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990

Check if applicable

BCA

Denartment of the Treasury

For the 2011 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

C Name of organization INTERNATIONAL EDIFYING CHRIST D Employer identification number

lung benefit trust or private foundation)

2011, and ending

OMB No 1545-0047 2011

Open to Public Inspection

20

72-1387066 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/Suite Name change E Telephone number PO BOX 43 318-992-6014 Initial return City or town, state or country, and ZIP + 4 G Gross 421975. Terminated \$ Rhinehart LA 71363 Amended return H(a) Is this a group return Application SCOTT MCDOWELL Name and address of principal officer Yes 🏻 No for affiliates? pending PO BOX 43 Rhinehart LA 71363 Are all affiliates included? If "No", attach a list I Tax-exempt status X 501(c)(3) 501(c)β) **∢** (insert no) 4947(a)(1) or 527 Yes (see instructions) Website: ▶ H(c) Group exemption number K Form of organization Corporation Trust Other > Year of formation M State of legal domicite Part I Summary Briefly describe the organization's mission or most significant activities MINISTRY AND SPREADING THE GOSPIL OF JESUS CHRIST Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed-in-calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) Revenue 265214 421975. Program service revenue (Part VIII, line 2g) ... Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 265214 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 421975. 175201 308592. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4). 23278 21622. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses. (Part IX, column (D), line 25) 23022. 23023. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 221501. 353237. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 68738. 43713. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current **End of Year** 220259. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . ž Š 151522 220259. Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have exemined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 04/12/2012 Sign Date Signature of officer SCOTT MCDOWEL MINISTER Here Type or print name and title Paid Print /Type preparer's name Date Check X If PTIN DONALD R SIMMONS 04/11/2012 self-employed P00533222 Preparer SIMMONS Firm's EIN▶ 90-0318839 ▶ DONALD **Use Only** Firm's name PO BOX 1438 Firm's address ▶ Phone no JENA LA 71342-1438 318-992-0700 May the IRS discuss this return with the preparer shown above? (See instructions) Yes No Form 990 (2011) For Paperwork Reduction Act Notice, see the separate instructions.

. US990\$\$1

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III.	
1	Briefly describe the organization's mission MINISTRY	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🛛 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	_ Yes ⊠ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$249079. including grants of \$) (Revenue \$)
	MINISTRY AND SPREADING THE GOSPIL OF JESUS CHRIST	
4b	(Code) (Expenses \$ 62212. including grants of \$) (Revenue \$	
70	MINISTRY AND SPREADING THE GOSPIL OF JESUS CHRIST	
4c	(Code) (Expenses \$41400including grants of \$) (Revenue \$	
	MINISTRY AND SPREADING THE GOSPIL OF JESUS CHRIST	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 546. including grants of \$)(Revenue \$	
4e	Total program service expenses ► 353237.	
		Form 990 (2011)

72-1387066 Page **2**

Form 990 (2011) INTERNATIONAL EDIFYING CHRIST

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," X 1 X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I . X 6 7 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 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Х 8 Did the organization report an amount in Part X, line 21, 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ 10 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," complete Schedule D. Part VI Χ 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ... 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 Χ 12a Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? ... 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 Χ 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV. 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Form **990** (2011)

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 22 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 employees? If "Yes." complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ... Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Χ 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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.... Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 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 Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Χ III, IV, and V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Х

ra	Check if Schodule O centure a representation in this Bad V			
	Check if Schedule O contains a response to any question in this Part V	. i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 .		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	11	ļ	
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-1	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b		
	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)?	. 4a		Х
	If "Yes," enter the name of the foreign country.	- 7	-	
	See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a '		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	•	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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 as required	7 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,		_	
	have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter.			ŀ
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4 1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
	Section 501(c)(12) organizations. Enter			İ
	Gross income from members or shareholders	- 1		ĺ
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			i – –
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		ļ
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<u></u>	~
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O		1	
	Enter the amount of reserves the organization is required to maintain by the states in which	4		
	the organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	in rea, near mice a norm real to report these payments in rea, provide an explanation in schedule O	וטדין	1	i .

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section 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 ... 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 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . 4 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 one or more X 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 . . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b 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 filing the form?. X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No", go to line 13 Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official. 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a 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 b 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 organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶SCOTT MCDOWELL PO BOX 43 RHINEHART LA 71363 318-992-6014

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ...

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (describe hours for related organiza- tions in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and institutional true Or director			one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)SCOTT MCDOWELL MINISTER	40			Х				21622.	0	0
(2)	40			^				21022.	0	
(3)				-						
(4)	<u> </u>									
(5)	<u> </u>									
(6)										
(7)										
(8)										
(9)										
(10)									-	
(11)										
(12)								-		
(13)										
(14)							-			

Fait VII Section A. Officers, Directors	rustees	, ney	Empi		_	ına Hi	gne	st Compensated El	nployees (continued	<u>) </u>
				(C						
(A)	/B)	Position (do not check more than o			(D)	(E)	(5)			
Name and title	(B) Average	box, unless person is both officer and a director/trust			(D) Reportable	(E) Reportable	(F) Estimated			
name and the	hours per	 			, – <u> </u>	compensation compensation		amount of		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
	(describe	ecto	utio	띡	emp	est oye	व्	the	organizations	compensation
	hours for related	יו פר דת	nali		oloy	₽ Š		organization	(W-2/1099-MISC)	from the
	organiza-	ıste	trus		эе	per		(W-2/1099-MISC)		organization
	tions in Sch (O)	Ф	tee			ısatı				and related
						<u>e</u>				organizations
(15)										
(46)		_								
(16)										
(17)							-			
<u> </u>										
(18)										<u> </u>
(19)										
(20)										
(21)										
(22)										
(22)										
(23)			_							
(24)										
(24)										
(25)					_					-
1b Sub-total		• • • •					•	21622.	0	0
c Total from continuation sheets to Part V	/II, Section	n A					•	0	0	0
d Total (add lines 1b and 1c)								21622.	0	0
2 Total number of individuals (including but r	ot limited	to thos	se liste	d at	ove	e) who	rece	eived more than \$10	0,000 of reportable o	compensation
from the organization >								 -		
2 Did the annual test and former officers										Yes No
3 Did the organization list any former officer.				•	•	•		•		
employee on line 1a? If "Yes," complete So 4 For any individual listed on line 1a, is the s										3 X
the organization and related organizations	-							•		
individual	_			٠.,			•			4 X
5 Did any person listed on line 1a receive or				from						1 - 1 1
					_			-		5 X
services rendered to the organization? If "Yes," complete Schedule J for such person										
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of										
compensation from the organization Repo	rt compen	sation	for the	cal	end	ar yea	ren	ding with or within th	e organization's tax	year
(A)								(B)		(C)
Name and business address							Description of s	services	Compensation	
										
2 Total number of independent contractors (i	ncluding b	ut not	limiter	1 to 1	hoe	e liste	d ab	ove) who received a	ore than	
\$100,000 in compensation from the organic		J. 1101				J 11316	. au	ove, with received fi		- ·
BCA			U	S990S	\$\$8				<u></u>	Form 990 (2011)

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Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
rvice	2a _ b	CONTRIBUTIONS Business Code	421975.			421975.
Program Service Revenue	c _ d _ e _					
	f -	All other program service revenue	421975.		<u> </u>	
	3 4	Total. Add lines 2a-2f	421973.			
	b	Royalties. (i) Real (ii) Personal Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)		,		,
	7a b	Net rental income or (loss)		 		
	1	Gain or (loss)				
Other Revenue	1	Net gain or (loss)		!	,	
Je.	ь	Less direct expensesb	-		_ (
8	c 9a	Net income or (loss) from fundraising events ▶ Gross income from gaming activities See Part IV, line 19 . a	ī		1	
		Less direct expensesb	ļ		'	1
	10a b	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory				1
	┌╴	Miscellaneous Revenue Business Code	}			
	е					
	1	See instructions	421975.			421975.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D)

	Check if Schedule O contains a response to a		rt IX		
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	Managèment and general expenses	Fundráising expenses
1	Grants and other assistance to governments and org-				
	anizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	308592.	308592.	!	
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		· i
5	Compensation of current officers, directors,				
•	trustees, and key employees	21622.	21622.		
6	Compensation not included above, to disqualified	21022.	21022.		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	<u> </u>			-	
0	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
С	Accounting				
ď	Lobbying				
е	Professional fundraising services See Part IV, line 1	,			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				· · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		İ		
19	Conferences, conventions, and meetings				·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			-	
24	Other expenses Itemize expenses not covered		E E		
	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column	'	:	•	
	(A) amount, list line 24e expenses on Schedule O)			,	
а	OTHER EXP	23023.	23023.		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	353237.	353237.		· · .
		333237.	333231.		
	Joint costs. Complete this line only if the organization			ŀ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here following SOP 98-2 (ASC 958-720)				

Balance Sheet (A) (B) Beginning of year End of year 151522. 1 Cash - non-interest-bearing 220259. 2 Savings and temporary cash investments 2 3 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Sch. L. 5 6 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) 6 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . 10a b Less, accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Total assets Add lines 1 through 15 (must equal line 34) . . 151522. 220259 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties...... 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117, check here▶ complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 Unrestricted net assets 27 28 28 29 Organizations that do not follow SFAS 117, check here ▶ │ │ and 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

> 220259 Form 990 (2011)

220259.

220259.

31

32

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151522.

151522.

151522.

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Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

		<u>-13</u> 870	66	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	<u> </u>	<u></u>	
_	Total assessed (asset asset Dad VIII)	1.1	1	210	7 -
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{219}{532}$	
2	Total expenses (must equal Part IX, column (A), line 25)				37.
3	Revenue less expenses Subtract line 2 from line 1			687	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>T</u>	<u>515</u>	22.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	2	<u> 202</u>	60.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🗍 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		. ';		1
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he			
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selected process during the tax year, explain in		١,	-	
	Schedule O			. ,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were		j		!
	issued on a separate basis, consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		i	-	'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				-
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		ŀ
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such addits			990	(2011)
			LOHI	33U	(2011)

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

2011

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL EDIFYING CHRIST MINIS 72-1387066 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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). 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. b | Type II c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Νo and (iii) below, the governing body of the supported organization? . . . 11g(i) 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (vi) Is the (vii) Amount of (iv) Is the organ-(V) Did you organization (described on lines 1-9 ization in col organization in support notify the above or IRC section (i) listed in your organization in col. (i) (see instructions)) governing co! (i) of your organized document? support? in the US? Yes Yes (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2011

(D)

(E)

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2011

Schedule I (Form 990) (2011) ŝ Employer identification number 72-1387066 (h) Purpose of grant Open to Public Inspection **A** 図 or assistance ☐ Yes Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria non-cash assistance (g) Description of Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, other) : Grants and Other Assistance to Governments and Organizations in the United States. assistance : ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table grant General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable (c) IRC section EDIFYING CHRIST MINIS Enter total number of other organizations listed in the line 1 table can be duplicated if additional space is needed (b) EIN used to award the grants or assistance? organization or government 1 (a) Name and address of INTERNATIONAL Name of the organization Part I Part II (10) (12) Ξ 6 ල 3 9 8 6 9 0

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information other) (d) Amount of assistance non-cash (c) Amount of cash grant (b) Number of recipients Part III can be duplicated if additional space is needed (a) Type of grant or assistance Part IV က S 7 4 9

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization INTERNATIONAL EDIFYING CHRIST MINIS	Employer identification number 72-1387066		
SEE ATTACHED 2011 FINANCIAL REPORT FOR YEAR 2011.			

U\$990O\$1

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

BCA

International Edifying Christ Ministries, Inc.



"And I, if I be lifted up from the earth will draw all men unto me." John 12:32 Scotty McDowell • P O. Box 43 • Rhinehart, Louisiana 71363 • (318) 992-6014 $stazmcdowell@centurytel.net \cdot www edifyingchrist.net$

2011 Financial Report

Amar Joyti	\$35,324.00
IECM	\$49,062.35
Rainbow	\$53,995.02
Scott McDowell	\$13,139.64
Total	\$151,521.01

income:	
Amar Joyti	\$8,957.57
IECM	\$280,827.86
Rainbow	\$73,306.55
Scott McDowell	\$44,645.04
Medical	\$2753.64
Tarver	<u>\$11,484.14</u>
Total	\$421,974.80

Transactions:

Amar Joyti	\$9,280.00
IECM	\$239,799.38
Rainbow	\$62,212.20
Scott McDowell	\$41,400.00
Medical	\$424.97
Tarver	\$120.00
Total:	\$353,236.55

Ending Balance:

Amar Joyti	\$35001.57
IECM	\$90,090.83
Rainbow	\$65,089.37
Scott McDowell	\$16,384.68
Medical	\$2328.67
<u>Tarver</u>	\$11 <u>,364.14</u>
Total	\$220,259.26