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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# 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

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.

OMB No. 1545-1150

2011

Open to Public Inspection

A Fo	or the	2011 calendar year, or tax year beginning January , 2011, and ending Dece	ber	31_,2011
B Ch	neck if ap			lentification number
Д м	ddress c			387863
<b>E</b>	ame cha	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite  E Tel	ephone r	
<del>-</del>	ıtıal retur	1308 Cog Hill Drive 3:	25-2	212-8869
=	erminate mended	City or town, state or country, and ZIP + 4		emption
=			ımber	•
	··		▶ □	rf the organization is not
	/ebsit			tach Schedule B
J Ta	х-ехеп		990, 99	0-EZ, or 990-PF).
K C	heck ▶			
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re		
		nization chooses to file a return, be sure to file a complete return.	•	<b>,</b>
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,	
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	َ ▶ و	<b>S</b>
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uction	s for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I		<u>I</u>
	1	Contributions, gifts, grants, and similar amounts received	1	125,554
	2	Program service revenue including government fees and contracts	2	2148
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
ı	5а	Gross amount from sale of assets other than inventory   5a   O	<u> </u>	_
- 1	Ь	Less: cost or other basis and sales expenses	┨	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ŀ	6	Gaming and fundraising events	130	
	-			
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
Ĕ	h	Gross income from fundraising events (not including \$ O of contributions	$\dashv$	
Revenue	b	from fundraising events reported on line 1) (attach Schedule G if the	1	ľ
œ		a i Taranta and a same	ľ	
			-	
į	C		4	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1	
	_	line 6c)	6d	
ļ	7a	Gross sales of inventory, less returns and allowances	_	İ
- 1	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4171
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	131,873
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
စ္က	12	Salaries, other compensation, and employee benefits	12	0
Expenses	13	Professional fees and other payments to independent contractors.	13	17350
8	14	Occupancy, rent, utilities, and maintenance	14	0
ΔI	15	Printing, publications, postage, and shipping	15	702
ı	16	Calla Marie	16	59,441
	17	Other expenses (describe in Schedule O)	17	77 17 7
$\dashv$	18	- (1.6 m) c (1.7 m) (-1.7 m)	18	54 20A
표	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)		54,380
Assets	פו			10.01
ا ک			19	2981
Net	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21_	Net assets or fund balances at end of year. Combine lines 18 through 20	21	57,361
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 10642		Form <b>990-EZ</b> (2011)
For				( SL ~
,		•		(5° '\
				,

Par	Balance Sheets. (see the instructions			D !!		
	Check if the organization used Schedule	o to respond to ar	ny question in this	(A) Beginning of year		B) End of year
00	Cook povings and investments		-	<del></del>		
22	Cash, savings, and investments		· · · · · ·		22	57,361
23	Land and buildings		je		23	<u> </u>
24 25	·		L		24	-ES 57
	Total assets			<del></del>	25	31,361
26	•				26	- <u> </u>
27	Net assets or fund balances (line 27 of column				27	<u> 57361</u>
Pari		•		·	•	Expenses
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III MY		ured for section
	is the organization's primary exempt purpose?					)(3) and 501(c)(4) izations and section
as m	ribe the organization's program service accomplist easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the	f its three largest p e services provide	orogram services, d, the number of		a)(1) trusts; option
28		0 + 0	× + -01			
	Jee attachme	ut 1 to	or schedul	<u>e</u> V		
				<del>-</del>		
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	
29						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u>&gt;</u> 🗆	29a	
30						
						li de la companya de
	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here .	▶ 🔲	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	
Par		Employees. List eac	h one even if not cor	mpensated. (see the in		_
	Officer in the organization used deficution		(c) Reportable	(d) Health benefits.	$\dot{ au}$	<u> L</u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employe		
	(L) Hallo and address	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
	101 As 101 100 1200 (0. 11:11	president	(ii not paid, enter -o-	deverted compensation	<del>'</del>	<u></u>
Ja.	niel M Wilson, 1309 Cog Hill	president	0	6	-	0
rive	FORT WOTA, 1 X 71,720	Vice-president			┼	
عبد.	ince 15eaver, 10 20 N Along	VICE-president				0
<u> 5a</u>	n Angelo, TX 76901			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	
504	H Marlur, 13930 Far Hills Ly	treesuper	0	0		_
	Dallas, TX 75240	,	-		1_	
To	1ny Huston-4)8 FM 2111	secretary		0		^
	Bullinger, TX 76821		0			
	We Wilson, 1308 Cog Hill Dr.	teacher		0	Į	$\circ$
FO	rt worth, TX 76120	30	0			0
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
			Į			
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Part	·			<del></del>
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		<u> </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	[	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	33		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		X
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	35a 35b		
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	35c		У
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		X
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		X
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40b		X
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ► None			
42a	The organization's books are in care of ▶ Oaniel Wilson Telephone no. ▶ 325			881
b	Located at ► 1308 Cog Hi)\ Dr, H-Warth, Tx P ZIP + 4 ► 76  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	[20	Yes	
	If "Yes," enter the name of the foreign country: ▶	42b		X
	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.?	42c	l	<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	.	<b>&gt;</b> []
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
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 44b		X X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		X
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 Form 990-EZ (see instructions)	45b		<u>.</u> لا

orm 9	90-EZ (2011)		<del></del>					Page (
	District						Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political c complete Schedule C	ampaign activities on , Part I	behalf of or in opp	osition	46		X
art	• • • • • • • • • • • • • • • • • • • •							
	501(c)(3) organizations and sec			sts must answer	questic	ons 4	7–49	b
	and 52, and complete the table Check if the organization used S			nia Dart VII				_
-	Check if the organization used S	chedule O to respond	to any question in t	ils Part VI	<del>· · · ·</del>	• •	Yes	No
47	Did the organization engage in lobbying	g activities or have a	section 501(h) electio	n in effect during	the tax	Г	163	
	year? If "Yes," complete Schedule C, Pa	art II				47		X
48	Is the organization a school as described	in section 170(b)(1)(A)(i	)? If "Yes," complete \$	Schedule E		48		$\prec$
49a	Did the organization make any transfers	to an exempt non-cha	ritable related organiz	ation?		49a		X
b	If "Yes," was the related organization as					49b		
50	Complete this table for the organization	's five highest compen	sated employees (oth	er than officers, di	rectors,	truste	es an	d ke
	employees) who each received more that	1	isation from the organ	(d) Health benefits,		iter 'N	ione."	
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to emplo	yee (e) E	stimate		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and defe compensation	rred ot	ed other compensa		
	None	<u> </u>			<del>-  </del>			
		-						
		1						
		<u> </u>						
	· · · · · · · · · · · · · · · · · · ·							
		-						
f	Total number of other employees paid o	Ver \$100,000	► None					
51	Complete this table for the organization			contractors who e	each rec	havia	more	tha
•	\$100,000 of compensation from the org			CONTRACTORS WITO E	acii iec	CIVEG	111016	; ti ici
(a)	Name and address of each independent contractor p	oald more than \$100,000	(b) Type of serv	ісе	(c) Com	pensati	on	
	None							
	•••••••••••							
				<del></del>				
			***************************************	<del></del>				
	•••••		1					
- 4	Total number of other independent cont	ractors each receiving	over \$100 000	None				
u	Total Harrison of other independent Com		υτοι ψτου,υυυ					
52 52	Did the organization complete Schedule	A? Note: All section 5	01(c)(3) organizations	and 4947(a)(1)		_		

Preparer's signature

Sign

Here

Paid Preparer

**Use Only** 

Signature of officer

Print/Type preparer's name

Firm's name ▶

Firm's address ▶

Type or print name and title

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

PTIN

Check if self-employed

Date

Firm's EIN ▶

Date

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name o	of the organization	<u> </u>		\ \ \ -			Ti	Employer id	lentification	number	
	Superm	Juna 1	rarriage n	rinis	Tries					7863	
Par			arity Status (All orga						nstructio	ons.	
	<u>~</u>	•	lation because it is: (Fo		•	-	•	•	_		
	_		ches, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).		
	_		n 170(b)(1)(A)(ii). (Atta		•	<b>:</b>	170/L\/4\	/A\/:::\			
			ospital service organiza ion operated in conjun						V6V4VAV	(iii) Enter the	
•	hospital's nam			CHOIT WILL	ι α ποσμπ	ai uescrii	Jeu III Se	Cuon 170	ינייאני אנטאי	(m). Criter trie	
5											
6	☐ A federal, state	e, or local gove	mment or government	tal unit de	scribed in	section	170(b)(	1)(A)(v).			
8	☐ A community t	rust described	in section 170(b)(1)(A	<b>\)(vi).</b> (Coi	mplete Pa	art II.)					
9	An organizatio	n that normall	y receives: (1) more th	an 331/39	6 of its su	upport fro	om contr	ibutions,	members	ship fees, and gross	
	support from	gross investm	ed to its exempt func- nent income and unre after June 30, 1975. S	elated bus	siness ta	xable ind	come (le:	ss sectio			
10	☐ An organizatio	n organized an	d operated exclusively	to test fo	or public s	safety. Se	ee <b>sect</b> io	n 509(a)(	4).		
	_	-	and operated exclusiv			-			-	or to carry out the	
			ublicly supported orga t describes the type of								
	a 🗌 Typel	b 🗆	Type II c	☐ Type	III-Funct	ionally in	tegrated		d□	] Type III-Other	
е	By checking the	nis box, I certif	y that the organization	is not co	ntrolled o	irectly o	r indirecti	ly by one	or more	disqualified persons	
			gers and other than on	e or more	e publicly	support	ed organ	izations d	described	i in section 509(a)(1	
	or section 509										
f.			a written determinati	on from	the IRS	that it is	a Type	I, Type	li, or Typ	e III supporting	
	organization, o									📙	
g	following person		the organization acce	pted any	gift or co	ontributio	n from a	any of the	,		
	٠.		indirectly controls, eit	thar along	or toget	har with	noroono	dosoribo	d in /ii\ o:	nd Yes No	
			body of the supported						u iii (ii) ai	···	
			son described in (i) ab	-						11g(i)	
			of a person described in							11g(iii)	
h			ation about the support							[8(1]	
	Name of supported	(ii) EIN	(iii) Type of organization		organization	,	ou notify	(vi)	s the	(vii) Amount of	
•	organization	.,	(described on lines 1-9		sted in your document?	the orga	nization in of your	organiza	tion in col ized in the	support	
			above or IRC section (see instructions))	governing	GOCUMENT		port?		S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
					1						

Total

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	<u>,i)</u>
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")						l
2	Tax revenues levied for the						
	organization's benefit and either paid				<b>\</b>		
	to or expended on its behalf					L	
3	The value of services or facilities			V/NIT	$\vee$		
	furnished by a governmental unit to the				}		•
	organization without charge						
4	Total. Add lines 1 through 3				1		
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						1
	shown on line 11, column (f)					<u> </u>	
6	Public support. Subtract line 5 from line 4.				1	1	
	on B. Total Support	•	1		•		<del>,</del>
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,				J		
	rents, royalties and income from sımılar	Į	/		}	ľ	
	sources			[ <i>A3/K</i> /	1		
9	Net income from unrelated business	ĺ					
	activities, whether or not the business		1				1
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						ļ
11	<b>Total support.</b> Add lines 7 through 10	Ĺ <u>,                                     </u>	<u> </u>	<u> </u>	l	<u> </u>	<u> </u>
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 he			<u></u>	· · · · ·	<u> </u>	<b>▶</b> [
	on C. Computation of Public Support					T T	
14	Public support percentage for 2011 (line					14	%
15	Public support percentage from 2010 Sci					15	<u>%</u>
16a	331/3% support test—2011. If the organi						
	box and <b>stop here.</b> The organization qua	· · · · · · · · · · · · · · · · · · ·		-			
b	331/3% support test—2010. If the organ				•		
	check this box and stop here. The organ	•			_		-
17a	10%-facts-and-circumstances test—2	•			•		
	10% or more, and if the organization me						
	Part IV how the organization meets the "I			•	•		
	organization						_
Ь	10%-facts-and-circumstances test -2				•		•
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization m				•	•	· -
	supported organization						▶ □
18	Private foundation. If the organization d	ıa not check a	box on line 13	3, 16a, 16b, 17	a, or 1/b, ched	ck this box and	see

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

(Complete only if you checked the box on line 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	on A. Public Support	411401 4110 10	oto notou bon	, p.o.oo o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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	21870	125,554	147,424
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.			0	4886	7976	12,862
3	Gross receipts from activities that are not an unrelated trade or business under section 513			0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	D	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
6	Total. Add lines 1 through 5			0	26,756	133,530	160,286
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			0	0	0	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
С	Add lines 7a and 7b		İ	0	0	0	0
8	Public support (Subtract line 7c from line 6.)			0	26,756	133,530	160,286
	on B. Total Support		_				
Calen	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	26,756	133,530	160,286
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			0	0	P	D
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0	0	D	0
С	Add lines 10a and 10b			D	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	D
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)			0	26,756	1 33,530	160,286
14	First five years. If the Form 990 is for the organization, check this box and stop he				-	ear as a section	
Secti	on C. Computation of Public Suppor	rt Percentag	je				
15	Public support percentage for 2011 (line 8			3, column (f))		15	%
16	Public support percentage from 2010 Scl	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (	line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests - 2011. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizat	ion . ▶ 🔲
b	331/3% support tests—2010. If the organization 18 is not more than 331/3%, check this						•
20	Private foundation. If the organization di		_		-		

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Supernature Employer identification number 27-1387863

#### Supernatural Marriage Ministries EIN #27-1387863 2011 990EZ- Schedule O Attachment 1

#### Program Expenses: For 990-EZ Page 2, Part III

(Also related to 990-EZ, Part 1, Line 2- Program Revenue)

4/6 - 4/10 Ordination at Joan Hunter Ministries

Purpose: Certification of Dan and Linda for ministry. Networking Taught about marriage to group of pastors

Expense: 833 miles driving

4/20 - 5/4China Trip

> Purpose: Teaching about marriage at churches and pastor training school in Beijing. Did newspaper interview with China Daily, published on internet in China 2012

**Expenses:** \$900 travel, food & lodging

8/11 - 8/13 Joan Hunter Ministries- live streaming

Purpose: Teach about marriage to live and web audience

Expenses: 517 miles driving

9/23 – 9/24 Joan Hunter Ministries- Supernatural Relationships Conference Purpose: Teach about marriage to live and web audience

Expenses: 502 miles driving

10/6 – 10/8 Supernatural Marriage & Relationships Event- Dallas

Purpose: Teach about marriage to live and web audience

Expenses:	Advertising	\$4345
	Honorariums	\$17350
	Sound	\$900
	Hotels	\$1425
	Transportation	\$4158
	Facility	\$700
	Food	\$1588
	Miscellaneous	\$452
		 ****

Total \$30918 11/14 - 12/13

Africa Tour

Purpose: Teach about marriage and encourage churches in Uganda, Kenya, and Ghana. Visited orphanage in Kitale, Kenya

-		
Expenses:	Airfare	\$3022
	Visa fees	\$317
	Immunizations	\$370
	London Hotel	\$384
	Computer & gifts	<b>\$703</b>
	Kenya prepay	\$1100
	Ghana prepay	\$1118
	Parking	<b>\$91</b>
	Other (mostly Uganda)	\$1444
	Total	\$8458

## "Other Expenses" - Recorded in Form 990-EZ, Part 1, Line 16

(Note: Included below are some of the program expenses listed above.)

Advertising	\$6626
Web Expenses	\$376
Office Expenses	\$197
Conferences (excludes \$17350 professional fees	) \$13321
Banking	\$345
Speaking	\$974
Networking	\$8500
Organizational	\$1573
Giving	\$7564
Missions	\$18593
Miscellaneous	\$1372
Total "Other Expenses"	\$59441