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Form. 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A	For the	2011 calenda	ar year, or tax y		ng	January 1	, 20	11, a	and endi	ng		ember		
B Check if applicable		pplicable	C Name of organ	nization							D Empl	loyer id	entification nun	nber
닏	Address change Detour Ministries									27-0464839				
H							E Telep	ohone n	umber					
H	Initial retu Terminate		1400 NE 136th	Ave					201			36	0-903-2895	
Ħ	Amended		City or town, stat	e or country, a	and ZIP + 4						F Grou	ир Ехе	mption	
		on pending	Vancouver, W/	A 98684-099	3						Nun	nber 🕨	•	
G	Account	ting Method.	✓ Cash	Accrual	Other (specify) 🕨			_	н	Check I	▶	f the organizat	ion is not
1													ach Schedule	
J Tax-exempt status (check only one) —										D-EZ, or 990-P	F).			
K	Check •	▶ ☐ If the	organization is	not a section	509(a)(3) supp	orting organizat	ion or a sect	ion 5	27 organ	izatıo	n and it	s gross	s receipts are n	ormally
1	not mor		0. A Form 990-E											
	_		ses to file a retu		•									-
L	Add lines	s 5b, 6c, and 7	b, to line 9 to det	ermine gross	receipts. If gros	s receipts are \$2	200,000 or mo	ore, c	or if total a	ssets	(Part II,			
Į.	ine 25, c	olumn (B) belo	w) are \$500,000 (or more, file F	orm 990 instead	d of Form 990-E	z.,					▶ \$		43,083
P	art I	Revenu	e, Expenses	, and Cha	nges in Ne	Assets or	Fund Bala	nc	es (see	the	instruc	ctions	for Part I.)	
		Check if	the organizati	ion used S	chedule O to	respond to	any questi	on II	n this Pa	art I				. 🗸
	1		ns, gifts, grant									1		43,083
	2		ervice revenue				acts					2		0
	3	_	ip dues and as									3		0
	4	Investment	income .									4	,	0
	5a	Gross amo	unt from _{(sale-c}	ef-assets.of	ther than inve	ntory		5a			0			
	Ь	Less: cost	or other basis	and sales	kbépses .			5b			0			
	С		ss) from sale of			tory (Subtrac	t line 5b fro	m lii	ne 5a) .			5c		0
	6	Gaming an	aming and fundraising events											
	а	Gross inco	ross income from gaming (attach appedule) of greater than											
9		\$15,000) .	J. ſ,	·		21		a l						
Revenue	Ь	Gross inco	me from fundr	aisingteven	ts (not includ			of	contribu	ıtions	3			
ě	from fundraising events reported on line 1) (attack)													
_		sum of suc	h gross incom	e and conti	ributions exce	eeds \$15,000)	6	b				ļ		
	С	Less: direc	t expenses fro	m gaming a	and fundraisir	ng events .	6	ic				l		
	d		e or (loss) from				d lines 6a	and	6b and	sub	tract			
		line 6c) .										6d		
	7a	Gross sales	s of inventory,	less returns	s and allowar	ices	7	'a			1			
	b	Less: cost	of goods sold				7	'b			i			
	С	Gross profi	t or (loss) from	sales of in	ventory (Subt	tract line 7b fr	om line 7a)			•		7c		
	8	Other rever	nue (describe i	n Schedule	O)						1	8		0
	9	Total rever	nue. Add lines	1, 2, 3, 4, 5								9		43,083
	10	Grants and	similar amour	nts paid (list	in Schedule	O)						10		
	11		its paid to or for members								[11		
S	12	Salanes, ot	her compensa	ition, and e	mployee ben	efits						12		
Expenses	13	Professiona	Professional fees and other payments to independent contractors							[13	, .		
ĝ	14	Occupancy								[14			
û	15		ıblications, po								[15		
	16		nses (describe									16		38,186
	17	Total expe	nses. Add line	s 10 throug	gh 16	<u> </u>	<u></u>		<u>. </u>		. ▶	17		38,186
S	18	Excess or (deficit) for the	year (Subtr	act line 17 fro	om line 9) .					[18	••	4,897
Net Assets	19		or fund balan											<u>-</u>
		end-of-yea	r figure reporte	ed on prior	year's return)							19		877
	20	Other chan	ges in net asso	ets or fund	balances (exp	olain in Sched	ule O)				[20		0
<u>z</u>	21	Net assets	or fund balanc	es at end c	of year. Comb	ine lines 18 tl	rough 20				. ▶	21		5,774
For	Papen	work Reducti	on Act Notice,	see the sep	arate instructi	ons.	-	Cat. I	No. 106421				Form 990-E	

SCANNED JUN C 4 2012

Form **990-EZ** (2011)

Balance Sheets, (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II. Cash, savings, and investments Cash, savings, and services Cash, savings, and investments Cash, savings, and investments Cash, savings, and investments Cash, savings, and investments Cash, savings, and services Cash, saving in saving	Form	990-EZ (2011)	Datour	Minist	ries	7	27.04649	33	Page 2
A Beginning of year B End of year	Pa	rt II Balan	ce Sheets. (see						
22 Cash, savings, and investments	•	Check	if the organization	on used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
23							(A) Beginning of year		(B) End of year
24 Other assets (describe in Schedule O) 25 Total assets of fund balances (line 27 of column (8) must agree with line 21) 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 28 Statement of Program Service Accomplishments (see the instructions for Part III.) 29 Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? Unite the Church of God What is the organization's primary exempt purpose? Unite the Church of God What is the organization's primary exempt purpose? Unite the Church of God What is the organization's primary exempt purpose? Unite the Church of God What is the organization's primary exempt purpose? Unite the Church of God What is the organization's program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. (Grants \$) If this amount includes foreign grants, check here	22	Cash, saving	gs, and investmen	ts			877		5,774
Total lassets	23		-			[<u> </u>
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV Clear the organization's prior program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefit parts and the number of persons benefit parts, and persons benefit parts, and offerend compensation of the persons benefit parts, and offerend compensation of t	24	Other assets	s (describe in Sche	edule O)		<u> </u>			
Net assets or fund balances (line 27 of column (B) must agree with line 21) 877 27 5.7	25					[+=-+-	5,774
Statement of Program Service Accomplishments (see the instructions for Part III.) Check if the organization used Schedule O to respond to any question in this Part III	26								0
Check if the organization used Schedule O to respond to any question in this Part III								27	5,774
Check if the organization used Schedule O to respond to any question in this Part III	Par								Expenses
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Establish sustainable outreaches that unite Christian denominations and support Christian ministries (Grants \$) If this amount includes foreign grants, check here .							Part III 📋	, , ,	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Establish sustainable outreaches that unite Christian denominations and support Christian ministries (Grants \$) If this amount includes foreign grants, check here	Wha	t is the organiza	ation's primary ex	empt purpose?	Unite the Church of	God			
as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Establish sustainable outreaches that unite Christian denominations and support Christian ministries (Grants \$) If this amount includes foreign grants, check here	Desc	ribe the organ	ization's program	service accompli	shments for each o	f its three largest p	rogram services,	_	
28 Establish sustainable outreaches that unite Christian denominations and support Christian ministries (Grants \$) If this amount includes foreign grants, check here . ▶ □ 28a 38,11 29						e services provided	i, the number of		
(Grants \$) If this amount includes foreign grants, check here . ▶ 28a 38,11 29 (Grants \$) If this amount includes foreign grants, check here . ▶ 29a 30 (Grants \$) If this amount includes foreign grants, check here . ▶ 30a 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . ▶ 31a 32 Total program service expenses (add lines 28a through 31a) . ▶ 32 38.11 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV Check if the organization used Schedule O to respond to any question in this Part IV . (Health benefits, bours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (Preportable (I) Fittle and average hours per week devoted to position of the Part IV . (I) Fittle and average hours per week devoted to position of the Part IV . (I) Forms W 2/1/1994-MISC) and the rompensation of the compensation o	•—-							<u> </u>	
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Grants \$) If this amount includes foreign grants, check here									
Grants \$) If this amount includes foreign grants, check here		(O		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
(Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a 30 (Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a 31 Other program services (describe in Schedule O)								28a	38,186
Carants \$ If this amount includes foreign grants, check here 30a	29		·			·			
Carants \$ If this amount includes foreign grants, check here 30a				•••••	·				1
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31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30								
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31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		(Grante \$		\ If this amount	includes foreign are	nte chook horo		200	ĺ
Grants \$ If this amount includes foreign grants, check here	21		n services (describ					Sua	
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(a) Name and address (b) Title and average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) Ryan Hurley Pres./Trea./Dir 7608 NE 182nd, Ave, Vancouver, WA 98682 15 Hrs 0 0 0 0 15 Hrs 0 0 0 0 0 0 0 0 0 0 0 0 0									
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete spliciable parts of Schedule N. 50b Id the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spliciable parts of Schedule N. 50b Id the organization beform 1120-POL for this year? 51c The amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		change on Schedule O (see instructions)	34		1
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," prowde an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(9) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a				1
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			35a	<u> </u>	✓
section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year of did rigage in an excess benefit transaction during the year, or did rigage in an excess benefit transaction during the year or disqualified persons during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization in 501(c)(4) organizations. Did the organization in 501(c)(4) organizations. Did the organization section 4911 ▶ 0 ; section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year of did rigage in an excess benefit transaction during the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction of the year or did rigage in an excess benefit transaction or organization engage in any section 4956 excess benefit transaction during the year or did rigage in an excess benefit transaction or the year or did rigage in an excess benefit transaction or the year or did rigage in an excess benefit transaction or organization engage in any section 4956 excess benefit transaction or yet in the year or did rigage in an excess benefit transaction and the year or did rigage in an excess benefit transaction and the year or did rigage in an excess benefit transaction and the year or did rigage in an excess benefit transaction and the year or did rigage in any section 4956 excess benefit transaction of yet year or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and yet yet with a provide an experiment of yet organization. Since transaction in the 40c	b		35b		<u> </u>
dunng the year? If "Yes," complete applicable parts of Schedule N The amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	С		35c		1
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 39a 59a 59a 59a 59a 59a 59a 59a 59a 59a 5	36		36		1
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved			4		1
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization approach to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ Washington 11 List the states with which a copy of this return is filed. ▶ Washington 12 The organization's books are in care of ▶ Ryan Hurley Located at ▶ 1400 NE 136th Ave, STE 201, Vancouver,WA 21 The organization the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1)	38a		38a	-	1
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I. C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0 G Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T. 11 List the states with which a copy of this return is filed. ▶ Washington 12 He 4 ▶ 98884-0993 13 At any time during the calendar year, did the organization have an interest in or a signature or other authonty over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ Washington 42a The organization's books are in care of ▶ Ryan Hurtey	39	Section 501(c)(7) organizations. Enter:	7		ŀ
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4958 excess benefit transaction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	а				
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organization managers or disqualified persons during the year under sections 4912, 4955, and 4938. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			40b		✓
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?					
If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		· · · · · · · · · · · · · · · · · · ·			
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completed instead of Form 990-EZ				Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a				. ,
completed instead of Form 990-EZ			44a		/
c Did the organization receive any payments for indoor tanning services during the year?	b		441.		,
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_				1
explanation in Schedule O			44C		-
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	u		444		[
	45a				1
The state of gain a distribution to the state of the stat	45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			

meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Preparer

Use Only

Firm's name

Firm's address_▶

May the IRS discuss this return with the preparer shown above? See instructions

Form **990-EZ** (2011)

► ☐ Yes ☐ No

self-employed

Firm's ElN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Detour Ministries**

Employer identification number 27-0464839

Pa	t Reason f	or Public Cha	rity Status (All orga	anization	s must c	complete	e this pa	rt.) See	instruction	ons.	
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1	A church, con	vention of churc	hes, or association of	churche	s descnb	ed in sec	tion 170	(b)(1)(A)(i).		
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Atta	ch Sched	ule E.)				•		
3	_		spital service organiza		-	section	170(b)(1)	(A)(iii).			
4	A medical rese		on operated in conjun						0(b)(1)(A)	(iii). Enter the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit described in	
6 7	☐ An organization	on that normally	nment or government receives a substantia)(A)(vi). (Complete Pa	al part of					nit or fror	n the general public	
8	☐ A community	trust described i	in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)					
9	receipts from support from acquired by the	activities relate gross investmented ne organization a	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	tions—su lated bus ee sectio	bject to o siness ta on 509(a)(certain e xable ind 2). (Com	xceptions come (les plete Par	s, and (2) ss sectio t III.)) no more n 511 ta	e than 331/3% of its	
10			d operated exclusively								
11	purposes of o 509(a)(3). Che	one or more put	nd operated exclusived blicly supported organices of describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See section	
	a 🗌 Type I				III-Funct	•	•			Type III-Other	
е			that the organization								
			ers and other than on	e or more	e publicly	support	ed organ	izations d	described	I in section 509(a)(1)	
	or section 509	(a)(2).									
f			a wntten determinatio								
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	•	_	
			indirectly controls, eithody of the supported								
			on described in (i) abo	_						1.967	
			a person described in							11g(ii) 11g(ii)	
h			ion about the support							1.18(111)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
				Yes	No	Yes	No	Yes	No	1	
(A)										· · · · · · · · · · · · · · · · · · ·	
(B)											
(C)											
(D)											
(E)											
Tota											

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

	Part III. If the organization fails to						ally under
Secti	on A. Public Support						
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			:			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	4 3 2 2 2 2 2					
Calen 7	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 organization, check this box and stop here					ear as a section	
Secti	on C. Computation of Public Support						<u> </u>
14	Public support percentage for 2011 (line 6,			1, column (f))		14	%
15	Public support percentage from 2010 Scho					15	%
16a	the control of the co						
b	box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b							
18	supported organization					·	· • 🗆
	instructions				•		

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees						-		
_	received. (Do not include any "unusual grants.")	0	0	0	27,609	43,083	70,692		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	0	0	0	27,609	43,083	70,692		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	o	0	0	o	0		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000				:				
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0		
8 8	Add lines 7a and 7b	0	0	0	0	0	70,692		
Secti	on B. Total Support						70,032		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9	Amounts from line 6	0	0	0	27,609	43,083	70,692		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b	0	0	0	0	0	0		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	o	0	0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	27,609	43,083	70,692		
14									
Secti	on C. Computation of Public Suppor			<u> </u>	<u> </u>		· · · <u>v</u>		
15	· · · · · · · · · · · · · · · · · · ·								
16	Public support percentage from 2010 Sch	• • • • • • • • • • • • • • • • • • • •	•			16	100 %		
	on D. Computation of Investment In-								
17	Investment income percentage for 2011 (y line 13, colun	nn (f))	17	%		
18	Investment income percentage from 2010	Schedule A, P	art III, line 17			18	%		
19a	33¹/a% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33¹/a%, and line 17 is not more than 33¹/a%, check this box and stop here. The organization qualifies as a publicly supported organization .								
b	331/3% support tests-2010. If the organiz	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 33	3 ¹ /3%, and		
20	line 18 is not more than 33½%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A (Fo	orm 990 or 990-EZ) 2011	Detour	WINISTORES	21-0464839 Page 4
Part IV	Supplemental Information Part II, line 17a or 17 instructions).	rmation. Complete to 7b; and Part III, line	his part to provide the expla 12. Also complete this part f	21-0464839 Page 4 anations required by Part II, line 10; for any additional information. (See
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		·····		•

				·····
	····	•		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

OMB No 1545-0047

Detour Ministries 27-0464839 Form 990 EZ Part 1, Line 16: Administrative services 7,800 5,434 **Event speakers** Missionary support Africa 4,725 3,900 **Event entertainment Event facility rental** 3,246 Event promotional expenses 3,235 Event equipment rental 2,756 **Event other expenses** 1,893 Insurance 1,125 Licenses and fees 990 **Event supplies** 754 **Event permits** 565 **Advertisements** 535 Bank charges 535 **Education and seminars** 400 **Event garbage disposal** 220 Office supplies 45 PayPal fees 28 **Total function expenses** 38,186 (Total Part 1, Line 16) **Events include USA All Church Picnic and the Pastors Prayer Breakfast**