990 Return of Organization Exempt From Income Tax OMB No. 1545-0047 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Inspection ◆ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ◆ Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning

В	Check if applicable:	C Name of organization	D Emplo	yer identification number										
П	Address change	Ariel Ministries Doing business as 74-1930400												
Ħ	Name change	Doing business as	┨ 74-	1930400										
님	·	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Teleph	one number										
╚	Initial return	11926 Radium	210	<u> -344-7707</u>										
Ш	Final return/ terminaled	City or town, state or province, country, and ZIP or foreign postal code												
П	Amended return	San Antonio TX 78216	G Gross	eceipts \$ 2,216,324										
H		F Name and address of principal officer.	group return fo	r subordinates? Yes X No										
ш	Application pending	wayne wideman	•	H. H.										
			subordinates in	COGCOS,										
		211 / 7220	No, allach a lis	st, (see instructions)										
1	Tax-exempt status:	X 501(c)(3) 501(c) () ♦ (insert no.) 4947(a)(1) or 527												
J			exemption num											
	Form of organization		19//	M State of legal domicite: TX										
	···	<u>Immary</u>												
	1 *	scribe the organization's mission or most significant activities;												
9	Arie	l Ministries exists in order to evangelize Jewish people an												
nar	disc	iple both Jewish and Gentile Believers through intensive Bi	pre te	aching										
Governance	Iron	a Jewish perpective.												
	2 Check th	s box • if the organization discontinued its operations or disposed of more than 25% of its net as:		1.4										
0 5	3 Number	of voting members of the governing body (Part VI, line 1a)	3	4										
ţį	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	3										
Activities		aber of individuals employed in calendar year 2018 (Part V, line 2a)		15										
Ac		nber of volunteers (estimate if necessary)	6	10										
	7a lotal unr	elated business revenue from Part VIII, column (C), line 12												
_	b Net unre	ated business taxable income from Form 990-T, line 38	7b Year	Current Year										
	8 Contribut		89,440											
Revenue		And the second of the second o	25,180											
Ž		service revenue (Part VIII, line 2g) ti income (Part VIII, column (A), lines 3, 4, and 7d)	39!											
æ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	00,201											
	3	***************************************	15,216											
_		ad similar amounts paid (Part IX, column (A), lines 1–3)	,	133,193										
		paid to or for members (Part IX, column (A), line 4)		1 0										
40			23,218											
Expenses	16a Professio	other compensation, employee benefits (Part IX, column (A), lines 5–10) 7 7 7 7 7 7 7 7 7 7 7 7 7		005,000										
ē	h Total fun	traising expenses (Part IX column (D) line 25\ \(\phi\) 158.795												
ŭ	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	66,826	1,261,334										
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	90,044											
			74,828											
8	12	Beginning of		End of Year										
sets or	20 Total ass	ets (Part X, line 16) 3,5	37,747											
Net Ass	21 Total liab	fities (Part X, line 26)	97,388	49,677										
Ž,	22 Net asse	s or fund balances. Subtract line 21 from line 20 3, 4	40,359	3,201,217										
F	Part II Si	gnature Block												
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		nowledge and belief, it is										
tr	ue, correct, and c	implete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge.											
Sig	gn 🖊 🤊	ignature of officer	Dar	e										
He	ге .	Wayne Wideman Office Mana	ger											
	/	ype or print name and title												
_	1	preparer's name Preparer's signature Date	Chec	k if PTIN										
Pai -	recry		11/19 ser-	mployed P00655395										
	parer Firm's na		Firm's EIN **	74-2636878										
Use	Only	11010 Coachlight St., Suite 200												
	Firm's ad	ress " San Antonio, TX 78216-3935	Phone no.	210-979-7055										
May	y the IRS discus	s this return with the preparer shown above? (see instructions)		X Yes No										

	Ariel Ministries	74-1930400	Page 1
	Statement of Program Serv		
		s a response or note to any line in this Part III	X
	cribe the organization's mission:		
Dee DCI	leduie O		
	• • • • • • • • • • • • • • • • • • • •		***************************************
2 Did the org	ganization undertake any significant p	rogram services during the year which were not listed on the	
	000 000 E70		Yes X No
	escribe these new services on Sched	ule O.	
3 Did the org	panization cease conducting, or make	significant changes in how it conducts, any program	
services?			Yes X No
	scribe these changes on Schedule (
4 Describe th	ne organization's program service acc	complishments for each of its three largest program services, as measured	by
		nizations are required to report the amount of grants and allocations to other	ers,
tile total ex	penses, and revenue, if any, for eac	n program service reported.	
4a (Code:) (Expenses \$ 9	50.718 including grants of \$ 133.193 \ (Recent	10 F
Evangel	izing to Jewish p	50,718 including grants of \$ 133,193) (Revenue ople and discipling both Jewish and	Centile
Believe	rs through intens	ive Bible teaching. Missionaries pla	aced around the
world a	re one method use	d to achieve this goal.	acca around the
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			,,,,,
teachin	g programs.	14,290 including grants of \$) (Revenu	

		· · · · · · · · · · · · · · · · · · ·	
4c (Code:) (Expenses \$	including grants of \$) (Revenue purpose of teaching purpose of te	e \$
Tours t	o israel and vari	ous places for the purpose of teaching	ng scripture on
site an	d Tearn the Rible	firsthand where it was written.	
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		•••••••••••••••••••••••••••••••••••••••	,
id Other progra	am services (Describe in Schedule C	0.)	
(Expenses		ding grants of \$) (Revenue \$)
4e Total progra	ım service expenses ◆	1.765.533	

Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	art IV Checklist of Required Schedules (continued)					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on		<u> </u>	+	res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			2	2		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						l
	employees? If "Yes," complete Schedule J			2	3		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b					ĺ
	through 24d and complete Schedule K. If "No," go to line 25a			24	a		Х
b				24	b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the ye	ar					l
	to defease any tax-exempt bonds?			24	С		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24	d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benef	fit				İ
				25	а		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization and the organization are organized by the organization and the organization are organized by the organization and the organization are organized by the organization are organized by the organization are organized by the organized by the organization are organized by the or					- 1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-						1
	If "Yes," complete Schedule L, Part I			25	b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			-			ł
	current or former officers, directors, trustees, key employees, highest compensated employees, or				-		
	disqualified persons? If "Yes," complete Schedule L, Part II			20	5		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						
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			2	<u>'</u>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				348		Baggar Baggar
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28	а		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete						
	Schedule L, Part IV			28	b		X
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member there	eof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28	c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule In	4			4		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M			30	4		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Pari	t I	31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II		, . , . , . , .	32	4		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulat	ions					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33	4		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	Ш,					
	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)?			35	3		X
þ	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2			35	4		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						17
22	related organization? If "Yes," complete Schedule R, Part V, line 2			36	-	_	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organiza						4.5
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			37	-		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b	and					
്ര	19? Note. All Form 990 filers are required to complete Schedule O.			38		X	
70	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Bort V						
	Check if Schedule O contains a response or note to any line in this Part V				1.	, I	<u></u>
1-	Enter the number reported in Pay 2 of Form 1006 Enter A 4 and an extended		14	<u> </u>	ୁ Y	es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				× 8	252	BOOK BOOK
	reportable gaming (gambling) winnings to prize winners?			1c			

Fd	Statements Regarding Other IRS Filings and Tax Compliance (continu	uea)			_	
2-	Fater the number of continues are added as Familia A. Transport of Many and Tax				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		15			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		71.	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.	'		2b		Vision
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				35.57	v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					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	-	·			х
	a financial account in a foreign country (such as a bank account, securities account, or other financial act			88098460	ENROSA.	A Principle
b	If "Yes," enter the name of the foreign country: ◆					
۴.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		•		30000000	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?				X
C C	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					v
	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				
_				6b	200000000000000000000000000000000000000	n te am.
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds		_		
	and services provided to the payor?			7a		
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	r=::1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				4505
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control of the appropriation of control of the control	ract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract!	? 		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	20000-000	
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained l	•			9779	432
				8	250 0.38	
9	Sponsoring organizations maintaining donor advised funds.				F1994	4555
a	BOLD I BE I BERE I I I I I I I I I I I I I I I I I I					
b				9b		
10	Section 501(c)(7) organizations, Enter:	l I				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				1000 AVE
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	l l			100000	
		11b			多数	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1 1		12a		445660460
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				8068V6	1099099
а				13a	WYSPECKE	e/ecostes.
	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	1 1				
	the organization is licensed to issue qualified health plans	13b				
G	Enter the amount of reserves on hand	13c		200000	AVECTOR	
14a						X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				29545	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?		16	24.000.000 er	X
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (201	8) Ariel	Ministrie	s		74-19304	100		Page (
Part VI	Governand	ce, Managemen	t, and Disclosur	re For each "Yes	s" response to line	s 2 through 7b below, a	and for a "No"	
	response to	line 8a, 8b, or 10	b below, describe tl	he circumstance:	s, processes, or ch	hanges in Schedule O.	See instructions	
	Check if Scl	hedule O contains	a response or note	to any line in th	is Part VI			X

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	4			
	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.		_			· 表示
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			49.00		\$2560
	any other officer, director, trustee, or key employee?			2		X
3	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?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			١		v
	one or more members of the governing body?			7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			76.		х
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year b			7b	12 yerkeye	73274
	The garaying back?	-	_	0.0	X	78:00
a	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	
9 9	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			٥		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	Pevenue	Code		
	Total Control of the	11047 1	Oromao	0000.,	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the			11a	Х	,,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				(0:1858)	State.
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		X
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				743333 34434	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		,	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
þ	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			3233	3253	3000
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 1024-A if applicable), 990-T (Section	ın 501	(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)	nali	and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	ронсу,	anu			
20	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	•				
	state the name, address, and telephone number of the person who possesses the organization's books and records type Wideman 11926 Radium	•				
	In Antonio TX 7821	6	2	210-34	4 – 7	707
	The second secon					

(11)

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Form 990 (2018) Ariel M								74-193	0400	Page 7
Part VII Compensation	of Officers, D	irec	tor	s, T	rus	tees	s, K	(ey Employees, High	est Compensated E	mployees, and
Independent C	ontractors									
								any line in this Part V	<u> </u>	
								Compensated Employees		
1a Complete this table for all personganization's tax year.	ons required to be	listed	i, Re	port	com	pens	ation	for the calendar year ending	ng with or within the	
 List all of the organization's compensation. Enter -0- in columns 	s (D), (E), and (F)	if no	com	pens	atior) Was	: pai	d,	_	
List all of the organization's in the control of the organization in the control of the con	current key emplo	yees,	, if a	ny. S	ee i	nstru	ction	s for definition of "key emplo	oyee."	
 List the organization's five or who received reportable compensa organization and any related organ 	tion (Box 5 of Form	npens n W-:	ated 2 an	l em d/or	oloye Box	es (d 7 of	other Form	than an officer, director, truent 1099-MISC) of more than	istee, or key employee) \$100,000 from the	
 List all of the organization's 1 \$100,000 of reportable compensation 	ion from the organ	iizatio	on ar	nd ar	ny re	lated	orga	anizations.		
 List all of the organization's to organization, more than \$10,000 or List persons in the following order: 	reportable compe individual trustees	nsati	on fr	om t	he c	rgani	zatic	on and any related organizat	tions.	
compensated employees; and form	-								•	
Check this box if neither the or	ganization nor any	rela	ted c	rgar	izati	on co	mpe	ensated any current officer, o	director, or trustee.	
(A) Name and Title	(B) Average hours per week			Po check		than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	(list any					or/trust		from the	related organizations	other compensation
	hours for related	or c	nst	Officer	Xey	34	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual or directo	nstitutional	ğ		Highest of employee	er.			and related
	line)	trustee	1 50		employee	dtuc				organizations
	ļ	lee	trustee		ľ	compensated				
		<u> </u>		<u> </u>	_	8				
(1) Dr. Arnold G. 1	Fruchtenba	un								
Chief Executive Offi	50.00	v		v				E3 040	_	
(2) Rick Storm	0.00	X	-	X	-	╂	-	53,049	0	93,899
_/	2.00									
Director	0.00	х						0	o	0
(3) Clifford Hogue,			-			1			<u> </u>	<u> </u>
	2.00									
Board Chair/Sec	0.00	X		Х				0	0	0
(4) Gary Dereshinsk	 }									
	2.00									
Director	0.00	X	<u> </u>	_				0	0	0
(5)										·
• • • • • • • • • • • • • • • • • • • •										
(6)		-		-						
(0)										
(7)					Т					
(8)										
(9)										
10)			_			\vdash				
•	1					. 1		1	i i	

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	ey E	mpk	oyee	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (fist eny hours for	bo	ox, unl ficer a	Pos check ess pe and a	erson directi	than dis both	an ee)	(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 fine)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 ⁷ 1099-MISC)		organization and related organizations
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
1b Sub-total							♦	53,049		93,899
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	luding but not lim	ited					◆ ove)	53,049 who received more than \$1	00,000 of	93,899
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organi individual 	complete Schedu 1a, is the sum o zations greater th	le J frep nan t	for sortat \$150	uch i de co ,0001	indiv ompe ? If "	idual ensat Yes,'	ion a	and other compensation from	 n the	yes No
5 Did any person listed on line 1st for services rendered to the org	a receive or accru	ie co	ompe	nsat	ion f	rom :	any i	unrelated organization or inc	dividual	5 X
Section B. Independent Contractor	's									
Complete this table for your five compensation from the organization.	ation. Report com	sate pen:	id inc satio	depe	nder the	nt cor caler	ntrac ndar	tors that received more than year ending with or within t	n \$100,000 of the organization's tax year.	
Name and	(A) business address							Descript	(B) tion of services	(C) Compensation
						······				
Total number of independent or received more than \$100,000 or								listed above) who	0	

Pa	irt V	Statement of Reve Check if Schedule	enue O cont	ains a response o	or note to any line	in this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a					
in S	b	Membership dues	1b					
ع ن	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
. E	e	Government grants (contributions)	1e					2000 8 8 8 8 8 8 8
se s	f	All other contributions, gifts, grants,						
T E		and similar amounts not included above	11	1,666,919				
ξõ	a	Noncash contributions included in lines 1a						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total, Add lines 1a-1f	•	······	1,666,919			
				Busn, Code				
퉏	2a	Camp Tuition		<u> </u>	129,344	129,344		
8	ь			l l				
Program Service Revenue	٦	······						
	d	***************************************					*	
	"			l l				
	•	All other program service rever						
	ı	Total. Add lines 2a–2f			129,344			
	3	Investment income (including of			129,344			1
	"	, ,			357	357]
	4	and other similar amounts) Income from investment of tax-			337	337		
	1			· ·				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·		1991 P. Corres d'Arrès de Corres de la compansión de la compansión de la compansión de la compansión de la comp			
	_	(i) Real		(ii) Personal				
	ì	Gross rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
		Net rental income or (loss)	<i>.</i>	<u></u>				
	, ta	Gross amount from (i) Securities sales of assets		(ii) Other				
	ŀ	other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
	c	Gain or (loss)						
	d	Net gain or (loss)	<u></u>					
a	8a	Gross income from fundraising ever	nts					
Revenue		(not including \$						
eve		of contributions reported on line 1c)						
ě.		See Part IV, line 18	a					
Othe	ь	Less: direct expenses	ь					
Ō	1	Net income or (loss) from fund	raisino e	vents •				
	1	Gross income from gaming activitie						
		See Part IV, line 19	1					
	h	Less: direct expenses	b					
	1	Net income or (loss) from gami	"-	itios				
	1	Gross sales of inventory, less	ny acuv	V				
	, va	returns and allowances	اہ	324,953				
		.,	a b	207,851				
	ı	Less: cost of goods sold			117 100			117 100
	۳	Net income or (loss) from sales Miscellaneous Revenue	OI INVE	ntory •	117,102		Bana Banan basa menerakan	117,102
	44-			BUSIL CODE	27 040	27 240		
	11a	Shipping	<i></i>		37,242	37,242		
	b	Admin Fee			27,711	27,711		
	C	Miscellaneous Income			14,688	14,688		
	1	All other revenue			15,110	15,110	Test teestellaenarenturan	
	١.	Total. Add lines 11a-11d		·· <i>·</i> ·······	94,751			
	12	Total revenue. See instruction	1\$. , , , , , , , , , , , , , , , , , , ,	<u></u>	2,008,473	224,452	0	117,102

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com		organizations must comp	lete column (A)	
	Check if Schedule O contains a respon	se or note to any line in this	s Part IX	ou commit (P).	
Do .	not include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	8b, 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				The second secon
	and domestic governments, See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	133,193	133,193		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,948	88,169	22,042	36,737
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	513,379	308,027	169,415	35,937
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)	52,320	52,320		
9	Other employee benefits	101,753	61,051	30,526	10,176
10	Payroll taxes	38,688	23,213	11,606	3,869
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	9,475		9,475	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule ().)	28,921	24,842	4,079	
12	Advertising and promotion	126,293	101,035		25,258
13	Office expenses	79,819	67,846	11,973	
14	Information technology	10,659	6,396	2,877	1,386
15	Royalties				
16	Occupancy	68,286	61,458	6,828	
17	Travel	140,872	84,523	21,131	35,218
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,127		5,127	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	119,835	119,835		
23	Insurance	56,494	45,196	11,298	
24	Other expenses, Itemize expenses not covered				
	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	Facility Expense	184,213	184,213		
b	Supplies	132,840	132,840		
c	Missionaries	80,891	80,891		
ď	Contract labor	80,690	80,690		
e	All other expenses	136,919	109,795	16,910	10,214
25	Total functional expenses. Add Ines 1 through 24e	2,247,615	1,765,533	323,287	158,795
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)				
DAA			 		Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 574,828 Cash—non-interest bearing 1 611,022 286,098 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 13,095 7,695 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 29,560 52,692 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 10b 4,570,927 2,579,485 1,991,442 2,634,166 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 3,537,747 3,250,894 16 16 Total assets. Add lines 1 through 15 (must equal line 34)...... Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 93,518 47,170 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,870 2,507 of Schedule D 25 97,388 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here • complete lines 27 through 29, and lines 33 and 34. Balances 3,201,217 3,440,359 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here • b complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,440,359 3,201,217 Total net assets or fund balances 3,537,747 3,250,894 Total liabilities and net assets/fund balances

Form	orm 990 (2018) Ariel Ministries	74-1930400		Pag	e 12
Pa	Part XI Reconciliation of Net Assets	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line	in this Part XI			П
1			1 2,0	08,4	173
2	Total expenses (must equal Part IX, column (A), line 25)		2 2,2	247,6	515
3	2 Davanca lana arramana Cubinat tau 2 fam. tau 4			239,1	
4		olumn (A))	4 3,4	40,3	359
5			5		
6	6 Donated services and use of facilities		6	***************************************	
7	7 Investment expenses		7		
8			8		
9	Office changes in not appete as found belongs (southing to Octobrity O)		9		
10					
	33 column (P)\		10 3,2	01,2	217
Pa	Part XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line	in this Part XII			П
				Yes	No
1	1 Accounting method used to prepare the Form 990: Cash X Acc	crual Other	1000	i i i i i i i i i i i i i i i i i i i	
	If the organization changed its method of accounting from a prior year or check	red "Other," explain in			
	Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an indep	endent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the	year were compiled or	200	V STEEL	989a
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated ar	nd separate basis			
b	b Were the organization's financial statements audited by an independent accour	ntant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the		30000	200000	yeş.
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated ar	nd separate basis			
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes				* 10. 11. 1.
	of the audit, review, or compilation of its financial statements and selection of a	an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process dur	***************************************	86		5800 S.
	Schedule O.			3000	
3a	3a As a result of a federal award, was the organization required to undergo an aud	lit or audits as set forth in	2.00		TATA DI MATA
	the Single Audit Act and OMP Circular A 4222		3a		
b	b If "Yes," did the organization undergo the required audit or audits? If the organiz			T	
	required audit or audits, explain why in Schedule O and describe any steps take	-			
-		-		m 990	(2018)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Ariel Ministries

74-1930400 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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 (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid 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)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support	age Control Control				220.000		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.			, . ,			12	
13	First five years, If the Form 990 is for the		second, third, four	h, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here			<u> ? 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6</u>				
Sec	tion C. Computation of Public Se						T	
14	Public support percentage for 2018 (fine 6,						14	<u>%</u>
15	Public support percentage from 2017 Sche-	dule A, Part II, line	14				15	%
16a	33 1/3% support test—2018. If the organi							
	box and stop here. The organization qualit							<u> </u>
b	33 1/3% support test—2017. If the organi				IS 33 1/3% OF MORE	, спеск		. F
	this box and stop here . The organization of				or 16h and line 1	A ic		<u>-</u> L
17a	10%-facts-and-circumstances test20							
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa							▶ [
L	organization 10%-facts-and-circumstances test20	17 If the creanization	on did not check a	hox on line 13 16a	16h or 17a and	ine	,	
b	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me					cly		
	supported organization	,,						▶ L
18	Private foundation. If the organization did	I not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see			
	instructions							▶ [.

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.)

Se	ction A. Public Support	quanty and a	ie tests listeu p	elow, please co	mpiete Part II.)	
	enclar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	45 T-4-1
1	Gifts, grants, contributions, and membership		(8) 2510	(0) 2010	(u) 2017	(e) 2010	(f) Total
	fees received. (Do not include any "unusual grants.")	1,462,598	1,802,094	2,333,565	1,589,440	1,666,919	8,854,616
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	338,391	378,869	278,392	415,835	224,452	1,635,939
3	Gross receipts from activities that are not an unrelated trade or business under section 513	305,293	272,280	313,656	328,168	324,953	1,544,350
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	2,106,282	2,453,243	2,925,613	2,333,443	2,216,324	12,034,905
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				25,000	19,250	44,250
b	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				44,230
C	Add lines 7a and 7b	200			25,000	19,250	44,250
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						11,990,655
-	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2047	(-) 2040 T	
9	Amounts from line 6	2,106,282	2,453,243	2,925,613	(d) 2017 2,333,443	(e) 2018	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	334	989	2,923,013	2,333,443	2,216,324	12,034,905
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						1,557
c	Add lines 10a and 10b	334	989	234			1,557
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.)	2,106,616	2,454,232	2,925,847	2,333,443	2,216,324	12,036,462
14	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	
Sec	organization, check this box and stop here			**********			<u></u>
15	tion C. Computation of Public Su	pport Percenta	ige				
16	Public support percentage for 2018 (line 8, c Public support percentage from 2017 Sched	column (t), divided b					99.62 %
	tion D. Computation of Investmen	ule A, Part III, line 1	entago				99.98%
17	Investment income percentage for 2018 (line	e 10c column /6 d	ivided by line 12, as	l (B)		1 45	
18	Investment income percentage from 2017 S	chedule A Part III	line 17	iumi (1))		17	
19a	33 1/3% support tests—2018. If the organi	ization did not check	the hox on line 14	and line 15 is more	a than 33 1/2% on	18	<u>%</u>
	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization quali	ies as a publiche	o alan oo 1/0%, an moorted omanizati	u iiik	▶ X
b	33 1/3% support tests—2017. If the organi	zation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization of	ualifies as a public	ly supported organ	ization	▶ 🛘
20	Private foundation. If the organization did r	not check a box on l	line 14, 19a, or 19b,	check this box and	see instructions		▶□

Schedule A (Form 990 or 990-EZ) 2018

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?
- 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 (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).
- 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.
- 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.
- 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.)

		No
Acres California		
1		
2		
3a		1999
3b		
ः १८		9848
4a	18182	
4b		
4c		
5a		
5b		
5c 6		
7		
8		<i>1300</i>
9a		
9b		
9c		
10a	0.840004	10.000000000000000000000000000000000000

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4

5

Schedule A	(Form	990	or	990-EZ)	2018

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Section D - Distributions				Current Year
Arnounts paid to supported organizations to accompli	ish exempt numoses			
Amounts paid to perform activity that directly furthers	··· · · · · · · · · · · · · · · · · ·			
organizations, in excess of income from activity	exempt purposes of	- Supported		
Administrative expenses paid to accomplish exempt ;	purposes of support	ed organizations		
Amounts paid to acquire exempt-use assets	parpooce or coppore	ou organizations		
Qualified set-aside amounts (prior IRS approval requi	ired)			
6 Other distributions (describe in Part VI). See instructi				
7 Total annual distributions. Add lines 1 through 6.	iorio.			
Distributions to attentive supported organizations to w	vhich the organizatio	n is responsive		
(provide details in Part VI). See instructions.	riiori alo organizado	it to respections		
Distributable amount for 2018 from Section C, line 6				
Line 8 amount divided by line 9 amount				
Section E - Distribution Allocations (see instri	uctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6		Escensión estadores de la companya del companya del companya de la	110-2010	Amount for 2010
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			F2 (2) (2) (3) (4) (4) (4) (5) (2) (6)	
b From 2014				
c From 2015				
d From 2016				
e From 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)				
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.				Colic Coloc
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	3.			
6 Remaining underdistributions for 2018. Subtract lines	: 3h			
and 4b from line 1. For result greater than zero, expla	ain in			
Part VI. See instructions.				
7 Excess distributions carryover to 2019. Add lines and 4c.	3 j			
8 Breakdown of line 7:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016		reset essite situation les agrectes de la		
d Excess from 2017				
e Excess from 2018				

Schedule A (Form	1 990 or 990-EZ) 2018	Ariel	Ministries			74-1930400	Page 8
Part VI	Supplemental IIII, line 12; Part IIB, lines 1 and 2;	nformation. P V, Section A, I Part IV, Section V, line 1; Part	rovide the explan ines 1, 2, 3b, 3c, on C, line 1; Part V, Section B, line	ations required by 4b, 4c, 5a, 6, 9a IV, Section D, line 1e; Part V, Sect	, 9b, 9c, 11a, 11b es 2 and 3; Part l tion D, lines 5, 6,	Part II, line 17a or b, and 11c; Part IV, V, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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		***************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number

A	riel Ministries		74-1930400
P	art I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on f	Form 990, Part IV, line 6.	
		(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 t		
	funds are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
P	Conservation Easements.	- 000 D + B + B -	
	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	rtant land area
	Protection of natural habitat	Preservation of a certified historic	structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservat	ion
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			2a
Ð			. 2b
C	The state of the s	led in (a)	2c
a	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	guished, or terminated by the organization	during the
	tax year ♦	_	
4	Number of states where property subject to conservation easement is loc		
5	Does the organization have a written policy regarding the periodic monitor		
_	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easer	nents during the year
7	American of a management to the first of the second		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring, inspecting, handling of violations of expenses incurred in monitoring in the expense of expenses incurred in monitoring in the expense of expenses in the exp	ions, and enforcing conservation easements	s during the year
8	Page and accompling accompling		
٥	Does each conservation easement reported on line 2(d) above satisfy the		П., П.,
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easement		Yes No
•	balance sheet, and include, if applicable, the text of the footnote to the oil	is in its revenue and expense statement, ar	nd
	organization's accounting for conservation easements.	rganizations financial statements that descri	loes the
Pa	ort III Organizations Maintaining Collections of Art, I	Historical Treasures or Other S	imilar Assats
- gyaya	Complete if the organization answered "Yes" on F	orm 990. Part IV. line 8.	amai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		nce sheet
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtheran	ce of
	public service, provide, in Part XIII, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-		sheet
	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 of the second of the second	
	(i) Revenue included on Form 990, Part VIII, line 1		♦ \$
	(ii) Assets included in Form 990, Part X	***************************************	• \$
2	If the organization received or held works of art, historical treasures, or ot	ther similar assets for financial gain, provide	◆ \$
	following amounts required to be reported under SFAS 116 (ASC 958) rel		
а	Revenue included on Form 990, Part VIII, line 1		♦ \$
b	Assets included in Form 990, Part X		• \$

c Temporarily restricted endowment ◆	%					
The percentages on lines 2a, 2b, and 2c shou						
3a Are there endowment funds not in the posses	sion of the organization that a	are held and administered for	the			
organization by:					Yes	No
(i) unrelated organizations				3a(i)		
4175				3a(ii)		
b If "Yes" on line 3a(ii), are the related organizal	tions listed as required on Scl	hedule R?				
4 Describe in Part XIII the intended uses of the			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part VI Land, Buildings, and Equi	pment.					
Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line 11	a. See Form 990, Part	X, line 1	0.	
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book	value	
	(investment)	(other)	depreciation			
1a Land		380,897		3	80,1	897
b Buildings		3,603,148	1,642,719	1,9	60,4	129
c Leasehold improvements						
d Equipment		453,072	348,723	1	04,3	349

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

133,810

133,810

2,579,485

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	, ,	Cost or end-of-year market value
(1) Financial o	derivatives		
(2) Closely-hel	d equity interests		
(3) Other			
(A)			
(D)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ◆		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)		······································	
(4)			
(5)			
(6)			
(7)			
(8)			
	(b) must equal Form 990, Part X, col. (B) line 13.) ◆		
Part IX	Other Assets.		
u		orm 990 Part IV line	11d See Form 990 Part X line 15
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(1)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal, (Column	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column Part X	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability	orm 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) Emplo	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	orm 990, Part IV, line (b) Book value 1,268	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability	orm 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	orm 990, Part IV, line (b) Book value 1,268	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4) (5)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	orm 990, Part IV, line (b) Book value 1,268	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4) (5) (6)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	orm 990, Part IV, line (b) Book value 1,268	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	orm 990, Part IV, line (b) Book value 1,268	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	orm 990, Part IV, line (b) Book value 1,268	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability Income taxes yee Benefits Payable Tax Payable	(b) Book value 1,268 1,239	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) Emplo (3) Sales (4) (5) (6) (7) (8) (9) Fotal. (Column	Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.) (a) Description of liability Income taxes yee Benefits Payable	(b) Book value 1,268 1,239	(b) Book value 11e or 11f. See Form 990, Part X,

Schedule D (Fo	rm 990) 2018	Ariel	Ministries	74-1930400	Page 5
Part XIII	Supplementa	al Inform	Ministries ation (continued)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			*********		****************
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ◆ Attach to Form 990.

2018 Open to Pub

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

		Ministries			74-193040	
Market Control of the			tside the United States.	Complete if the org	ganization answere	ed "Yes" on
	n 990, Part IV, line					
•	-		substantiate the amount of its g			
			istance, and the selection criteria			Yes X No
award the gran	is or assistance? ,					Tes M
2 For grantmak outside the Uni		/ the organization's prod	bedures for monitoring the use of	its grants and other	assistance	
3 Activities per R	eaion (The following F	Part I line 3 table can b	e duplicated if additional space is	needed.)		
(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the		listed in (d) is	(f) Total
\.,\.,\.	of offices in	employees, agents, and	region (by type) (such as,		m service.	expenditures for and investments
	the region	independent	fundraising, program services, investments, grants to recipients		ecific type of n the region	in the region
		contractors in the region	located in the region)			
Middle East	and North A					
(1)			Missionaries	Religious	Education	94,118
	nd the Pacifi	c				
(2)		2	Missionaries	Religious	Education	19,293
South Asia						
(3)		1	Missionary	Religious	Education	19,782
(4)	***************************************					
(5)						
(6)						

(7)						
(8)						
(0)					İ	
(9)						
(10)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(47)						
(17)		6				133,193
3a Subtotal						+34,133
b Total from continuation						
sheets to Part I		***************************************				
lines 3s and 3h)		6				133.193

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 74-1930400 Ariel Ministries Schedule F (Form 990) 2018 Part II

Page 2

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization ପ (11) 8 € 9 9 6 (10) (12) (13) (14) (15) 8 (8) N

Enter total number of other organizations or entities 3

Schedule F (Form 990) 2018

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Schedule F (Form 990) 2018 Ariel Ministries 74–1930400

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Page 3

(a) Type of (grant or assistance	a duplicated II	(b) Region	(a) Type of grant or assistance (b) Region (c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
				recipients	cash grant	cash	noncash	of noncash assistance	book, FMV.
		,				disbursement	assistance		appraisal, other)
	***************************************		Middle	East and North	Afric				
(1) Pass thre	ondy Co	through Contribution		3	94,118				
			East Asia	ia and the Pacific					
(2) Pass through Contribution	ondh Coi	ntribution		2	19,293				
111111111111111111111111111111111111111	,		South Asia	sia 1	10 782				
(3) Fass chrough concribation	ondu co	ncribucion		1	70//67				
(4)									
(5)		WIW .							
(9)									
(2)									
(8)	¢-								
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
								Schedule	Schedule F (Form 990) 2018

P	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

hedule F (Form 990) 2018 Ariel Ministries	74-193	0400	Pag
amounts of investments vs. expenditure	I, line 2 (monitoring of funds); Part I, line s per region); Part II, line 1 (accounting of recipients), as applicable. Also complet	method); Part III (a	ccounting method); and
Part I, Line 2 - Procedures i	for Monitoring the Use	of Grant F	unds
Branch agreement provided and			***************************************
·······	signed by each branch	i expiains	now the runds
are to be used.			
Part I, Line 3 - Activities p	per Region		
	•••••••••••••••••••••••••••••••••••••••	res Inves	tments
Part I, Line 3 - Activities p Region Middle East and North Africa	Expenditu	ures Inves	tments O
Region	Expenditu \$ 94,		
Region Middle East and North Africa	Expenditu \$ 94, \$ 19,	118 \$	0
Region Middle East and North Africa East Asia and the Pacific	Expenditu \$ 94, \$ 19,	.118 \$	0
Region Middle East and North Africa East Asia and the Pacific	Expenditu \$ 94, \$ 19,	.118 \$	0
Region Middle East and North Africa East Asia and the Pacific	Expenditu \$ 94, \$ 19,	.118 \$	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

Ariel Ministries

OMB No. 1545-0047

2018

Open to Public Inspection
Employer identification number

74-1930400

Form 990 - Organization's Mission
Ariel Ministries exists in order to evangelize Jewish people and to
disciple both Jewish and Gentile Believers through intensive Bible teaching
from a Jewish perspective. Ariel Ministries is theologically committed to a
classical dispensational position. Our special emphasis within that
theology is a systematized Israelology. Ariel Ministries is committed to
expository teaching of Scripture from a Jewish frame of reference. Ariel's
primary goal is to provide Jewish believers with sound Bible teaching so
that they will not be tossed to and fro by wind of the doctrine. During
2014, Ariel Ministries continued it's teaching tours and worked on creating
new books, video tapes and other learning tools.
Form 990, Part III, Line 4d - All Other Accomplishments
Seminars are held at the home office for people nationwide to come and
receive intense Bible training on various subjects.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Available upon request by members of governing body.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Analysis of similar non profit executive director salaries are reviewed
nationally and locally to help determine compensation package.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Upon request

Depreciation and Amortization

(including information on Listed Property)

◆ Attach to your tax return.

♦ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

Identifying number

	Ariel	Ministries				74-:	193	0400
	ess or activity to which this form rela							
	<u>ndirect Deprecia</u>	****						
Pa	•	•	erty Under Section					
			, complete Part V b	'				1,000,000
1	Maximum amount (see instruction						1 2	1,000,000
2	Total cost of section 179 proper Threshold cost of section 179 pr						3	2,500,000
4	Reduction in limitation, Subtract		au lana antau O				4	2,500,000
5	Dollar limitation for tax year, Subtract				e instructions		5	
6		otion of property		Cost (business use	-	Elected cost		200,000,000,000,000
	·							
				••				
7	Listed property. Enter the amour	nt from line 29	.,	.,	7			
8	Total elected cost of section 179	property. Add amounts	in column (c), lines 6 and	7 ,	*****	. , , , ,	8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.			_			12	
13 Note	Carryover of disallowed deduction: Don't use Part II or Part III below				13			
The second	Control of the		nd Other Depreciat	ion (Don't	include listed	property	Sa	e instructions)
14	Special depreciation allowance for					property	. 06	e mandonoma.
• •	during the tax year. See instructi		or star notes property pr			1	14	
15	Property subject to section 168(15	***************************************
16	Other depreciation (including AC	RS)			.,	:::::: !	16	35,026
Pa			e listed property. Se	e instructio	ns.)			
			Section A					
17	MACRS deductions for assets pl	laced in service in tax ye	ears beginning before 201	8			17	84,809
18	If you are electing to group any assets place			<u> </u>		<u> </u>		
	Section B		rvice During 2018 Tax Y		e General Depre	eciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho	×d	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
ď	10-year property							
e	15-year property					-		
	20-year property			25		CB.		
9	25-year property			25 yrs. 27.5 yrs.	MM	S/L S/L		
n	Residential rental property	-		27.5 yrs.	MM	S/L	.,	
i	Nonresidential real			39 yrs.	MM	S/L		
•	property			1	MM	S/L		140
	Section C—	-Assets Placed in Serv	ice During 2018 Tax Ye	ar Using the	Alternative Dep	reciation S	yster	n
20a	Class life					S/L		and the second s
b	12-year			12 yrs.		S/L		
c	30-year			30 yrs.	MM	S/L		
d				40 yrs.	MM - jest	S/L	Marie	
Pa	irt IV Summary (See i	nstructions.)						T
21	Listed property. Enter amount fro	**********		.,,			21	
22	Total. Add amounts from line 12 here and on the appropriate line						22	119,835
23	For assets shown above and pla	•	5 4	—see mistructio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	portion of the basis attributable to	•			23		繼護	

Form **990**

Two Year Comparison Report

For calendar year 2018, or tax year beginning

, ending

2017 & 2018

Name

Taxpaver Identification Number

ivar	ille			Taxpayer	Identification Number
	Ariel Ministries			74-19	30400
			2017	2018	Differences
	1. Contributions, gifts, grants	1.	1,589,440	1,666,919	77,479
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
e =	4. Program service revenue	4.	325,180	129,344	-195,836
<u>_</u>	5. Investment income	5.	395	357	-38
>	6. Proceeds from tax exempt bonds	6.			
Ω.	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	109,941	117,102	7,161
	11. Other revenue	11.	90,260	94,751	4,491
	12. Total revenue. Add lines 1 through 11	12.	2,115,216	2,008,473	-106,743
	13. Grants and similar amounts paid	13.		133,193	133,193
	14. Benefits paid to or for members	14.			
S	15. Compensation of officers, directors, trustees, etc.	15.	101,045	146,948	45,903
ŝ	16. Salaries, other compensation, and employee benefits	16.	622,173	706,140	83,967
9	17. Professional fundraising fees	17.			
×	18. Other professional fees	18.	24,419	38,396	13,977
ш	19. Occupancy, rent, utilities, and maintenance	19,	253,047	68,286	-184,761
	20. Depreciation and Depletion	20.	275,000	119,835	-155,165
	21. Other expenses	21.	1,114,360	1,034,817	-79,543
	22. Total expenses. Add lines 13 through 21	22	2,390,044	2,247,615	-142,429
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-274,828	-239,142	35,686
	24. Total exempt revenue	24.	2,115,216	2,008,473	-106,743
	25. Total unrelated revenue	25.		, , , , , , , , , , , , , , , , , , , ,	
5	26. Total excludable revenue	26.	525,776	341,554	-184,222
Ħ	27. Total assets	27.	3,537,747	3,250,894	-286,853
5	28. Total liabilities		97,388	49,677	-47,711
	29. Retained earnings	29.	3,440,359	3,201,217	-239,142
	30. Number of voting members of governing body		4	4	
ō	31. Number of independent voting members of governing body	31.	3	3	
	32. Number of employees	32	34	15	and an experience of the control of
	33. Number of volunteers	33.			