
ł	_	Gain or (loss)		L	-4,943	-4,943	Section 100 Section 100		-4,943
	d	Net gain or (loss)				-4,943			-4,943
g	ва	Gross income from fundraising ex	ents						
e l		(not including \$., j				1 to 1 to 1		
Other Revenu		of contributions reported on line 1							
ē		See Part IV, line 18	a						
		Less direct expenses	Ja .						_:
		Net income or (loss) from fur		events					
	уa	Gross income from gaming activit	4			1 V 1			
ſ		See Part IV, line 19	a						
- 1		Less direct expenses	јd					THE RESERVE AND PARTY OF THE PERSON NAMED IN	
j		Net income or (loss) from gain		vities		JASSELSENAR PSCOLSER	SECTION AND ADDRESS OF THE PARTY OF THE PART		
1	10a	Gross sales of inventory, less	ſ						. '
		returns and allowances	a						
		Less cost of goods sold	þ[20.00%的电影 型。		PERSON SERVICES	
}	<u>c</u>	Net income or (loss) from sal		entory	0.000	ENGLAND CONTROL OF THE PARTY OF	DESCRIPTION OF THE PROPERTY OF THE PARTY OF	Contract of the Contract of th	
}	46	Miscellaneous Revenu			Busn Code		经验 价值	422年の公司日本では100年	600,000
ļ	11a	LOSS OF INCOME CLAIM	1 SETTL	EMT	 	600,000			800,000
1	b				ļ				
l	C	Att att is a			<u> </u>				
į	d	All other revenue	<u></u>			600,000	多为型的图像中等型		
Í	e	Total, Add lines 11a-11d							597,204
	12	Total revenue. See instruction	ons		<u> </u>	1,646,212	44,538	0	391,204

Form 990 (2017)

Part IX . Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX											
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(0)							
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations			"det - 2 8 18 4 18 13 12"	11, 30,599,413,673							
	and domestic governments. See Part IV, line 21	46,948	46,948	ALL THE STATE OF T	Product Hills Control							
2	Grants and other assistance to domestic			があいかいれるパングン	The second of the second							
	individuals See Part IV, line 22	56,351	56,351	MANY AND THE REAL PROPERTY.	THE PARTY OF THE P							
3	Grants and other assistance to foreign			PATRICAL SERVICE	The best of the second							
	organizations, foreign governments, and foreign			2000年1000年1000年1000年100日								
	individuals See Part IV, lines 15 and 16			A PARK TON	代表的表示。 文文文文文文							
4	Benefits paid to or for members		·	10年间次的10分钟的	方式成成為 一位 一位 一位 一位 一位 一位 一位 一位 一位 一位							
5	Compensation of current officers, directors,		,									
	trustees, and key employees	105,596	97,885	3,089	4,622							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
_	persons described in section 4958(c)(3)(B)	F70 F00	F2C 207	16 000	25 225							
7	Other salaries and wages	578,580	536,327	16,928	25,325							
8	Pension plan accruals and contributions (include											
9	section 401(k) and 403(b) employer contributions)	85,142	78,924	2,491	3 727							
10	Other employee benefits Payroll taxes	51,224	47,483	1,499								
11	Fees for services (non-employees)	31,223	47,403	1,300	2,232							
	Management											
b	Legal	157,500		157,500								
c	Accounting	51,300		51,300								
d	Lobbying											
е	Professional fundraising services See Part IV, line 17		RANGER OF THE PARTY	PORTON AND AND AND AND AND AND AND AND AND AN								
f	Investment management fees											
g	Other (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O)	168,376	142,680	24,818	878							
12	Advertising and promotion	22,485	3,700		13,748							
13	Office expenses	4,032	641	1,662	1,729							
14	Information technology											
15	Royalties											
16	Occupancy	66,261	61,496	4,765								
17	Travel	2,422	1,074	1,348								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	9,345	144	9,201								
20	Interest	9,343	144	9,201	<u></u>							
21	Payments to affiliates	31,607	14,708	16,899								
22 23	Depreciation, depletion, and amortization Insurance	48,952	44,021	4,931								
24	Other expenses Itemize expenses not covered	ICANAS E CONTRACA PARA PARA	THE PERSON AND ADDRESS OF THE PERSON A	MATERIAL SECURIOR DE LA CONTRACTION DE LA CONTRA	Profession State							
	above (List miscellaneous expenses in line 24e If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O)											
а	MAINTENANCE AND REPAIR	34,767	28,588	6,179								
b	SUPPLIES	16,634	10,690	5,324	620							
c	PROPERTY TAXES AND LICENS	15,577	15,525		52							
d	TRAINING, DUES & SUBSCR.	6,531	1,551	4,676								
е	All other expenses	1,658		1,392								
25	Total functional expenses Add lines 1 through 24e	1,561,288	1,188,855	319,039	53,394							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)											

Part X Balance Sheet

		0. 1. (0.1. 1.1. 0. 1.1. 1.1. 1.1. 1.1.				
		Check if Schedule O contains a response or note to any line in this Part 2	<u>×</u>	· · · · · · · · · · · · · · · · · · ·		
				(A)		(B)
				Beginning of year	l	End of year
	1	Cash—non-interest bearing		86,760	1	194,903
	2	Savings and temporary cash investments			2	
	3			·····	3	
	1.	Pledges and grants receivable, net		3,000		2 000
	4	Accounts receivable, net		STATE A COMMON PROPERTY FOR THE	4	3,000
	5	Loans and other receivables from current and former officers, directors,			1	
		trustees, key employees, and highest compensated employees			1	The state of the s
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under	section	THE RESIDENCE	400	DATE: THE PARTY OF
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emplo	vers and	分少以为 "数数"	1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	•		15	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
"		organizations (see instructions) Complete Part II of Schedule L		a. L. a. a. a. b. a.	6	
Assets	7	Notes and loans receivable, net		23,603	7	23,603
Ą		Inventories for sale or use		23,003	8	23,003
	8			·		
	9	Prepaid expenses and deferred charges		DEMASCOCKTS PAGEORSSON ASPA	9	ESE NO THE THE STAND PROTECTION
	10a	Land, buildings, and equipment cost or	- 4 0 4 0		7.0	一种企业工程
			<u>74,313</u>			
	b	Less accumulated depreciation 10b 8	37,681	1,710,369	10c	1,536,632
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11	14,763	13	14,763	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,236	15	3,236
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,841,731	16	1,776,137
	17	Accounts payable and accrued expenses		102,831	17	52,306
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
		·			21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		SUSPECTATION OF THE	REGUS	NAMES ESTABLISHED BOOK TO SEE
es	22	Loans and other payables to current and former officers, directors,				The second
풀		trustees, key employees, highest compensated employees, and		10.000	وبهيا	A STATE OF THE STA
Liabilities		disqualified persons Complete Part II of Schedule L		10,000	22	177 500
_	23	Secured mortgages and notes payable to unrelated third parties		267,573	23	177,580
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		380,404	26	229,886
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		MERCHANIS	15.9	DESCRIPTION OF THE PROPERTY OF
es		complete lines 27 through 29, and lines 33 and 34.				
Juc	27	Unrestricted net assets		213,266	27	440,962
3ata	28	Temporarily restricted net assets		1,083,061	28	940,289
D E	29	Permanently restricted net assets		165,000	29	165,000
ä		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	and	THE TOWN THE PROPERTY.	B623	BATTER FOR THE
or f		complete lines 30 through 34.	新疆		THE WAY	
Ş	30	Capital stock or trust principal, or current funds		LEGAL STATES C. SANKS, M. C. SANKS	30	
SSe	30	• • • • • • • • • • • • • • • • • • • •			31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		 	32	
Se	32	Retained earnings, endowment, accumulated income, or other funds		1,461,327		1,546,251
	33	Total net assets or fund balances		1,461,327	33	1,776,137
	34	Total liabilities and net assets/fund balances		1,041,131	34	1, 110, 131

Form	990 (2017) VOICE OF CALVARY MINISTRIES 64-0564343			Pa	ge 12
Pa	If XI . Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	61,	288
3	Revenue less expenses Subtract line 2 from line 1	3		84,	924
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	61,	327
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	1,5	46,	<u>251</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
			(man = m	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. 1
	Schedule O			3	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		9131		
	Separate basis Consolidated basis Both consolidated and separate basis		2,5		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			For	m 99((2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public

Name of the organization

VOICE OF CALVARY MINISTRIES

Employer identification number 64-0564343

			10101 01 011	AWKI WINIDIKIDO			04-030	74343
Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete t	his part) See instruction	is
The	orga	nization is not	a private foundation because	t is (For lines 1 through 12, ch	eck only o	ne box)		4
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(/	A)(i).	\sim
2		A school des	cribed in section 170(b)(1)(A)(II). (Attach Schedule E (Form	990 or 99	0-EZ))) [
3		A hospital or	a cooperative hospital service	e organization described in sect	tion 170(b)(1)(A)(iii).		•
4	\Box	A medical res	search organization operated	in conjunction with a hospital de	escribed in	section 1	70(b)(1)(A)(iii). Enter the hose	oital's name,
		city, and state						
5				f a college or university owned o	r operated	by a gove	rnmental unit described in	
	ـــا	=	(b)(1)(A)(iv) (Complete Part	• •		-, - 3		
6		*		overnmental unit described in se	ction 170	b)(1)(A)(v).	
7	X			ubstantial part of its support from				
		-	section 170(b)(1)(A)(vi). (Co				are or mean time general passic	
8		A community	trust described in section 1	70(b)(1)(A)(vi) (Complete Part	II)			
9	П	An agricultura	al research organization desc	cribed in section 170(b)(1)(A)(i)	() operated	in conjun	ction with a land-grant college	
		or university	-	f agriculture (see instructions)	•	•	•	
40		university	on that paramethy resource (4)	20 4/20/ of the sure	· · · · · · · · · · · · · · · · · · ·			
10	Ш	-) more than 33 1/3% of its suppo of functions—subject to certain 6			•	
		•		d unrelated business taxable inc	•			
			•	, 1975 See section 509(a)(2).	-		,	
11		An organizati	on organized and operated e	xclusively to test for public safet	y See sec	tion 509(a	a)(4).	
12	П	An organization	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions o	of, or to carry out the purposes	
		of one or mor	re publicly supported organiza	ations described in section 509	(a)(1) or se	ection 509	(a)(2). See section 509(a)(3).	
		Check the bo	x in lines 12a through 12d tha	at describes the type of supporti	ng organiz	ation and o	complete lines 12e, 12f, and 12	g
	а			rated, supervised, or controlled		-		
				er to regularly appoint or elect a	-	f the direct	ors or trustees of the	
			• •	omplete Part IV, Sections A an				
	þ		=	pervised or controlled in connect				
			tion(s) You must complete	ing organization vested in the sa Part IV. Sections A and C	iiie persor	is triat con	itor or manage the supported	
	С		• • •	upporting organization operated	in connect	ion with a	nd functionally integrated with	
	·			ructions) You must complete				
	d	Type III r	non-functionally integrated	. A supporting organization oper	ated in cor	nection w	ith its supported organization(s)
				organization generally must sati				
		requireme	ent (see instructions) You m	ust complete Part IV, Section	s A and D	, and Part	: V.	
	е			ived a written determination from			Гуре I, Туре II, Туре III	
			• •	-functionally integrated supportir	ig organiza	ition		
	f		nber of supported organization					L
			ollowing information about the		(in) to the			
(i)		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vl) Amount of other support (see
	•.5	,		above (see instructions))		ment?	instructions)	instructions)
					Yes	No	·	
(A)								
(B)					}	}		
					ļ			
(C)					1	}		
		·			 	l		
(D)								•
(E)					 			
·-/								· ,
			3 - 26 Tay 1888		****	1-21-4		_

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,329,313	1,886,933	1,853,338	1,536,160	1,004,470	7,610,214
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,329,313	1,886,933	1,853,338	1,536,160	1,004,470	7,610,214
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	ARCH SPASITS	NEW WELL	PROPERTY E.	EUCKER JUR	Carrier S	7,610,214
Sec	tion B. Total Support		1	1			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,329,313	1,886,933	1,853,338	1,536,160	1,004,470	7,610,214
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,430	14,915	1,300	14,177	2,147	44,969
9	Net income from unrelated business activities, whether or not the business is regularly carried on					599,000	599,000
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	已必须以来到此	開発を選集が出来る	SENSONIAN S	a market with	PRE-FARAGE.	8,254,183
12	Gross receipts from related activities, etc	•				12	292,441
13	First five years. If the Form 990 is for the	_	second, third, fourt	h, or fifth tax year a	is a section 501(c)((3)	
~	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public S			<u> </u>		1441	22.22.9/
14	Public support percentage for 2017 (line 6,	• • •	•	(1))		14	92.20 % 99.11 %
15 16a	Public support percentage from 2016 Sche 33 1/3% support test—2017. If the organ			and line 14 is 22	1/39/ or more ober	- ا	99.11 %
IDa	box and stop here. The organization quali				1/3 % OF HIOTE, CHEC	SK tills	► X
ь	33 1/3% support test—2016. If the organ	•			s 33 1/3% or more	check	
U	this box and stop here. The organization of				3 00 170 % 01 111010	CHOOK	▶ □
17a	10%-facts-and-circumstances test—20				or 16b, and line 14	l is	
	10% or more, and if the organization meet	_					
	Part VI how the organization meets the "fa organization						▶ □
b	10%-facts-and-circumstances test—20	16. If the organization	on did not check a b	oox on line 13, 16a.	16b. or 17a. and li	ne	- L_
~	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me					ly	
	supported organization			•	•	-	▶ □
18	Private foundation. If the organization did	I not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						<u> </u>

Pi	Support Schedule for O (Complete only if you che	cked the box o	in line 10 of Pa	rt I or if the orga	anization failed		Part II
	If the organization fails to	qualify under t	he tests listed l	pelow, please c	omplete Part II)	
	tion A. Public Support	·	·•				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					;	
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				_		
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	A CONTRACTOR NO.		151	~ ~	2	
	tion B. Total Support			,			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b)/2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	_/		<u> </u>			·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						···
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11!	ii				1	
	and 12)		<u> </u>				
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, four	th, or fifth tax year a	s a section 501(c)(3)	
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2016 Schee	dule A, Part III, line	15			16	<u>%</u>
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2017 (lin	e 10c, column (f) o	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2016 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2017. If the organ	ization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3%, a	nd line	_
	17 is not more than 33 1/3%, check this box		-				▶ ∟
b	33 1/3% support tests—2016. If the organ						. —
	line 18 is not more than 33 1/3%, check this					nization	▶
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	nd see instructions		▶ [_

20

Part IV . Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

<u>~</u>	·· •)		
		1 1/	
	Tax 5/42	Yes	No PSC 28-54
			175.7
		- 1	33. A
	1	min.	2 Vethores
		NAME:	Mil Men
	2		
	EL		
	3a_		
		EXT.	
	3b		
		四国	
	3c		
			K WAY
	4a		
		1	
-	4b		
	*		1983
	46.5	查看	* 1
	4c		
	4 14.00		स्ट्रास्ट
	44.4	13.44	
		1364	Some
	5a	KR-31	فتدعمها
			1474.74
	5b	استقتطناها	THE STATE OF
	5c		_
		142E.84	Pe 74 70
i			
		E E	的设置
	6	235.35.46	<u> </u>
	K (174.)	844X C	हर्ष उन्त
	E		
		N. St.	التخطيا
	7	1678.5	
	8	3M - 24 (1971	Har deliker in
	区		
		L.E.P.	BIN Y
	9a	R.S. DOLD	CS15-7 12000
		影 网	4
1	9b	the angle and the	STORY STORY
		学会生 】	
	9c	31	6 43° ta =
	4.5		
	2		
	10a	F 4 90 . Par	
ļ	J. F. P.	W. W.	
	10b		
F) ۱	orm 99	0 or 990-	EZ) 2017

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI

3a

<u>Pa</u>	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20, 19	70 (explain in Part VI) See	
	instructions All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E	·
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(7,711011041	(optional)
1	Net short-term capital gain	1	<u> </u>	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	_ 3	<u> </u>	
4	Add lines 1 through 3	_ 4		
5	Depreciation and depletion	_ 5	<u></u>	
6	Portion of operating expenses paid or incurred for production or			
co	illection of gross income or for management, conservation, or	-		
m	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Coo	Non D. Minney Annah Amazon		(A) D	(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	82	THE PROPERTY OF THE PARTY OF TH	FIRST STATE OF THE
	structions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b	 	
	c Fair market value of other non-exempt-use assets	1c		
	d_ Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	NO.	TATAL SERVICE AND A SERVICE OF	THE STREET
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		The state of the s
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	 		
	e instructions)	4	1	
		5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		<u> </u>
6	Multiply line 5 by 035	7	<u> </u>	
7	Recoveries of prior-year distributions	8	 	
8_	Minimum Asset Amount (add line 7 to line 6)		PRESENTATION OF SHOP OF	
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	HELICIAN DE LA DEL	
2	Enter 85% of line 1	2	经产业的工作的 工作的。	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	記する。日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	<u> </u>
4	Enter greater of line 2 or line 3	4	数数数は最高的性的	
5	Income tax imposed in prior year	5	建筑和大学工作的工程。	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		DEMNERS OF THE SECOND	
	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III si		
•	(and translation)	-	5 5	

Schedu	ule A (Form 990 or 990-EZ) 2017 VOICE OF CALVARY I		64-0564	.343
Pal	t V . Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported		
	organizations, in excess of income from activity		 	<u></u>
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(1)	(ii)	(iti)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		ļ	Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See			,
	instructions			,
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
d	From 2015			
е	From 2016		<u> </u>	
f	Total of lines 3a through e			-
g	Applied to underdistributions of prior years			}
h	Applied to 2017 distributable amount)-	
<u>i</u>	Carryover from 2012 not applied (see instructions)	<u> </u>		<u> </u>
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from	`,		
	Section D, line 7 \$			· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years	, , , , , , , , , , , , , , , , , , , ,		
b	Applied to 2017 distributable amount	ļ	·	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if	1 , 1		
	any Subtract lines 3g and 4a from line 2 For result	1,		j
	greater than zero, explain in Part VI See instructions		· · · · · · · · · · · · · · · · · · ·	
6	Remaining underdistributions for 2017 Subtract lines 3h		li i	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	 		
7	Excess distributions carryover to 2018. Add lines 3j	}		
	and 4c	 		<u> </u>
8	Breakdown of line 7	 		
	Excess from 2013	 		
	Excess from 2014			
	Excess from 2015	 		
	Excess from 2016 Excess from 2017	 		<u> </u>
	EXCESS HORE 2017			i i

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990).

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer Identification number

v	OICE OF CALVARY MINISTRIES		3 4 -0	564343
Pa	art I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Acc	ounts	
	Complete if the organization answered "Yes" on f			
		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	_		
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	, , , , ,		Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check a	If that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importar	nt land	area
	Protection of natural habitat	Preservation of a certified historic stru	ucture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation		
	easement on the last day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization dur	ring the	•
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	eated >		
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolations, and enforcing conservation easeme	nts dur	ing the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation easements d	uring th	he year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		О., П.,
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easemen			
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describe	s the	
_	organization's accounting for conservation easements	Historical Transverse or Other Sim	:1 ^	vanata
Pa	ort III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		illar A	155612.
4 -		· · · · · · · · · · · · · · · · · · ·		
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial		0.	
.	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		eet	
D	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items	and the second control of the second control	٠,	
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
				\$
2	(ii) Assets included in Form 990, Part XIf the organization received or held works of art, historical treasures, or ot	her similar assets for financial dain provide th	ie.	•
2	following amounts required to be reported under SFAS 116 (ASC 958) re		•	
_	Revenue included on Form 990, Part VIII, line 1	idening to these territor	•	\$
	Assets included in Form 990, Part X		•	\$

Sche	edule D (Form 990) 2017 VOICE OF	CALVARY M	INISTRIES		64-0564343	Page 1
_Pa	art III - Organizations Maintainir	ng Collections of	f Art, Historical T	reasures, c	or Other Similar Ass	
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check any of the follo	wing that are a	a significant use of its	
a	Public exhibition	d 🗍	Loan or exchange pro	ograms		
b	Scholarly research	e 🧻	Other			
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explain	how they further the or	ganization's e	xempt purpose in Part	
	XIII					
5	During the year, did the organization solicit of	or receive donations of	f art, historical treasure	s, or other sim	nılar	
	assets to be sold to raise funds rather than t		art of the organization's	collection?		Yes No
Pa	art IV Escrow and Custodial A					
	Complete if the organization 990, Part X, line 21	on answered "Yes	on Form 990, Pa	art IV, line S	, or reported an amo	unt on Form
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contributions or	other assets n	ot	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table		[
					 	Amount
C	Beginning balance				1c	
đ	Additions during the year				1d	
e	Distributions during the year				1e	
7	Ending balance	000 Dawl V June 1	24	برا فمريمه مراهدا	1f	□ Yee □ Ne
	Did the organization include an amount on F					∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XIII urt V Endowment Funds.	Check here it the exp	nanation has been pro-	vided off Fait /	<u> </u>	
	Complete if the organization	n answered "Yes	" on Form 990. Pa	rt IV. line 1	0	
	`	(a) Current year	(b) Pnor year	(c) Two year		ack (e) Four years back
1a	Beginning of year balance					· · · · · · · · · · · · · · · · · · ·
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses			<u> </u>		
g	End of year balance		<u>L</u>			
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)) he	eld as		
а	Board designated or quasi-endowment	%				
þ	Permanent endowment ► %					
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held and ac	dministered for	r the	[,]
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz					3b
4	Describe in Part XIII the intended uses of the		ment funds	 		
r,a	Irt VI: Land, Buildings, and Equation Complete if the organization		" on Form 990 Pa	rt IV/ line 1	1a See Form 990 P	ort X June 10
	Description of property	(a) Cost or other			(c) Accumulated	(d) Book value
	Social di property	(investment)		1	depreciation	,,==
12	Land			69,864		669,864
	Buildings			23,099	466,488	856,611
	Leasehold improvements	·				
	Equipment		3	81,350	371,193	10,157
	Other					
Total	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	K, column (B), line 10c)	>	1,536,632

Part VII	Investments—	Other	Securities.
----------	--------------	-------	-------------

Complete if the organization answered "Yes" on		
(a) Description of security or category (including name of security)	(b) Book value	(c) Melhod of valuation Cost or end-of-year market value
(1) Financial derivatives	 	Solver and or your market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(C) (D)		
(E)		
(F)		
(G)		
(H)		NEW THE PARTY OF T
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Rart VIII Investments—Program Related.		What I was I was I will the way to be a second
Complete if the organization answered "Yes" on	Form 990 Part IV	line 11c. See Form 990. Part Y. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book Value	Cost or end-of-year market value
(1)		
_(1)		
(2)		
_(3)	 ·	
(4) (5)		
(5)		
_(6) 		
_(7)		
_(8)		
_(9)		THE PERSON OF A STATE OF THE PERSON
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part!IX Other Assets.		CATTON CONTRACTOR OF THE PARTY
Complete if the organization answered "Yes" on	Form 990 Part IV	line 11d. See Form 990. Part X. line 15
(a) Description	TOTTI 950, TAILTY, I	(b) Book value
The state of the s		(2) 2551 (155
<u>(1)</u>		
(2)	· · · · · · · · · · · · · · · · · · ·	
_(3)		
_(4)		
_(5)		
<u>(6)</u>		
(7)		
(8)		
(9)		•
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 罗丹art X猴 Other Liabilities.		
愛Part X Other Liabilities. Complete if the organization answered "Yes" on	Form 990 Part IV	line 11e or 11f See Form 990 Part Y
•	1 01111 990, 1 att 14, 1	ille Tie Of Tit. See Form 550, Fart X,
	(b) Book value	CONTRACTOR OF THE PARTY OF THE PARTY OF
fine 25		
1, (a) Description of liability	(b) Book value	Control of the state of the sta
(a) Description of liability (1) Federal income taxes	(b) Book value	
(a) Description of liability (1) Federal income taxes (2)	(b) Book Value	
(a) Description of liability (1) Federal income taxes (2) (3)	(b) Book Value	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	(b) Book value	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(b) Book Value	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(b) Book value	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(b) Book Value	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(b) Book Value	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(D) BOOK Value	

	dule D (Form 990) 2017	VOICE	OF	CALVARY	MINISTRIES	64-056434	3			Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.										
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a										
1	Total revenue, gains, and	other suppor	t per a	udited financial s	statements		1		1,64	6,212
_										

1	Total revenue, gains, and other support per audited financial statements		1 1	1,646,212
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	_ 2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,646,212
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		[,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,646,212
Pa	art XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	1,561,288
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		i i	
а	Donated services and use of facilities	2a	,	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	()	3	1,561,288
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4h		1401	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

1,561,288

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

C Parting

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

Open to Public Inspection 2017

OMB No 1545-0047

Employer identification number

64-0564343

ž

X Yes

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

VOICE OF CALVARY MINISTRIES

General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?

(h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form REDEVELOPMENT 0 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 46,785 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable) 528 (p) EIN Enter total number of other organizations listed in the line 1 table (1) COOP COMMUNITY OF NEW WEST JACKSON 39209 (a) Name and address of organization or government 1908 GRENADA STREET Part IIS JACKSON 8 6 (2) 9 6 3 ල 3

Schedule I (Form 990) (2017)

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

64-0564343

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule 1 (Form 990) (2017) VOICE OF CALVARY MINISTRIES

Part III

	י מון זון כמון כל מחלווכמנכת וו מממיוטומו פלמכר ופ ווכפתכת					
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 HOME	1 HOME MORIGAGE SUBSIDIES	1		56,351	COST	REDUCED SALE
2						
₆						
4						
က						
ဖ						
7						
Part IV	Supplemental Information. Provide the information		quired in Part I, line	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information	nformation

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

A DEED RESTRICTION IS ATTACHED TO THE RESIDENCE FOR A SPECIFIED NUMBER OF

YEARS, AND THE SUBSIDY MUST BE REPAID IF THE RESIDENCE IS SOLD OR

REFINANCED BY THE HOMEOWNER FOR A GAIN WITHIN THE SPECIFIED PERIOD.

SCHEDULE O (Form 990 or 990-EZ)

8 (9

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ
► Go to www.irs.gov/Form990 for the latest information

Open to Public Inspection

Name of the organization

VOICE OF CALVARY MINISTRIES

Employer identification number 64-0564343

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION'S BOARD OF SERVANTS IS PROVIDED A COPY OF THE FORM 990 FOR
REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND EMPLOYEES ARE MADE AWARE OF THE CONFLICT OF INTEREST
POLICY, AND ANY CONFLICTS THAT ARISE ARE ADDRESSED AND RESOLVED IN A
TIMELY MANNER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF SERVANTS REVIEW AND APPROVE THE PRESIDENT/CEO'S COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES
DESCRIPTION

PROGRA	M SERVICE	MGT &	GENERAL	FUNDRAIS	ING
CONTRACT LABOR					
\$	136,888	\$	1,287	\$	675
OTHER PROFESSIONAL	SERVICES				
\$	5,792	\$	23,531	\$	203
TOTAL					
\$	142,680	\$	24,818	\$	878