Short Form 2949209700301

Return of Organization Exempt From Income Tax

ONUS No 1545-1150

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

_		ilue Service						
A	For the	2017 calend		017, a	nd ending			, 20
B Check if applicable			C Name of organization h			D Empl		ntification number h
Address change			Times of Refreshing Ministries, Inc.				81 	-2830179
	Trained and direct for the box in the sent dear to all our dear address,			Room/suite	E Telep			
=		nitial return/terminated 122 East Broadway Street					502	2-330-7173
=	Amended		City or town, state or province, country, and ZIP or foreign postal code		0.2	F Grou	ıp Exen	nption
	Applicatio	on pending	Frankfort, KY 40601			Num	nber 🕨	
G.	Account	ting Method	Cash ☐ Accrual Other (specify) ►		Н	Check I	► 🗌 ıf	the organization is not
1 1	Vebsite	e: ► times	sofrefreshing.net			required	l to atta	ch Schedule B
J T	ах-ехеп	mpt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a))(1) or	<u> </u>	(Form 9	90, 990	-EZ, or 990-PF).
			: 🗹 Corporation 🗌 Trust 🔲 Association 🔲 Oth	_				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000	0 or m	ore, or if tota	assets		
(Pa	rt II, col		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			********	\$	124,465.00
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal	lance	es (see the	instruc	ctio'ns	for Part I) ि
_		Check if	the organization used Schedule O to respond to any quest	tion ir	า์ โทีเรี Part I	-	1 <u>93</u> .	<u> </u>
h		Contribution	ons, gifts, grants, and similar amounts received 🚶	V. ₹	IAR 1 9 :	2918	(さま)	121,451.00
h		-	ervice revenue including government fees and contracts	· .			(2)	0.00
h			iip dues and assessments		GUEN,	1 1-1-	-3	0.00
he	4	Investmen				-	4	0.00
	5a		ount from sale of assets other than inventory	0.00				
60	b	Less: cost	0.00		0.00			
2078	C	Gain or (lo	• • '	5c	0.00			
	6	Gaming ar						
~ O	a	0.15 0.00\						
֓֞֞֞֞֞֞֞֞֞֞֓֓֓֓֓֓֡֟֞	l .	Ua						
Revenue	b		ome from fundraising events (not including \$	ıs				
<u>-</u>	l		raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)	.		0.00		
SCARRE	İ _		· · · · · · · · · · · · · · · · · · ·	6b 6c		0.00		
Z	d		L Company of the L		6b and au			
	"	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a	Diraci	64	0.00		
ర	70	•	a of myombon (loop not upon and allowances	 l		,014.00	6d	
Ø	7a		s of inventory, less returns and allowances	7a 7b		,581.00		
	b		of goods sold				70	-7,567.00
	C 8	-		a) .			7c 8	0.00
	9		nue (describe in Schedule O)				9	113,884.00
	10		I similar amounts paid (list in Schedule O)	•••		<u> </u>	10	2,349.00
	11		· · · · · · · · · · · · · · · · · · ·				11	0.00
Ø	12		fits paid to or for members					55,563.00
Expenses	13		Professional fees and other payments to independent contractors ht					0.00
Þ	14	Occupancy, rent, utilities, and maintenance						0.00
X	15	Printing, publications, postage, and shipping					15	785.00
	16		Other expenses (describe in Schedule O)				16	59,614.00
	17		enses. Add lines 10 through 16				17	118,311.00
G	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)				18	-4,427.00
Net Assets	19		or fund balances at beginning of year (from line 27, column				22.3	· · · · · · · · · · · · · · · · · · ·
Ass	1		r figure reported on prior year's return)				19	40,741.00
ë	20	Other char	nges in net assets or fund balances (explain in Schedule O) .				20	92,650.00
Z	21		or fund balances at and of year. Combine lines 18 through 20				21	128.964.00

hε	Pa	Balance Sheets (see the instructions to			David II		
		¹ Check if the organization used Schedule (o to respond to ar	ny question in this	(A) Beginning of year		
	22	Cash, savings, and investments		-	9,601.00	1	5,174.00
	23	Land and buildings			0.00		0 00
	24	Other assets (describe in Schedule O)		L-	31,140.00	24	123,790.00
	25	Total assets ,		├	40,741.00		123,790.00
	26	Total liabilities (describe in Schedule O)		· · · · · -		26	
	27	Net assets or fund balances (line 27 of column (<u> </u>	40,741.00		128,964.00
he	Par	t III Statement of Program Service Accomp	``		Part III)		
		Check if the organization used Schedule (•		·		Expenses
	Desc as m	at is the organization's primary exempt purpose? cribe the organization's program service accomplish neasured by expenses. In a clear and concise ma	Religious, education hments for each of anner, describe the	nal, charitable preach f its three largest p	rogram services,	501(uired for section c)(3) and 501(c)(4) nizations, optional for rs.)
it.	28	cons benefited, and other relevant information for eac Pastors Philip and Alberta Derber ministered in Curao		h 1st through the 13	th in 2 church		
_		conferences. In a total of 12 services, attendance ran	ged from 60 to 100	people. They also co	unseled with the	l	
		pastors. Testimonies of great financial blessings and	I Increase have beer	In evidence in these	churches.		
	h.c	(Grants \$) If this amount in	ncludes foreign gra	ints, check here .	▶ □	28a	\$10,708.00
	29	Pastors Philip and Alberta Derber ministered in Ebeye					
		Marshallese Ministers' Conference. Approximately 40	0 people attended i	n each of nine meeting	ngs. Pastor Philip		
		andAlberta Derber preached, commissioned ministers	s, ministered prophe	etically and healing,	counseling pastor	1	
				ints, check here .		29a	\$10,018.00
	30	Pastors Philip and Alberta Derber ministered in Bonai					
	•	In Aruba, groups of pastors were ministered to, along		_		ŀ	
		two meetings with approximately 300 people in attended					ļ
				ints, check here .		30a	\$6,395 00
	21	Other program services (describe in Schedule O)				30a	
	31	, ,				31a	\$28,135.00
	22	Total program service expenses (add lines 28a th	rough 31a)	ints, check here .	· · · · · · · · · · · · · · · · · · ·	32	55,256.00
ı		t IV List of Officers, Directors, Trustees, and Key					
	rai						
		Check if the organization used Schedule (U to respond to ar		(d) Health benefits,		
_		hc (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable ne compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	6	Estimated amount of other compensation
	Dr. P	Philip D. Derber, Chairman of the Board	30	55,563.00	NON	iΕ	NONE
-	Patri	icia Fetick, Secretary of the Board					
			3 hours/ week	NONE	NON	JE	NONE
-	Criet	t Murray, Treasurer of the Board		10112		-	
-		. murray, rreasurer of the Soaru	3 hours/week	NONE	NON	ΙE	NONE
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Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the					
	' instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		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	100	•	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>	
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		<u> </u>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		*	
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a NONE	37b 38a		<u> </u>	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39 a b	Initiation fees and capital contributions included on line 9				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE				
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	280 (, \$) , 3; .		2	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		al .		
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	40e		✓	
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Fantley Smither Located at ▶ 122 East Broadway St. Frankfort, KY Telephone no. ▶ ZIP + 4 ▶	502-33 406			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	
	If "Yes," enter the name of the foreign country: ▶		K t j	Mar. I	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		and the property		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ►	42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		110	
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			
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	- 1 ST		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	\$ \$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}{	/	

Page	4

Yes No

46,		he organization engage, directly or ir ndidates for public office? If "Yes," o					1000		ĥ
Part \		Section 501(c)(3) organizations	only						1
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and complete	the tables	for lin	es	
		50 and 51.			2. 5				
		Check if the organization used Scl	nedule O to respond	to any question in ti	nis Part VI	· · · · ·	Yes	No	
47	Did t	he organization engage ın lobbyıng	activities or have a	section 501(h) election	n in effect durina t	the tax	163	140	
•••		? If "Yes," complete Schedule C, Par					1	1	ho
48	Is the	organization a school as described in					<u> </u>	1	h
49a		he organization make any transfers to						1	
b		es," was the related organization a se	· ·						
50		plete this table for the organization's							
	empi	oyees) who each received more than	\$100,000 of comper	nsation from the organ	(d) Health benefits,	none, enter i	vone.		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and defer compensation				
NONE									
				,	ļ				
			-						
					<u></u>				
51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	s five highest compo	ensated independent	contractors who e	each received	l more	than	
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c) Compensa	tion		
NONE									
				1					
				[
				-					
				1					
	.,						_		
				Ī					
d	Total	number of other independent contra	actors each receiving	over \$100,000	 _				
		the organization complete Scheduleted Schedule A	ile A? Note: All se	ection 501(c)(3) orga		tach a ⊳⊮ Ye	s 🗌	No	
Under pe true, corr	nalties ect, an	of perjury, I declare that I have examined this is domplete. Declaration of pregarer (other than	return, including accompan n officer) is based on all info	lying schedules and stateme ormation of which preparer h	ents, and to the best of mas any knowledge	ny knowledge an	d belief,	ıt ıs	
		A.M. Smither			3-10	-18			
Sign	į	Signature of officer			Date				
Here	he l	Fantley Smither, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	Da	Check	r If PTIN			
Prepa Use C		Firm's name ▶			Fırm's EIN ▶				
USE (, i ii y	Firm's address ▶			Phone no		_		
May the	e IRS	discuss this return with the prepare	shown above? See	instructions		► ☐ Ye	s 🔲	No	

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Times of Refreshing Ministries, Inc. 81-2830179 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

,	'(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. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and	(4) 2010	(5) 2014	(6) 2010	(4) 2510	(6) 2011	10 1014	
•	membership fees received. (Do not	1						
	include any "unusual grants.")				56,615.00	121,451.00	178,066.00	
2	Tax revenues levied for the		— — — ·					
	organization's benefit and either paid							
	to or expended on its behalf				0.00	0.00	0.00	
3	The value of services or facilities							
	furnished by a governmental unit to the	!			ŀ			
	organization without charge				0.00	0.00	0.00	
4	Total. Add lines 1 through 3				56,615.00	121,451.00	178,066.00	
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)				53, 35-31, 43		85,170.00	
6	Public support. Subtract line 5 from line 4						92,896.00	
	on B. Total Support				, 			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4		ļ .	L	56,615.00	121,451.00	178,066.00	
8	Gross income from interest, dividends,	1						
	payments received on securities loans,]			İ			
	rents, royalties, and income from similar sources		ļ		0.00	0.00	0.00	
9	Net income from unrelated business				0.00	0.00		
9	activities, whether or not the business		i					
	is regularly carried on	}	1		0.00	0.00	0.00	
10	Other income. Do not include gain or				İ			
	loss from the sale of capital assets		ļ					
	(Explain in Part VI.)	l			4,277.00	-7,567.00	-3,290.00	
11	Total support. Add lines 7 through 10		garages di cres				174,776.00	
12	Gross receipts from related activities, etc.					12	0.00	
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	ı, or fifth tax ye	ear as a section	1 501(c)(3)	
	organization, check this box and stop he	re	<u> </u>		<u> </u>	<u> </u>	· · > 🗷	
Secti	on C. Computation of Public Suppo	rt Percentag	е					
14	Public support percentage for 2017 (line					14	<u>%</u>	
15	Public support percentage from 2016 Sc					15	<u>%</u>	
16a	331/3% support test—2017. If the organ							
	box and stop here. The organization qua						_	
b	331/3% support test—2016. If the organ							
4=	this box and stop here. The organization							
17a								
	10% or more, and if the organization me							
	Part VI how the organization meets the 'organization	iacis-and-circ	umstances" te	s. The organi	zation qualines	as a publicly !		
	•	040 16 11				0-40	🗀	
b	10%-facts-and-circumstances test—2							
	15 is 10% or more, and if the organization respectively.							
	supported organization				•	on qualines as		
18	Private foundation. If the organization di					k this hav and s	► ∐	
. •	instructions	a not oneon a		, 10a, 100, 176	a, O. 17D, OHEO	. and box and s	▶ □	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Times of	Refreshing Ministries, Inc.		81-2830179
990-EZ, F	Page 1, Part I, Line 10, Grants and similar amo	ounts paid:	
To 501(c)(3) nonprofit religious organizations:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Elaine Holmer Ministries, Inc.	\$1,000.00	
	Hone Patrick Ministry (Marshall Islands)	\$1,249.00	
	Faith Victory Church Marshall Islands	\$100.00	
Total:		\$2,349 00	
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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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Times of Refreshing Ministries, Inc. 81-2830179 990-EZ, Page 1, Part I, Line 16, Other Expenses Administrative costs: \$45.75 Vehicles and equipment Insurance, Tax and License, Maintenance, Vehicle storage: \$2,138.43 Travel: \$57,429.92 Total: \$59,614.10

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

81-2830179

Department of the Treasury Internal Revenue Service

Name of the organization

Times of Refreshing Ministries, Inc.

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Inventory of books. \$80,170.00							
and cds:	\$12,480.00						
Total:	\$92,650.00						
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				·			
							
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		·	·				
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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.

OMB No. 1545-0047

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

Times of Refreshing Ministries, Inc. 81-2830179 990-EZ, Page 2, Part II, Line 24, Other Assets Column (A): 1995 Gulfstream Tourmaster RV 39 \$18,540.00 20030GMC Box Truck \$6,600.00 Cargo Trailer, Approximately 5 x 10 \$1,000.00 **Music Equipment** \$5,000.00 Total: \$31,140.00

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Times of Refreshing Ministries, Inc.

► Attach to Form 990 or 990-EZ.

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

Employer identification number 81-2830179

990-EZ, Page 2, Part III, line 31, Other program services: 1. Pastors Philip and Alberta Derber ministered in Puerto Rico 1/23 through 2/4/2017 in three church locations, CCRVA, Juncos, and Moca, approximately 165-175 people each night for 5 meetings. They also counseled with the pastors. Many testimonies of healings and financial prosperity came forth Cost of this trip: \$4068.00 2. Pastors Philip and Alberta Derber ministered in St. Petersburg, FL at Exceeding Grace Ministries, from February 13th to the 20th. There were 4 services of preaching, healing, and deliverance. They also counseled with the pastors. An average of 150 people attended the meetings. The cost of this trip: \$622.00 3. The RVN Band (TRM) held a concert and ministered in Gun Barrel TX, March 23rd through 27th. Three services with approximately 50 people attending each service. Dr. Derber also counseled with the pastors. The cost of this trip: \$3,481.00 4. The RVN Band (TRM) had a concert and ministered in the KCIW Women's Prison in Peewee Valley, Louisville, KY on April 8th with approximately 150 people attending. Cost of this trip: \$396.00 5. The RVN (TRM) had an outreach and concert in Nicholasville, KY at the Lone Oak Golf Course Banquet Room with about 30 people attending on April 22-23. The next day they had a debriefing of the event on the 22nd, watching videos and critiquing the event. The cost of this event was \$1,915,00 6. Pastors Philip and Alberta Derber ministered in St. Petersburg, FL at Exceeding Grace Ministries, from May 3rd through May 8th. There were 4 services of preaching, healing, and deliverance. They also counseled with the pastors. An average of 150 people attended the each meeting. The cost of this trip: \$1,573 7. The RVN Band (TRM) held a concert and ministered in Buffalo, NY, at Evangel Assembly of God, June 1st through June 5th. They ministered in a total of three meetings with 100-120 people in each meeting. Dr. Derber ministered in three miracle healing services along with the the Band in concert. The cost of the trip: \$2,560.00 8. The RVN Band (TRM) ministered in concert and Dr. Derber preached in the Nepalese Church in Lexington, KY June 17th for one service. The attendance was 115 people. The cost of the trip: \$40.00 9. The RVN Band (TRM) ministered in concert and Dr. Derber preached in Fort Payne, Alabama at Fort Payne Christian Center in the Pavillon Tent Crusade. They ministered for two meetings, for approximately 150 people in each meeting. Dr. Derber ministered prophetically into people's lives and miracle healings. The cost of the trip: \$1,915.00

Name of the organization Times of Refreshing Ministries, inc.	Employer identification number 81-2830179
990-EZ, Page 2, Partill, Line 31, Other program services continued:	
10. The RVN Band (TRM) ministered in concert and Dr. Derber preached in two churches, one being a ten	t crusade, July 21st through
July 23rd. The first meeting was in Columbus, OH at The Chapel of Rest church for 75-100 people. Dr. De	rber ministered
In a prophetic manner calling people out individually and speaking into their lives as the Holy Spirit direct	ed him. Also healings were
manifested and he ministered to pastors. The second church, Victory Rock Church in Galion, OH was a to	ent crusade with approximately
300 people in attendance in each of two meetings. Dr. Derber prophetically called people out of the congressions.	regation as the Lord led and
ministered healing, deliverance, salvations, and other things as there was need. The cost of the trip: \$1,5	587.00
11. Pastors Philip and Alberta Derber ministered in Mount Airy, GA at Arise Deborah's Victorious Church	September 9th through 11th for
75 people in one meeting. The pastors ministered healing and Apostolically, releasing the Blessing at an	Apostolic impartation level.
The ministry manifested their church building debt free as a result of their connection with the Derbers, s	o they testified later.
The cost of this trip: \$713.00	
12. Pastors Philip and Alberta Derber ministered in three churches on an extended trip through Pennsylv	ania and Massachusetts.
They were assisted by their helps ministers, drivers, and trip managers, Pastor Destinor and Tiffany Anto	ine. November 5th through 8th they
ministered at The Church Without Walls, Harrisburg, PA for two meetings to 75-100 people in each teachin	g and preaching a prophetic
message about 2018, the Revealing Year. Those with need of healing or any other problem were minister	ed to as well. They also ministered
privately to the pastors. The two other churches were near Foxborough, MA. At Broken Chains Biker Chu	rch, they ministered to 100 people,
healing, deliverance, and salvations. At Bethany Village Church, they ministered to approximately 20 peo	ple in the same manner. Also they
ministered to the pastors to exhort and encourage them in their ministry. The cost of this trip: \$4,155.00	·
13. Pastors Philip and Alberta Derber ministered in St. Petersburg, FL at Exceeding Grace Ministries, from	n November 15th through 20th for
a total of five services, about 150 people per service. They ministered a prophetic message about 2018, t	he prosperity God is bringing to the
Body of Christ and how to operate in it. They ministered to individuals in deliverance, healing, and prosp	erity breakouts and
ministered to the pastors in private meetings. The cost of this trip: \$1,121.00	
14. Pastors Philip and Alberta Derber ministered in Puerto Rico November 29th through December 7th in	five meetings with approximately
150-200 people in attendance in each meeting. They taught the people concerning the Kingdom Prosperi	ty system and ministered to
individuals in salvation, healing, deliverance, and wisdom. They also ministered to the pastors separately	y. The cost of this trip: \$3,989.00
TOTAL of other program services: \$28,135.00	