9

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2018

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

| \overline{A} | For the | 2018 calend | ar year, or tax year beginning January 1 | , 2018, and | ending | Dec | ember 3 | 1 , 20 | 18 | | | |
|----------------|---------------|---|--|--------------|----------------------------------|--------------------|------------|-----------------|--|--|--|--|
| В | Check if ap | oplicable C Name of organization D Empl | | D Emple | D Employer identification number | | | | | | | |
| ☑ | Address cl | | | | | | 27-3930447 | | | | | |
| 닏 | Name chai | | | | | E Telephone number | | | | | | |
| H | Initial retur | | P.O. Box 269 | | | | 512-3 | 337-2078 | | | | |
| Ħ | Amended | n/terminated return | City or town, state or province, country, and ZIP or foreign postal code | | 12 | F Grou | p Exemp | otion | | | | |
| ŏ | Application | | Lampasas, TX 76550 | | 00 | Num | ber ▶ | | | | | |
| G | Account | ing Method | ✓ Cash | | Н | Check • | ► 🗌 ıf th | ne organization | ıs not | | | |
| 1 ' | Website | : ► http.// | ReachingBeyondWords.org | | | required | to attacl | h Schedule B | | | | |
| J - | Tax-exem | npt status (ch | eck only one) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947 | 7(a)(1) or [| 527 | (Form 99 | 90, 990-E | Z, or 990-PF) | | | | |
| ĸ | Form of | organization | | Other | | | | | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,0 | 000 or more | e, or if total | assets | | | | | | |
| (Pa | art II, colu | | 500,000 or more, file Form 990 instead of Form 990-EZ . | | | • | ▶ \$ | | | | | |
| F | art I | | e, Expenses, and Changes in Net Assets or Fund B | | | | | | | | | |
| | | Check if | the organization used Schedule O to respond to any que | estion in th | his Part I | | · • • | <u> </u> | <u>. </u> | | | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts received | | | | 1 | 1 | 14,623 | | | |
| | 2 | Program s | ervice revenue including government fees and contracts . | | | | 2 | | 0 | | | |
| | 3 | Membersh | ip dues and assessments | | | [| 3 | | 0 | | | |
| | 4 | Investmen | Income | | | | 4 | | Ó | | | |
| | 5a | Gross amo | unt from sale of assets other than inventory | 5a | | 0 | | | | | | |
| | b | | or other basis and sales expenses | 5b | | . 0 | | | | | | |
| | С | • | ss) from sale of assets other than inventory (Subtract line 5b | from line | 5a) | <u>5</u> c (| | | | | | |
| | 6 | _ | d fundraising events: | | | | | | | | | |
| ne | а | Gross inc \$15,000) | ome from gaming (attach Schedule G if greater than | 6a | | 0 | | | | | | |
| Revenue | b | | me from fundraising events (not including \$ | | ntribution | s h | | | | | | |
| Re | | | aising events reported on line 1) (attach Schedule G if the | | | | | | | | | |
| | | sum of suc | th gross income and contributions exceeds \$15,000) | 6b | - | 5,125 | | | | | | |
| | С | Less direc | t expenses from gaming and fundraising events | 6c | | 2,977 | | | | | | |
| | d | | e or (loss) from gaming and fundraising events addines | 6a and 6b | b and sub | otract | | | | | | |
| | | line 6c) | | ISI | | | 6d | | 2,148 | | | |
| | 7a | Gross sale | s of inventory, less returns and all wanges y. 2.0.2019. | O7a | | 0 | | | | | | |
| | b | Less: cost | of goods sold | Ø/b | | 0 | | | | | | |
| | С | Gross prof | it or (loss) from sales of inventory (Subtract line 7b from line | -⁄-a) | | | 7c | | 0 | | | |
| | 8 | | nue (describe in Schedule O) OGDEN, UT . | <u> </u> | | · : | 8 | | 0 | | | |
| _ | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | · • | 9 10 | | 16,771 | | | |
| | 10 | | I similar amounts paid (list in Schedule O) | | | | 11 | | 16,452 | | | |
| | 11 | • | aid to or for members | | | . } | 12 | | 0 | | | |
| Expenses | 12 | | ther compensation, and employee benefits | | | | 13 | | 0 0 | | | |
| e | 13 | | /, rent, utilities, and maintenance | | | | 14 | | 0 | | | |
| X | 15 | | ublications, postage, and shipping | | | | 15 | | - 8 | | | |
| | 16 | | enses (describe in Schedule O) | | | | 16 | | 2,711 | | | |
| | 17 | | enses. Add lines 10 through 16 | | | | 17 | 1 | 19,171 | | | |
| _ | 40 | | (deficit) for the year (Subtract line 17 from line 9) | | | | 18 | | -2,400 | | | |
| ets | 19 | | or fund balances at beginning of year (from line 27, colur | | | | | | _, 100 | | | |
| SS | | | r figure reported on prior year's return) | | | | 19 | | 57,438 | | | |
| Net Assets | 20 | - | iges in net assets or fund balances (explain in Schedule O) . | | | | 20 | | 0 | | | |
| ž | 21 | | or fund balances at end of year. Combine lines 18 through | | | | 21 | | 55,038 | | | |
| | - | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)

| Рa | · · | · · · · · · · · · · · · · · · · · · · | | 5 | | |
|----------|---|---------------------------------------|--------------------------------------|---|--------------|--|
| | Check if the organization used Schedule | O to respond to ar | ny question in this | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | } | 57,438 | 22 | |
| 22 23 | Land and buildings | | | 57,438 | 23 | 55,038 |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | 57,438 | - | 55,038 |
| 26 | Total liabilities (describe in Schedule O) | | [| | 26 | |
| 27 | Net assets or fund balances (line 27 of column | n (B) must agree with | ı lıne 21) | 57,438 | 27 | 55,038 |
| Par | t III Statement of Program Service Accom | | | | | _ |
| | Check if the organization used Schedule | | | Part III 🔽 | /Doc | Expenses juired for section |
| Wha | t is the organization's primary exempt purpose? | Working with the poo | or & oppressed | | | c)(3) and 501(c)(4) |
| Desc | cribe the organization's program service accompli | shments for each of | fits three largest p | rogram services, | orga othe | inizations, optional for |
| as n | neasured by expenses. In a clear and concise mons benefited, and other relevant information for each | nanner, describe the | e services provided | d, the number of | Otrie | (5.) |
| | | ach program mie. | | | \vdash | |
| 20 | School for the indigent children in the Philippines Education provided to 220 children from indigent fai | milias inal school ha | oke cumplies unifor | me and feeding | | |
| | Education provided to 220 children from indigent rai | filles, inci. School bo | oks, supplies, unito | ins and record | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | ▶ □ | 28a | 60.342 |
| 29 | New future provided to widows, orphans & needy ch | | , | | | 33/3 |
| | Education provided to 10 widows & 75 children from | •-• | l. school books, sup | plies, uniforms | | |
| | (children) & business start-up (widows) & medical ca | | | | | |
| | | includes foreign gra | | | 29a | 41,860 |
| 30 | New future for needy children in Uganda | | | | j | |
| | Education provided to 11 children from indigent fam | ilies, ıncl. school boo | ks, supplies, uniforn | ns, casual | | |
| | clothing and supplementary food | | | | | į |
| | | ıncludes foreign gra | nts, check here . | ▶ □ | 30a | 13,930 |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | | includes foreign gra | | | 31a | + |
| | Total program service expenses (add lines 28a | | | | 32 | 116,452 |
| Par | List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule | | | | istru | ctions for Part IV) |
| | Check if the organization used Schedule | | (c) Reportable | (d) Health benefits, | $\dot{\top}$ | • • • • • |
| | (a) Name and title | (b) Average hours per week | compensation (Forms W-2/1099-MISC | contributions to employ benefit plans, and | | Estimated amount of other compensation |
| | | devoted to position | (if not paid, enter -0-) | | | oner compensation |
| R. Bı | urton Asbill | | | * | \top | |
| Pres | dent | 10 | (| | o | 0 |
| Geor | ge P. Herrig | | | | | |
| Direc | tor | 10 | (|) | 0 | 0 |
| Mark | R. Jantzi | | | | 1 | |
| Direc | | 10 | | | 0 | 0 |
| | y K. Asbill | | | | | |
| Direc | | 10 | |) | 0 | 0 |
| | na Davis | | | | | |
| Treas | surer | 10 | | <u> </u> | 0 | 0 |
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BOA

| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | Part | | | | |
|--|--------------|---|--------|-----|--|
| 33 | | Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | s Part | | No |
| 44 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 35a Dd 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)? b If Yes* to line 35a, has the organization field a Form 1990-To the year? If Yes,* provide an explanation in Schedule O. Was the organization a receive any local form 1990-To (16)6) organization subject to section 8033(e) notice, or Was the organization and year of If Yes,* complete schedule O. Part III | 33 | | 33 | 103 | |
| activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Nes" blim 95a, his the organization for a form 990-17 for the year? If "No," provide an explanation in Schedule O. C Was the organization a section 501 (o)(4), 501 (o)(5), or 501 (o)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete sphication, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphication, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphication, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphication, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphication disposition of the sphication of the | 34 | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | 34 | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 | 35a | | 35a | | √ |
| during the year? If "Yes," complete applicable parts of Schedule N 73 Enter amount of pointcal expenditures, direct or indirect, as described in the instructions ▶ 37a 74 b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 75 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a | | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | √ |
| b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: a Initiation fees and capital contributions included on line 9 or public use of club facilities 39b 50 Gross receipts, included on line 9, for public use of club facilities 39b 50 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 50 Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 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-E72 if "Yes," complete Schedule L, Part I or 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 4956 or organization and the year under sections 4912, 4955, and 4956 or organizations. c 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 is 337-2078 1 Located at \$ 19 South Race St. Lampasas. TX 1 Located at \$ 19 South Race St. Lampasas. TX 2 IP + 4 | 36 | | 36 | | √ |
| Section 501(c)(f) organizations. Enter. a Initiation fees and capital contributions included on line 9 . 39a b Gross receipts, included on line 9, for public use of club facilities . 39b | b | Did the organization file Form 1120-POL for this year? | | | ✓ ✓ |
| 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, Parl 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. G Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T. Located at P 610 South Race St, Lampasas, TX ZIP + 4 P Telephone no. P 512-337-2078 Located at P 610 South Race St, Lampasas, TX ZIP + 4 P Telephone no. P 512-337-2078 Located at P 610 South Race St, Lampasas, TX ZIP + 4 P Telephone no. P 512-337-2078 Located at P 610 South Race St, Lampasas, TX ZIP + 4 P Telephone no. P 512-337-2078 Telephone | 39 a b | Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9 | - | | |
| on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | b | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | 40b | | _ ✓ |
| All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ R. Burton Asbill Located at ▶ 610 South Race St., Lampasas, TX ZIP + 4 ▶ 76550 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Philippines 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 ▶ 43 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 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 c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ d Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | С | on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ R. Burton Asbill Located at ▶ 610 South Race St., Lampasas, TX ZIP + 4 ▶ 76550 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Philippines 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 xyear. b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. C Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | d | 40c reimbursed by the organization | | | |
| The organization's books are in care of ▶ R. Burton Asbill Located at ▶ 610 South Race St., Lampasas, TX ZIP + 4 ▶ 76550 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Philippines 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 ▶ 43 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | е | transaction? If "Yes," complete Form 8886-T | 40e | | √ |
| Located at ▶ 610 South Race St., Lampasas, TX 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?) If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Philippines 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 ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 41 | | | | |
| 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)? If "Yes," enter the name of the foreign country \(\bigsim \) See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country \(\bigcip \) Philippines 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 \(\bigcip \) 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 42a | | | | 8 |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Philippines 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 ▶ ↓ 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | 765 | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Philippines 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 | b | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | - |
| 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 | | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | С | If "Yes," enter the name of the foreign country ▶ Philippines | 42c | ✓_ | |
| Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 43 | | | . I | ► □ |
| completed instead of Form 990-EZ | 44a | completed instead of Form 990-EZ | 44a | | نـِـــــــــــــــــــــــــــــــــــ |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | b | completed instead of Form 990-EZ | 44b | | |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| | | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |

| Page | 4 |
|------|---|
| | |

| 46 | Did tl | ne organization engage, directly or in | ndirectly, in political c | ampaign activities of | on behalf of | f or in opposi | tion I | Yes | No |
|----------------------|------------------------------------|--|--|--|--|--|---------------------------------------|------------|-------|
| Part | VI | ndidates for public office? If "Yes," of Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc | s Only s must answer que | stions 47–49b and | d 52, and | complete th | | for line | |
| 47 | | he organization engage in lobbying If "Yes," complete Schedule C, Par | | section 501(h) elect | | | | Yes | No. |
| 48 49a b 50 | Is the Did th If "Ye Comp | organization a school as described in the organization make any transfers the s," was the related organization a second the this table for the organization's toyees) who each received more than | n section 170(b)(1)(A)(ii o an exempt non-cha ection 527 organizatio five highest compens | i)? If "Yes," complete ritable related orgar on? sated employees (o | e Schedule nization? . ther than o | E fficers, directo | . 48 . 49a . 49b ors, truste | ees, an | |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC | contribution benefit pla | alth benefits, ons to employee ns, and deferred pensation | (e) Estimat other coi | | |
| | | | | | | | | | |
| | | | | | | | | | |
| f 51 | Comp | number of other employees paid ov plete this table for the organization ,000 of compensation from the orga | s five highest compe | ensated independer | nt contracto | ors who each | n received | more | thar |
| | (a) | Name and business address of each independ | dent contractor | (b) Type of se | ervice | (c |) Compensal | :ion | |
| None | | | | | | | | | |
| | | | | | | | | | |
| d 52 | Did 1 | number of other independent contra the organization complete Scheduleted Schedule A | | | | | a .▶ | s 🔲 ! | No _ |
| Under p | enalties rect, an | of perjury, I declare that I have examined this d complete Declaration of preparer (officer than | aturn, including accompant | ying schedules and stater irmation of which prepare | ments, and to r has any kno | the best of my kr wledge | nowledge an | d belief, | ıt ıs |
| Sign Here | | Signature of officer R. Burton Asbill, President Type or print name and title | کسر <i>ح</i> | | | 05/12 Date | 2/20 | <i>1</i> 9 | |
| Paid Prep Use | | Print/Type preparer's name Firm's name ▶ | Preparer's signature | | | Check self-emplo | ıf PTIN | | |
| NAny th | - IDC | Firm's address > | rahawa abaya? Saa : | netructions | | Рһопе по | ► □ Va | | No. |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

| Name | Name of the organization Employer identification number | | | | | | | |
|--------|---|---|--|---|---|---------------------------------------|--|---|
| Reac | | yond Words, Inc. | ·· | ···· | | | | 30447 |
| Pai | | Reason for Public Char | | | | | | ons. |
| The 6 | A cl | ition is not a private founda hurch, convention of church chool described in section ospital or a cooperative hos | nes, or association 170(b)(1)(A)(ii). (spital service org | on of churches descri (Attach Schedule E (F janization described i | bed in se orm 990 n sectior | ection 17 or 990-E 170(b)(1 | 0(b)(1)(A)(i). Z).))(A)(iii). | 09 |
| 4 | 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 | | | | | | | |
| 5 | sec | tion 170(b)(1)(A)(iv). (Comp | olete Part II.) | | | | | ai uniit described iir |
| 6 7 | ☐ An | ederal, state, or local governorganization that normally cribed in section 170(b)(1) | receives a subs | tantial part of its sup | | | | n the general public |
| 8 | | ommunity trust described in | | | | | | |
| 9 | or u | agricultural research organi iniversity or a non-land-grai versity. | nt college of agr | culture (see instruction | ons). Ente | r the nan | ne, city, and state of | the college or |
| 10 | rece sup acq | organization that normally r eipts from activities related port from gross investment uired by the organization at | to its exempt fui income and uni iter June 30, 197 | nctions—subject to c related business taxal 75. See section 509(a | ertain exc ble incom i)(2). (Cor | ceptions, le (less se nplete Pa | and (2) no more tha ection 511 tax) from art III.) | n 331/3% of its |
| 11 | | organization organized and | | | | | | |
| 12 | of c | organization organized and one or more publicly suppo | rted organizatioi | ns described in secti | on 509(a |)(1) or se | ection 509(a)(2). Se | e section 509(a)(3). |
| | Che | eck the box in lines 12a thro | ugh 12d that des | scribes the type of sup | porting c | rganizatio | on and complete line | es 12e, 12f, and 12g. |
| а | | Type I. A supporting organ the supported organization supporting organization. Yo | (s) the power to | regularly appoint or e | lect a ma | jority of t | | |
| b | | Type II. A supporting organ control or management of to organization(s). You must o | he supporting o complete Part I | rganization vested in V, Sections A and C | the same | persons | that control or man | age the supported |
| С | | Type III functionally integrated integrated organization(s | r ated. A support s) (see instructio | ting organization oper ns). You must comp l | rated in c lete Part | onnection IV, Secti | n with, and functions ons A, D, and E. | ally integrated with, |
| d | | Type III non-functionally i that is not functionally integ requirement (see instruction | rated. The orga | nization generally mus | st satisfy | a distribu | ition requirement an | |
| е | | Check this box if the organ functionally integrated, or T | | | | | | e II, Type III |
| f | | the number of supported of | . 3 | | | | | |
| g | | de the following information | · | | | | Tr. v | () () () |
| | (i) Name | of supported organization | (n) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | listed in you | rganization ir governing nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | - | | Yes | No | | |
| (A) | | | , | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | صحت | | |

| _ | |
|------|---|
| Dage | - |

Schedule A (Form 990 or 990-EZ) 2018

| Part | | | | | | | |
|---|---|-----------------------------------|-------------------|--------------------------------|------------------------------------|---------------------|-------------------|
| (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under | | | | | | | |
| Coot | Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) | | | | | | |
| | on A. Public Support dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | (a) 2014 | (6) 2013 | (6) 2010 | (u) 2017 | (6) 2010 | (i) Total |
| • | membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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) | | <u>د</u> | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | <u> </u> |
| | on B. Total Support | (=) 0014 | (h) 20% F | (-) 2016 | (4) 2017 | (-) 2019 | /6 Total |
| Calen 7 | dar year (or fiscal year beginning in) Amounts from line 4 | (a) 2014 | (b) 20/15 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for it organization, check this box and stop he | ne organization | n's first, secon | d, third, fourth | i, or fifth tax y | 12 ear as a section | on 501(c)(3) |
| Secti | on C. Computation of Public Suppor | t Percentag | e | | | | |
| 14 | Public support percentage for 201/8 (line (| | | 1, column (f)) | | 14 | % |
| 15 16a | Public support percentage from 2017 Sch 331/3% support test—2018. If the organi box and stop here. The organization qua | zation did not | check the box | | nd line 14 is 33 | | |
| b | 331/3% support test — 2017. If the organithis box and stop here. The organization | | | | | | ore, check |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization". | eets the "facts facts-and-circ | -and-circumsta | ances" test, chest. The organi | neck this box a zation qualifie | and stop here. | . Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in | ition meets th | e "facts-and-o | circumstances | " test, check | this box and | stop here. |
| 18 | supported organization | | | | • | k this box and | ► □ see ► □ |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | 4.146. 1.15 155 | | , p | | , | |
|-------|---|------------------|-----------------|-------------------|-----------------|-----------------|-------------------------|
| | dar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | , - | | 50000 |
| 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. | 71182 | 149481 4799 | 100703 5569 | 90231 | 114623 5125 | <u>526220</u> 33867 |
| 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 | 80122 | 154280 | 106272 | 99665 | 119748 | 560087 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | 5856 | 6085 | 8208 | 11583 | 31732 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 | | | | | ļ | |
| | or 1% of the amount on line 13 for the year | 23448 | 12200 | | | | 35648 |
| С | Add lines 7a and 7b | 23448 | 18056 | 6085 | 8208 | 11583 | 67380 |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 492707 |
| | on B. Total Support | | | | | ······ | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 80122 | 154280 | 106272 | 99665 | 119748 | 560087 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | 228 | | | 228 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | 228 | | | 228 |
| 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, and 12.) | 8122 | 154280 | 106500 | 99665 | 119748 | 560315 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | - | s first, second | d, third, fourth, | _ | | 501(c)(3) |
| Secti | on C. Computation of Public Suppor | t Percentage |) | | | | |
| 15 | Public support percentage for 2018 (line 8 | | - | | | 15 | 88 % |
| 16 | Public support percentage from 2017 Sch | | | | <u> </u> | 16 | 82 % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2018 (| | | - | * ** | 17 | 0 % |
| 18 | Investment income percentage from 2017 | | | | | 18 | 0 % |
| 19a | 331/3% support tests—2018. If the organ | | | | | | |
| b | 17 is not more than 331/3%, check this box 331/3% support tests—2017. If the organiz | ation did not ch | eck a box on I | ine 14 or line 19 | 9a, and line 16 | is more than 33 | 3 ¹ /3%, and |
| | line 18 is not more than 331/3%, check this t | | _ | | | | |
| 20 | Private foundation. If the organization di | d not check a b | ox on line 14, | 19a, or 19b, cl | neck this box a | and see instruc | tions 🕨 🔲 |

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.)

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F | art V | <u>'.)</u> | |
|-------|--|----------|--|----|
| Secti | on A. All Supporting Organizations | | 1.4 | 1 |
| | And all of the appropriate appropriate propriate that the appropriate appropri | | Yes | No |
| 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 | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | <u> </u> | | |
| _ | under section 509(a)(1) or (2)? If "Ycs," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below. | 3a | | |
| 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 | | <u></u> | |
| _ | organization made the determination | 3b | ļ | ļ |
| С | 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. | - | | |
| 42 | Was any supported organization not organized in the United States ("foreign supported organization")? If | 3c | | |
| 74 | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| 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 | 1 | | |
| | despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| С | 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 | 1 | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | L | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | ľ | | |
| | 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; | ı | | |
| | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | ŀ | | |
| | was accomplished (such as by amendment to the organizing document) | 5a | | · |
| ь | Type I or Type II only. Was any added or substituted supported organization part of a class already | Ja | | |
| _ | designated in the organization's organizing document? | 5b | - | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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 | Ì | | |
| | 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. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | 1 | | |
| | (as 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) | | | ļ' |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | 7 | | |
| 0 | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | <u> </u> | _ | |
| Ja | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | İ | | |
| | In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| 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. | 9b | | |
| C | 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. | 9с | | |
| 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. | 10a | ļ | |
| a | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | l | |

determine whether the organization had excess business holdings.)

10b

| Part | Supporting Organizations (continued) | | | |
|----------------|--|--|--------|----------------|
| · · · <u> </u> | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | i . |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | ۱ ۱ |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | _ | |
| Secti | on C. Type II Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| <u>Secti</u> | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| • | | - | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how |) ' | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | - | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | i |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | ŀ | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ctions | s). |
| а | The organization satisfied the Activities Test. Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| C | The organization supported a governmental entity. Describe in Fart VI how you supported a government entity (| see in | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | i | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | - | | 1 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | , | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | 1 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| - | of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard | 3h | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | | | | |
|--|--------------|---------------------------|--------------------------------|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 Net short-term capital gain | 1 | | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | | |
| 3 Other gross income (see instructions) | 3 | | | | | |
| 4 Add lines 1 through 3. | 4 | | | | | |
| 5 Depreciation and depletion | 5 | | | | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance 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 | <u></u> | | | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| Aggregate fair market value of all non-exempt-use assets (see instructions 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 factors (explain in detail in Part VI): | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 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, see instructions). | 4 | | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 Multiply line 5 by .035. | 6 | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Section C-Distributable Amount | | | Current Year | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | |
| 2 Enter 85% of line 1. | 2 | | _ | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 Income tax imposed in prior year | 5 | | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y int | tegrated Type III support | ng organization (see | | | |

| Schedu | le A (Form 990 or 990-EZ) 2018 | | | Page 7 |
|------------|--|-----------------------------|--|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | |
| Sect | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | | | |
| 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. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions. | | | , |
| 3 | Excess distributions carryover, if any, to 2018 | , | • | |
| a | From 2013 | | ¢. | |
| | From 2014 | - | , | |
| С | From 2015 | | | |
| | From 2016 | | | |
| е | Γrom 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 . | | | - |
| b | Excess from 2015 | , | | |
| C | Excess from 2016 | | · | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | 1 |

| Pa | a | e | 8 |
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| 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.) |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

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.

| Reaching Beyond Words, Inc. | 27-3930447 | | | | | |
|--|------------|--|--|--|--|--|
| Line 10: Grants and similar amounts paid: | | | | | | |
| Kingdom Message Ministry School, Inc., P1 Ampayon, Butuan City 8600, Philippines. \$60,342 | | | | | | |
| Reaching Beyond Words, Addis Ababa, Ethiopia: \$41,860 | | | | | | |
| Reaching Beyond Words, Kampala, Uganda: \$13,930 | | | | | | |
| First Fruits Christian Academy, Government Estate, Chokwota, Iboe Etche, Port Harcourt, Nigeria: \$320 | | | | | | |
| Line 16: Other expenses. travel \$550 + banking fees \$2,065 + business registration \$70 + bank checks \$26 | | | | | | |
| Line 31 Other program services: Sponsorship for an underprivileged child in Nigeria: \$320 | | | | | | |
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