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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring 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 For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Baptist Benevolent Ministries of Irving		D Employer identification number 75-2497546
Number & street (or P.O. box, if mail is not delivered to street addr.) 114 E Second Street		E Room/ suite suite
City or town, state or country, and ZIP + 4 Irving TX 75060		F Telephone number (972) 254-0973

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 34,752

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I. ►

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 34,401
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 351
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
EXPENSES	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 34,752
	10 Grants and similar amounts paid (list in Schedule O)	10 18,632
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
ASSETS	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 17,272
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 12,313
	17 Total expenses. Add lines 10 through 16	17 48,217
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -13,465
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 130,888
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 117,423

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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36

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
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	33	X
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)	34	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)?	35a	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	35b	X
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	X
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	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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?	38b	*
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	*
39 Section 501(c)(7) organizations. Enter:	39b	*
a Initiation fees and capital contributions included on line 9	40a	*
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► , section 4912 ► , section 4955 ►	40c	*
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	40d	*
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	40e	X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	41	List the states with which a copy of this return is filed. ► NONE
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	42a	The organization's books are in care of ► See attachment #4 Telephone no. ►
42a Located at ►	42b	ZIP + 4 ►
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	Yes No
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: ►	43	43
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a	Yes No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
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	44c	X
c Did the organization receive any payments for indoor tanning services during the year?	44d	N/A
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	45a	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	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)		

48 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

48	Yes	No
48	X	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-48b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	48	49	49a	49b	Yes	No
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.					47	X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.					48	X
Did the organization make any transfers to an exempt non-charitable related organization?					49a	X
b If "Yes," was the related organization a section 527 organization?					49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated annual value of other compensation
NONE				

f Total number of other employees paid over \$100,000 ... ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of services	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ... ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined 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.

Sign Here	Signature of officer Pauline King	Date 11-19-12		
Paid Preparer Use Only	Paid type preparer's name JOHN SHELTON CPA PC Firm's name Firm's address 3208 NORTH OCONNOR	Date 11/9/12	Check <input type="checkbox"/> if self-employed	PTIN P00119145
			Firm's EIN Phone no. 972-254-2800	

May the IRS discuss this return with the preparer shown above? See instructions. ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Baptist Benevolent Ministries of Irving

Employer identification number
75-2497546

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 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.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 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.)
 10 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.
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
 e 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)**.
 f 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.
 g 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) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(i) 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 U.S.?	(VII) Amount of support
				Yes	No		
Total							

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

Schedule A (Form 990 or 990-EZ) 2011

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

Name of the organization

Baptist Benevolent Ministries of Irving

Employer identification number

75-2497546

Form 990 EZ Page 1 Part 1 Line 10

Cash Amount Given 18,632

Form 990 EZ Page 1 Part 1 Line 16

Bank Charges	316
Maintenance	3787
Miscellaneous	50
PO Box Rental	140
Telephone	747
Volunteer Dinner	1054
Contract Labor	4365
Bibles	1854
	<hr/> 12,313

Form 990 EZ Page 2 Part II Line 24

	12/31/2010	12/31/2011
Machinery and Equipment	4,312	2,658

Form 990 EZ Page 3 Part V Line 35b

This organization doesn't have any gross income from a regularly conducted unrelated trade or business.

Depreciation and Amortization (Including Information on Listed Property)

2011

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

Baptist Benevolent Ministries FOR FORM 990-EZ LINE 14

Identifying number
75-2497546**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1		
2 Total cost of section 179 property placed in service (see instructions)	2		
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3		
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4		
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5 500,000		
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11 500,000		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	3,773
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	►	

Section B – Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22 3,773
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning _____, and ending _____	Employer Identification Number 75-2497546
<p>Primary Purpose</p> <p>This ministry, operated entirely by volunteers, provided food and religious instruction for the needy for a standard period of four days each with referrals for needs which may be met by appropriate agencies. This is a cooperative ministry of southern baptist churches in support of the Bible principle of Matthew 25:42.</p>		

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization Baptist Benevolent Ministries of Irving	Employer Identification Number 75-2497546	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 35,904
Exempt Purpose Achievements None		

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning			, and ending
Name of Organization			Employer Identification Number	
Baptist Benevolent Ministries of Irving			75-2497546	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben plans & def. comp.	(E) Expense account & other compensation
Pauline King 2905 Linden Lea Irving, TX 75061	Treasurer 3.00	0	0	0
Faye Hauer 217 Santa Clara Irving, TX 75062	Director 12.00	0	0	0
Randy Randle 1112 Churchill Dr Irving, TX 75060	Chairman 1.00	0	0	0
Howard Dean 1802 Green Oaks Irving, TX 75061	Witness Coordinator 1.00	0	0	0
Nelda Seifert 7012 Rosebrook Colleyville, TX 76034	Day Manager 6.00	0	0	0
Allen Lewis 1912 Sunnybrook Irving, TX 75061	Food Coordinator 12.00	0	0	0
Gary Leatherman 2021 Meadow Lark Irving, TX 75060	P/U Del Coordinator 3.00	0	0	0
Bettie Smith 2520 Crestview Circle Irving, TX 75062	Volunteer Coordinator 3.00	0	0	0
Jim Eitelman 1514 Glen Valley Irving, TX 75061	Board Member 5.00	0	0	0
Charles C Potts 1410 Ross Dr Irving, TX 75061	Facilities Coordinator 10.00	0	0	0
Kevin Hadley 3913 Green Hills Ct West Irving, TX 75038	Vice Chairman 1.00	0	0	0
John Silverwise 501 Shalamar Irving, TX 75061	Board Member 5.00	0	0	0
Wayne Weaver 3920 Runge Ct. W. Irving, TX 75038	Board Member 10.00	0	0	0
Vinny Hart 3309 Coker Street Irving, TX 75062	Secretary 3.00	0	0	0
Ken Reinhardt 2429 W Northgate Dr. Irving, TX 75062	Member 3.00	0	0	0
Ruby Sevcik 2405 Kings Country Dr Irving, TX 75038	Director 3.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization <u>Baptist Benevolent Ministries of Irving</u>		Employer Identification Number <u>75-2497546</u>
Part V - Line 42a		

Individual Name Pauline King
or
Business Name

Street Address 114 E. SECOND ST.

U.S. Address

Zip code 75060 City Irving State TX
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (972) 254-0973

Fax Number

2011 Federal Depreciation Schedule

Baptist Benevolent Ministries of Irving
75-2497546

11-07-2012

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 14										
1 Refrigerator	01-25-06	S/LHY	7	500	0	0	0	500	320	71
1-Frzr 2 Refrigeratr	01-19-06	S/LHY	7	1,600	0	0	0	1,600	1,029	228
2 Freezers	06-21-06	S/LHY	7	1,041	0	0	0	1,041	670	149
Bldg 114 E 2nd St	01-01-01	S/LMM	39	82,636	0	0	0	82,636	37,082	2,119
Carpet	04-18-06	S/LHY	7	866	0	0	0	866	558	124
Carpet	01-24-06	S/LHY	7	300	0	0	0	300	193	43
Land 114 E 2nd St	01-01-01	Land	0	15,000	15,000	0	0	0	0	0
Lowes Freezer	07-03-09	S/LHY	7	411	0	0	0	411	88	59
New Air Conditioner	04-25-06	S/LHY	7	2,550	0	0	0	2,550	1,638	364
New Heating Unit	02-02-06	S/LHY	7	2,000	0	0	0	2,000	1,287	286
Shelving	04-18-06	S/LHY	7	2,312	0	0	0	2,312	1,485	330
11 Assets			Totals	109,216	15,000	0	0	94,216	44,350	3,773
11 Assets			Grand Totals	109,216	15,000	0	0	94,216	44,350	3,773

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 AMT Depreciation Schedule

Baptist Benevolent Ministries of Irving
75-2497546

11-07-2012

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990-EZ Line 14								
1 Refnigerator	01-25-06	S/LHY	7	500	0	71	71	0
1-Frzs 2 Refrgeratr	01-19-06	S/LHY	7	1,600	0	228	228	0
2 Freezers	06-21-06	S/LHY	7	1,041	0	149	149	0
Bldg 114 E 2nd St	01-01-01	S/LMM	39	82,636	0	2,119	2,119	0
Carpet	04-18-06	S/LHY	7	866	0	124	124	0
Carpet	01-24-06	S/LHY	7	300	0	43	43	0
Land 114 E 2nd St	01-01-01	Land	0	0	0	0	0	0
Lowes Freezer	07-03-09	S/LHY	7	411	0	59	59	0
New Air Conditioner	04-25-06	S/LHY	7	2,550	0	364	364	0
New Heating Unit	02-02-06	S/LHY	7	2,000	0	286	286	0
Shelving	04-18-06	S/LHY	7	2,312	0	330	330	0
11 Assets	Totals.			94,216	0	3,773	3,773	0
11 Assets	Grand Totals			94,216	0	3,773	3,773	0

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2011 DETAIL STATEMENTS

Baptist Benevolent Ministries
75-2497546

Page 1

STATEMENT #1 - Grants and similar amts paid (990-EZ PG 1 Line 10)

Cash Amount Given.....	18,632
TOTAL CARRIED TO 990-EZ PG 1 Line 10.....	18,632

STATEMENT #2 - Other expenses (EOEZ Pg 1 Line 16)

Bank Charges.....	316
Maintenance.....	3,787
Miscellaneous Expense.....	50
PO Box Rental.....	140
Telephone.....	747
Volunteer Dinner.....	1,054
Contract Labor.....	4,365
Bibles.....	1,854
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	12,313

STATEMENT #3 - Other assets beg yr (EOEZ PG 2 Line 24)

Machinery and Equipment.....	4,312
TOTAL CARRIED TO EOEZ PG 2 Line 24.....	4,312

STATEMENT #4 - Other assets end yr (EOEZ PG 2 Line 24)

Machinery and Equipment.....	2,658
TOTAL CARRIED TO EOEZ PG 2 Line 24.....	2,658

2011 990 - ADDITIONAL DETAIL STATEMENTS

Baptist Benevolent Ministries of Irving
75-2497546

FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

3,773