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Form **990**

Department of the Treasury

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)

2011

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

Open to Public Inspection

<u> </u>	For the	e 2011 calen	dar year, or tax year beginning , 2011, and ending	3 - 1										
B				' ,	D 5		Santian Marshar							
Б		applicable:	C Name of organization JAMES RACKLEY MINISTRIES, INC		D Employer Identification Number 75 - 2498476									
	Adk	tress change	Doing Business As											
	Nar Nar	me change	Number and street (or P.O box if mail is not delivered to street addr) Room/su	utte esti	E Telepho	ne numbi	er .							
	Init	ed return	PO BOX 132659		(90	3) 52	26-9400							
	Ten	minated	City, town or country State ZIP code + 4	ŀ										
	∐ Am	ended return	TYLER TX 75713-	2659	G Gross n	oceipts \$	261,58	6.						
	Apr	dication pendang	F Name and address of principal officer	H(a) is this e	group return	for effilial	bes? Ye	s X No						
	_		JAMES RACKLEY PO BOX 132659 TYLER TX 75713		affiliates inclu		. □ ٧	s No						
ī	Tax-e	exempt status	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If 'No,' a	nttach a list. (:	see instru	ctions)							
J				H/a) Comin a	exemption nu	mbar Þ								
ĸ		of organization:	X Corporation Trust Association Other ► L Year of Formatio					<u>x</u>						
	rt I	Summar		n: 1994	: HM 8	tate of leg	gal domicile: T	<u>^</u>						
re				.1 1	V3			113						
		-	be the organization's mission or most significant activities: Provide Chr			rogra	ms for ch	llaren.						
ş	-		g_programs_to_children_and_children's_workers to Bible School and Conferences in Mexico.	curoug	<u>n</u>									
Ē	-	_ vacatio	m Bible School and Conterences in Mexico.											
Activities & Governance	2	Check this bo	x F if the organization discontinued its operations or disposed of more th											
ô			ting members of the governing body (Part VI, line 1a)					4						
4			dependent voting members of the governing body (Part VI, line 1b)			4								
Ě			of individuals employed in calendar year 2011 (Part V, line 2a)			5		4						
₹			of volunteers (estimate if necessary)			6		75						
¥	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12			7 a	4	2,000.						
			business taxable income from Form 990-T, line 34			7 b		3,328.						
					rior Year		Current							
_	8 (Contributions	and grants (Part VIII, line 1h)		230,8	16.		9,586.						
Revenue	9 1	Program servi	ice revenue (Part VIII, line 1h)											
Ž	10 1	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d) RECEIVED			80.								
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,0	00.	4	2,000.						
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12),		272,8	96.	26	1,586.						
	13	Grants and sig	milar amounts paid (Part IX, column (A), lines 1-3)	110,144.			10	0,569.						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)					0.						
			r compensation, employee benefits (Part IX, column (A) lines 5(10)		93,6	15.	74,26							
Expenses			undraising fees (Part IX, column (A), line 11e)					0.						
Ē	1			-				- 0.						
ង	1		ing expenses (Part IX, column (D), line 25) > 26, 171.	<u> </u>										
	\$		es (Part IX, column (A), lines 11a-11d, 11f-24e)		72,6		6	<u>6,936.</u>						
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		276,4	28.	24	1,767.						
_	19	Revenue less	expenses. Subtract line 18 from line 12		-3,5		1	9,819.						
5.5				Beginnin	g of Curren		End of							
13			Part X, line 16)		322,3	64.	33	3,625.						
Net Per	21	Total liabilities	s (Part X, line 26)		133,5	70.	13	0,222.						
2 2	22	Net assets or	fund balances. Subtract line 21 from line 20		188,7	94.	20	3,403.						
Pa	urt II	Signatur	re Block	•										
Unde	er penaltie			of my knowle	edge and bel	ef tstn	e correct and							
com	plete Dec	daration of prepar	stare that I have examined this return, including accompanying schedules and statements, and to the best or (other than officer) is passed on all information of which preparer has any knowledge.											
	_		landans		Q/r	2//	7/							
Sig	an/	Signatu	are of officer	Da		7								
Hè	re	JAM	ES RACKLEY		v	•								
_			print name and title.		-		•							
		Print/Type p	reperer's name Preperer's signature au foate		Check 2	H [PTIN							
Pa	id	Joseph	ph L Fauss, Jr Joseph L Fauss, Jr 08/07/12 self-employed P00293879											
	iu epare				Jan On GROY	·1'	/							
	e Onl													
	- 	Firms score		Firm's EIN ► 75-2407245 Phone no (903) 882-1040										
Ma	v tho IE	C diamon thi	LINDALE TX 75771-1953 s return with the preparer shown above? (see instructions)		Phone no	(303	X Yes	No.						

ANTO PER DIE

BAA For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2011)

TEEA0101 07/05/11

75-2498476 Page 3 JAMES RACKLEY MINISTRIES, INC Form **990** (2011) Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 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 3 Х 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 4 Х 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 5 Х 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, 6 Х Part I 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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 9 Х Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule 11 a Х D. Part VI **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11_b Х c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total 11 c Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d X 11 e Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Х 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

14b X

15

16

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20 b

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Х

Х

Х

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V		$\neg \tau$	V T	LL No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1		
•••				
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable garning	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins	tructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	4a		<u>x</u> _
b If 'Yes,' enter the name of the foreign country:			- 1	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir	T T			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	*	5a 5b		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5c	+	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	}	- 5C		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	d did the organization ·	6a		<u> </u>
b If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	tributions or gifts were	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and .	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. [7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	ch it was required to file			
Form 8282? .	ıı	7c	\longrightarrow	<u> </u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	i i	7e	\longrightarrow	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	ľ	7f	\longrightarrow	X
g If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899 ·	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c Form 1098-C?	organization file a	7 h		_
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	g organizations. Did the			
supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	ve excess business	8		х
9 Sponsoring organizations maintaining donor advised funds.			\neg	
a Did the organization make any taxable distributions under section 4966?		9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a	1		
b Gross income from other sources (Do not net amounts due or paid to other sources			, ,	
against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	.		1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a 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	. 0			}
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u> </u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	chedule O	14b		

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 No Yes 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 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or 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 q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? 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? 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a 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 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done Х 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15 a Х b Other officers of key employees of the organization 15_b 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 X 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes 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: JOSEPH L FAUSS JR 1414 S MAIN SUITE C 15 LINDALE, TX 75771-1953 (903) 882-1040 BAA Form 990 (2011) TEFA0106 01/23/12

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 r	elated	lorg	anız	atio	n com	pen	sated any current office	cer, director, or trustee	e
(A) Name and title	(B) Average hours per week	unles	s per	son is	ore th s bot	nan one h an offe rustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	andividi al truster or director	institutional feustee	Offi :ei	Key employee	Highest ตกกุรตรงted employee	Forner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JAMES RACKLEY										
PRESIDENT	40.00	Х		Х				4,565.	0.	0.
(2) BEVERLY RACKLEY									_	_
SECRETARY/TREASURER	40.00	Х		Х	_			26,908.	0.	0.
(3) GERALDO_GARCIA								_	_	_
VICE PRESIDENT	2.00			Х	_	_	ļ	0.	0.	0.
_(4)_LARRY_HUNTER									2	0
DIRECTOR	2.00	Х						0.	0.	0.
_(5)		ı								
_(6)										
_Ø										
_(8)										
_(9)										
(10)										
(11)										
(12)										
(13)						-				
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)												
(C) Position												
(A) Name and title	(B) Average hours per	offic	unle er an	heck ss pe id a d	more rson lirecto	than is both or/trus	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week (describ	or director	Institu	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related		
	hours for related	dual tr	Institutional trustee	1	mploy	st con	er			organizations		
	organı- zations	ustee	truste		8	npensa						
	Sch O)		è			ted						
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)						-						
(20)												
(21)	-											
(22)												
(23)												
(24)		İ										
(25)												
1 b Sub-total	_					·	>	31,473.	0.	0.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	4						>	31,473.	0.	0.		
2 Total number of individuals (including but not limited	l to tho	se lis	sted	abo	ve)	who	rece		<u> </u>			
from the organization												
3 Did the organization list any former officer, director			кеу (emp	loye	e, oı	r hıg	hest compensated	d employee	Yes No		
on line 1a? If 'Yes,' compléte Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep	ortable	e cor	nper	nsati	ion a	and o	othe	r compensation fr	om	3 X		
the organization and related organizations greater the such individual	ıan şıs	ט,טנ	10? 1	re	95 C	omp	nete	Scriegule J for		4 X		
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c.	ompens omplet	satio e Sc	n fro hedu	m a ile J	iny ι I for	ınrel such	ated	l organization or ii rson	ndıvıdual	5 X		
Section B. Independent Contractors												
 Complete this table for your five highest compensate compensation from the organization. Report comper 	ed inde isation	penc for t	lent he c	contaler	tract idar	ors yea	that r end	received more that ding with or within	the organization's	tax year		
Name and business addres	s							Description		(C) Compensation		
2 Total number of independent contractors (including	but not	lımı	ed t	o th	ose	liste	d ab	ove) who received	d more than			
\$100,000 in compensation from the organization												

Par	t 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
٧,,	1a Federated campaigns 1a 0.				
Z E	b Membership dues 1 b 0.				
ξğ	c Fundraising events 1c 0.		İ		
FA	d Related organizations 1d 0.]
S,G	e Government grants (contributions) 1 e 0.				
	f All other contributions gifts grants and				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 219, 586.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contributions included in lns 1a-1f. \$				
	h Total. Add lines 1a-1f	219,586.			
MCE	Business Code				
PROGRAM SERVICE REVENUE	2a				
, H	b				
ž	C				
A SE	0			·	
E A	6 All other program corruption				
ğ	f All other program service revenue g Total. Add lines 2a-2f				
-					· · · · · · · · · · · · · · · · · · ·
	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
İ	5 Royalties				
	(i) Real (ii) Personal			-	
	6a Gross rents 42,000 .				
	b Less ⁻ rental expenses				
	c Rental income or (loss) 42,000.				
	d Net rental income or (loss)	42,000.	0.	42,000.	0.
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				1
	b Less: cost or other basis				
	and sales expenses c Gain or (loss)				
	d Net gain or (loss)		 		
UE	8a Gross income from fundraising events (not including \$ 0.				
OTHER REVENU	of contributions reported on line 1c)				
R.	See Part IV, line 18				
표	b Less: direct expenses b				
0	c Net income or (loss) from fundraising events . ▶				
,	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11ab				
					
	d All other revenue				†
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	261,586.	0.	42,000	. 0.

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 re	sponse to any question	in this Part IX		П
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0.	0.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	11,712.	11,712.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	88,857.	88,857.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	26,400.	15,840.	5,280.	5,280.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,048.	2,048.	0.	0.
7	Other salaries and wages	11,709.	7,025.	2,342.	2,342.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	31,684.	19,010.	6,337.	6,337.
10	Payroll taxes	2,421.	1,453.	484.	484.
	Fees for services (non-employees)	- ,	_,		
	a Management	0.	0.	0.	0.
	b Legal	1,507.	0.	1,507.	0.
	c Accounting	300.	0.	300.	0.
	d Lobbying	0.	0.	0.	0.
	e Professional fundraising services See Part IV, line 17	0.	· · · · · · · · · · · · · · · · · · ·		0.
	Investment management fees	0.	0.	0.	0.
	g Other	0.	0.	0.	0.
	Advertising and promotion	31,485.	18,891.	6,297.	6,297.
13	Office expenses	17,771.	10,663.	3,554.	3,554.
14	Information technology	0.	0.	0.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	555.	333.	111.	111.
17	Travel	6,309.	3,785.	1,262.	1,262.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	150.	90.	30.	30.
20	Interest	6,487.	0.	6,487.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization				
	Insurance	2,372.	1,424.	474.	474.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	ab				
	c		-		
	d				
	e All other expenses				
25		241,767.	181,131.	34,465.	26,171.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ►				
	SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	Form 990 (2011)

Part X	Balance Sheet			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			6,368.	1	9,090.
2	Savings and temporary cash investments			844.	2	9,004.
3	Pledges and grants receivable, net			-	3	
4	Accounts receivable, net		[4	
5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, trusto	ees, key employees, hedule L		5	
6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	ibuting	employers and		6	
A 7 8 T 9					7	
S 8	Inventories for sale or use				8	
š 9	Prepaid expenses and deferred charges				9	
10	a Land, buildings, and equipment cost or other basis					
''	Complete Part VI of Schedule D	10 a	359,919.		.	
	b Less accumulated depreciation	10b	45,716.	315,152.	10 c	314,203.
11	Investments - publicly traded securities				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	Other assets. See Part IV, line 11				15	1,328
16	Total assets. Add lines 1 through 15 (must equal line	34)		322,364.	16	333,625.
17	, ,, ,,,,,			1,857.	17	1,678.
18	• •				18	
19			_		19	
L 20	·				20	
À 21	Escrow or custodial account liability. Complete Part I		- t		21	
A 21 B 22 L 1	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, k sons C	sey employees, Complete Part II	0.	22	0.
E 23	Secured mortgages and notes payable to unrelated th	ırd part	ties	73,861.	23	63,934.
s 24		•		57,852.	24	64,610.
25	• •	•		2.,	25	
26	Total liabilities. Add lines 17 through 25			133,570.	26	130,222.
NET	Organizations that follow SFAS 117, check here ▶	ar	nd complete lines			
Ŧ	27 through 29 and lines 33 and 34.					
§ 27	Unrestricted net assets .				27	
\$ 27 E 28 S 29	Temporarily restricted net assets				28	
	Permanently restricted net assets				29	
R	Organizations that do not follow SFAS 117, check he	re 🟲	X and complete			
F N 30	lines 30 through 34.					
N 30	Capital stock or trust principal, or current funds				30	
	Paid-in or capital surplus, or land, building, or equipm	ent fun	nd . [31	
Î 32	Retained earnings, endowment, accumulated income,	or othe	er funds	188,794.	32	203;403.
B 31 32 N 33 S 34	Total net assets or fund balances .		[188,794.	33	203,403.
ই 34	Total liabilities and net assets/fund balances		ſ	322,364.	34	333,625.

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Form 990 (2011)

<u>For</u> n	990 (2011) JAMES RACKLEY MINISTRIES, INC 75-2	498476		Pa	age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			•	\Box
_		ا م	_	<i>.</i>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86.
2	Total expenses (must equal Part IX, column (A), line 25)	2			767.
3	Revenue less expenses Subtract line 2 from line 1	3			319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			794.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>-5,2</u>	210.
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	03,4	103.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2;	Were the organization's financial statements compiled or reviewed by an independent accountant?	Ĺ	2a		X_
l	Were the organization's financial statements audited by an independent accountant?	L	2b		X
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
•	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	on a			
	X Separate basis Consolidated basis Both consolidated and separate basis	-	<u>-</u> .		
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3a		x
(of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	3h		

Form **990** (2011)

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TEEA0112 07/06/11

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 of t	he organization							Employer	identifica	uon numper					
JAMES	S RACKLEY MINIS	STRIES, INC		75-2498476											
Part I	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstruct	ions.					
The org	anization is not a privat	e foundation because	it is (For lines 1 through	gh 11, cl	neck only	y one bo	x)								
1 [A church, convention	of churches or assoc	iation of churches descr	ribed in s	section 1	170(b)(1)(A)(i).								
2	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)											
3	A hospital or a coope	rative hospital service	e organization described	in sect	ion 170(b)(1)(A)	(iii).								
4	A medical research o	rganization operated	in conjunction with a ho	spital de	scribed	ın secti	on 170(t)(1)(A)	iii) Ente	er the hospi	tal's				
_	name, city, and state		•	·						•					
5		ated for the benefit of mplete Part II.)	a college or university	owned o	r operate	ed by a	governn	nental u	nit desci	ribed in sec	tion				
6			vernmental unit describ												
7 [In section 170(b)(1)(A)(vi). (Complete Part II)														
8 <u> </u>	=,														
_	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).														
10	= ~ ~ ~ ~ ~	•	•												
11 [Harris 2 miles and														
	a Type I	b	c Type III	l – Func	tionally	integrate	ed		d 🔲	Type III -	Other				
e [
f	If the organization red check this box	ceived a written deter	mination from the IRS th	hat is a	Type I, T	ype II o	r Type II	II suppo	rtıng org	janization,					
g	Since August 17, 200	6, has the organization	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?						
											Yes	No			
	below, the gove	rning body of the sup	•	ogether	with pers	sons des	scribed i	n (II) an	ıd (III)	11 g (i)					
	, ,	er of a person describ	• •							11 g (ii)					
	• •		described in (i) or (ii) ab							11 g (iii)					
<u>h</u> _	Provide the following	information about the	supported organization	1(s).											
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (is the ation in i) listed in overning ment?	the organ	ou notify lization in n (i) of upport?	organiz colur organize	s the ation in in in (i) ed in the S ?	(vii) Amour	nt of sup	port			
				Yes	No	Yes	No	Yes	No						
				1					,						
(A)				<u> </u>	<u> </u>										
] ,								
<u>(B)</u>				 				ļ <u>-</u>							
(C)				<u> </u>											
<u>(D)</u>											·				
<u>(E)</u>															
Total															

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

Schedule A (Form 990 or 990-EZ) 2011

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				•						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) To	otal			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support										
	ndar year (or fiscal year nning in) ▶	(e) 2011	(f) To	otal							
7	Amounts from line 4		, , , , , ,								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activ	ties, etc (see inst	ructions)			12	2				
13	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)((3)	<u> </u>			
	tion C. Computation of Pu						- 1				
14 15	Public support percentage for 20 Public support percentage from 2	• •	•	e 11, column (f))		. 14	- 	<u>%</u>			
						<u> 15</u>	•	<u>%</u>			
16 a	a 33-1/3% support test — 2011. If to and stop here. The organization	he organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, o	check this bo	× ► □			
t	33-1/3% support test — 2010. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported or	c on line 13 or 16a ganization	a, and line 15 is 33	3-1/3% or more,	check this b	ox ► [
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here.	Explain in Part	: IV how	► 🗌			
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.											
18 BAA		ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,		box and see insthedule A (Form		► EZ) 2011			

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)

Sec	tion A. Public Support												
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total						
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	407,219.	272,143.	308,159.	230,816.	219,586.	1,437,923.						
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												
	Gross receipts from activities that are not an unrelated trade or business under section 513												
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
	The value of services or facilities furnished by a governmental unit to the organization without charge												
6	Total. Add lines 1 through 5	407,219.	272,143.	308,159.	230,816.	219,586.	1,437,923.						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons												
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												
c	Add lines 7a and 7b												
	Public support (Subtract line 7c from line 6)						1,437,923.						
	tion B. Total Support				4 5 2242								
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total						
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	407,219.	272,143.	308,159. 45.	230,816.	219,586.	1,437,923. 678.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975												
	Add lines 10a and 10b	402.	191.	45.	40.	0.	678.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	24,500.	42,000.	42,247.	42,000.	42,000.	192,747.						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
13	Total support. (Add Ins 9, 10c, 11, and 12)	432,121.	314,334.	350,451.	272,856.	261,586.	1,631,348.						
14	First five years. If the Form 990 organization, check this box and	s for the organizat stop here	ion's first, second										
<u>Sec</u>	tion C. Computation of Pul	blic Support P	ercentage										
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	13, column (f))		15_	88.14 %						
16	Public support percentage from 2			<u> </u>		16	91.44 %						
Sec	tion D. Computation of Inv	estment Incon	ne Percentage										
17													
18													
	9a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and												
b	line 18 is not more than 33-1/3%	the organization d , check this box ar	id not check a box id stop here. The	con line 14 or line organization qual	e 19a, and line 16 ifies as a publicly	is more than 33- supported organi	zation >						
20	line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization												

Schedule	A (F	orm 9	990 oı	990	-EZ) 2	011	JA	MES	RAC	KLE	Y M	INIS	STR	IES,	, I	NC				75	-249	847	6		Page 4
Part IV	_ S P	upp art l	leme I, lin	nta le 17	Info a or ons).	rmat 17b;	i on. and	Com Par	plet t III,	e this line	5 pai 12. /	rt to Also	pro con	vide nple	the te th	exp	olar bart	ation for a	s red	quire dditio	d by onal	Part Infori	II, Iın matıoı	e 10 n.);
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Schedule C (Form 990 or 990-EZ) 20				75-2498	<u></u>
Part II-A Complete if section 501(on is exempt under se	ction 501(c)(3) an	d filed Form 5768 (el	ection under
A Check ► I if the filir	ng organization bel	ongs to an affiliated group (and list in Part IV each	affiliated group member's	name,
address,	EIN, expenses, an	d share of excess lobbying	expenditures)		
B Check ► If the filir	ng organization che	cked box A and 'limited con	itrol' provisions apply		
(The term		ying Expenditures ans amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pu	blic opinion (grass roots lob	bying)		
b Total lobbying expenditu	ures to influence a	egislative body (direct lobby	/ing)		
c Total lobbying expenditu	ures (add lines 1a a	and 1b)			
d Other exempt purpose e	expenditures				<u></u>
e Total exempt purpose es	xpenditures (add lii	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount. Enter the an	nount from the following tabl	e ın		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000	<u> </u>	20% of the amount on line 1e			
Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable a	amount (enter 25%	of line 1f)			
h Subtract line 1g from lin	ne 1a If zero or les	s, enter -0-			
i Subtract line 1f from line	e 1c If zero or less	, enter -0-			
j If there is an amount off section 4911 tax for this		ther line 1h or line 1i, did the	e organization file Forn	n 4720 reporting	Yes No
		4-Year Averaging Period I	Under Section 501(h)		
(Son	ne organizations th colun	4-Year Averaging Period to at made a section 501(h) el ns below. See the instructi	lection do not have to ons for lines 2a throug	complete all of the five ph 2f.)	
	Lot	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures .					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures			<u> </u>	<u> </u>	
BAA				Schedule C (Forr	n 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 JAMES RACKLEY MINISTRIES, INC 75-2498476 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).					
First Medical and American Association (1997)	(a)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?					ļ
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i	_				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.'	OR (b)	Part	III-A, line	3, is	
1 Dues, assessments and similar amounts from members .		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	i col				
expenditure next year?	cai	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			_
Part IV Supplemental Information		<u> </u>			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Pa Also, complete this part for any additional information.	rt II-A,	and Par	t II-B, line	1.	- -
		-		-	. – –
				-	
	- -			· – – –	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

75-2498476 JAMES RACKLEY MINISTRIES, INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 24 structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ► S ▶\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990. Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

	S RACKLEY			NC		15-249			Page Z
Part'llis Organizations Mainta	ining Collec	ctions	of Art, Histo	orical `	reasures, or	Other Similar Ass	ets (c	<u>ontinu</u>	<u>ed)</u>
3 Using the organization's acquisiti items (check all that apply).	on, accession,	and oth	ner records, che	ck any o	of the following th	at are a significant use	of its c	ollectio	n
a Public exhibition			d Loan o	or excha	ange programs				
b Scholarly research e Other									
c Preservation for future generations									
4 Provide a description of the organ Part XIV			·	-	_		ın		
5 During the year, did the organizar assets to be sold to raise funds re							Yes		No
Part IV Escrow and Custodia line 9, or reported an	Arrangem amount on	ents. Form	Complete if t 990, Part X,	the org	ganization ans	wered 'Yes' to Fo	rm 990), Part 	: IV,
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or othe	er intermediary f	for conti	ributions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	b If 'Yes,' explain the arrangement in Part XIV and complete the following table.								
							Amoun	<u>t </u>	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21? b If 'Yes' explain the arrangement in Part XIV									
b If 'Yes,' explain the arrangement in Part XIV Part'V, Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.									
rait Valendownient runus. Co	(a) Current v		(b) Prior year		(c) Two years back	(d) Three years back		Four years	e hack
1 a Beginning of year balance .	(a) current y	Cai	(b) Filor year	'	(C) Two years back	(u) Tillee years back	(6)	September 1	S Dack
b Contributions	WE DESCRIPTION OF THE PROPERTY								
c Net investment earnings, gains,					-		- 2		
and losses d Grants or scholarships						 	1		EL CONTRACT
Other expenditures for facilities and programs	expenditures for facilities								
f Administrative expenses	-						- 4		3
g End of year balance							1 3	75.00	Egg Sarge
2 Provide the estimated percentage	of the current	vear e	nd balance (line	1a. col	umn (a)) held as		1	1 12 45 24 6	
a Board designated or guasi-endow		, , , , , ,	&	, , g, , , ,	(-),				
b Permanent endowment	8								
c Temporarily restricted endowmer			8						
The percentages in lines 2a, 2b,		equal 1	00%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the									
organization by (i) unrelated organizations (3a(i)									
(i) unrelated organizations (ii) related organizations 3a(i) 3a(ii)									
b If 'Yes' to 3a(ii), are the related of	roanizations lis	et hata	required on Sch	nedule F	27		3b		
4 Describe in Part XIV the intended	_						<u> </u>		<u></u>
Part VI. Land, Buildings, and									
Description of property		(a) Cos	t or other basis	(b) (Cost or other	(c) Accumulated depreciation	(d)	Book va	alue
1a Land			25,616.		0.	15.5		25	,616.
b Buildings	Ţ		299,054.		0.	45,716.			,338.
c Leasehold improvements	ſ		0.						0.
d Equipment .	Ţ		35,249.		0.			35	,249.
e Other			0.		0.	0.			0.
Total. Add lines 1a through 1e (Colum	ın (d) must equ	ial Forn	n 990, Part X, co	olumn (B), line 10(c))	. ►		314	,203.
BAA						Sche	dule D (Form 99	90) 2011

Schedule	eD (Form 990) 2011 JAME'S RACKLEY MINISTRIES, INC		75-2498476	Page 4
Part X	Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial Statements		
1 To	tal revenue (Form 990, Part VIII, column (A), line 12)		<u> </u>	
2 To	tal expenses (Form 990, Part IX, column (A), line 25)			
3 Ex	cess or (deficit) for the year Subtract line 2 from line 1			
4 Ne	t unrealized gains (losses) on investments			
5 Do	nated services and use of facilities			
6 Inv	restment expenses			
7 Pri	or period adjustments			
8 Ot	ner (Describe in Part XIV)			
9 To	tal adjustments (net) Add lines 4 through 8			
	cess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		
	II Reconciliation of Revenue per Audited Financial Statemen		Return	
	tal revenue, gains, and other support per audited financial statements		1	
	nounts included on line 1 but not on Form 990, Part VIII, line 12			
	t unrealized gains on investments	2 a]	
	nated services and use of facilities	2b	_	
	coveries of prior year grants	2 c	_	
	ner (Describe in Part XIV.)	2d	_	
	d lines 2a through 2d		2e	
	btract line 2e from line 1		3	
	nounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		
	restment expenses not included on Form 990, Part VIII, line 7b	4a		
	ner (Describe in Part XIV)	4b		
	d lines 4a and 4b	1 401	4c	
	tal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	III Reconciliation of Expenses per Audited Financial Stateme	nts With Evnenses r		
	tal expenses and losses per audited financial statements	ilita vvitti Experiaca i	1	
	nounts included on line 1 but not on Form 990, Part IX, line 25		-	
	nated services and use of facilities	2a	1 1	
		2b		
	or year adjustments			
	her losses	2c		
	her (Describe in Part XIV)	2d		
	d lines 2a through 2d		2e	
	btract line 2e from line 1	1 1	3	
	nounts included on Form 990, Part IX, line 25, but not on line 1:			
	restment expenses not included on Form 990, Part VIII, line 7b	4a		
	her (Describe in Part XIV.) Id lines 4a and 4b	4b	4c	
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	IV' Supplemental Information			
Complet Part V,	e this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par ine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, line tional information.	t III, lines 1a and 4; Part I ¹ es 2d and 4b Also comple	V, lines 1b and 2b, te this part to provide	le
- -				
		· - 		
		· - 		
			 _	

Schedule D	(Form 990) 2011	JAMES RAC	KLEY MINISTRIES (continued)	, INC	75-2498476	Page 5
Part XIV	Supplementa	I Information	(continued)	<u>, , , , , , , , , , , , , , , , , , , </u>		
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Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JAMES RACKLEY MINISTRIES, INC

Employer identification number

75-2498476

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	region (b fundrais services, grants t	es conducted in by type) (e.g., ing, program investments, to recipients in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America	1	10	PROGRAM	SERVICES	CHILD ENRICHMENT	181,131
(2)						
(3)		· · · · · · · · · · · · · · · · · · ·				
(4)						
(5)						
(6)				_ 		
(7)						
(8)						
(9)	ļ					
10)						
71)						
12)						
13)						
(14)						
(15)						
(16)						·
(17)	ļ					
3a Sub-total . b Total from continuation	1	10				181,131
sheets to Part I c Totals (add lines 3a and 3b)	1	10				181,131

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (h) Description of non-cash assistance 75-2498476 (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant North America RELIGIOUS (d) Purpose of grant JAMES RACKLEY MINISTRIES, INC (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2011

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(10)

(11)

(12)

(13)

<u>4</u>

(15)

BAA

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	ons listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which ton 501(c)(3) equivalency letter	▼
(16)	 Enter total number of recipient organizations listed above the grantee or counsel has provided a section 501(c)(3) eq. 	3 Enter total number of other organizations or entitles

Schedule F (Form 990) 2011

Page 3

75-2498476

JAMES RACKLEY MINISTRIES, INC. Schedule F (Form 990) 2011

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA € 8 ල **£** 9 6 9 8 8 <u>E</u> <u>6</u> (12) (L3) <u>3</u> (15) (9) 3

TEEA3503 05/26/11

Sche	dule F (Form 990) 2011 JAMES RACKLEY MINISTRIES, INC	<u>75-2498476 </u>	Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	e Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certa Foreign Corporations. (see Instructions for Form 5471)	ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualific electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505 01/17/12	Schedule F (F	orm 990) 2011

INC

Schedule **F** (Form 990) 2011

JAMES RACKLEY MINISTRIES,

75-2498476

Page 5

SCHEDULE I (Form 990)		Ġ G	rants and Oth ernments, ar	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organization n the United St	s, ates		OMB No. 1545-0047
Department of the Treasury		Comple	Complete if the organization	ganization answered 'Yes' to Form 990, Part IV, lines 21 or 22.	rm 990, Part IV, lines 2 0.	1 or 22.	<u>.</u>	Open to Public Inspection
1 .	1						Employer identification number	ition number
Part General In	RACKLEY MINISTRIES, INC General Information on Grants and Assistance	INC rants and Assist	ance				150657-01	
1 Does the organize the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	s to substantiate the e grants or assistanc	amount of the grant	the grants or assistance, the grantees' eligibility for the grants or assistance, and	intees' eligibility for the	grants or assistance, a	pur	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the unant II Grants and Other Assistance to Governments and Form 990, Part IV, line 21 for any recipient that recipient II can be duplicated if additional space is need	Grants and Other Assistance to Governments and Or Grants and Other Assistance to Governments and Or Form 990, Part IV, line 21 for any recipient that receive Part II can be duplicated if additional space is needed	procedures for monit ace to Governme for any recipient additional space	oring the use of graints and Organithat received mensions is needed	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Il Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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 can be duplicated if additional space is needed	ed States. Comple check this box if no	te if the organizati	on answered 'Ye	\$5,000.
1 (a) Name and address of organization or government	ess of organization iment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ω								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(2)								
(3)								
(4)								
(5)								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(9)								
<u>ω</u>								
(8)								
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government or	ganizations listed in	the line 1 table				
	Enter total number of other organizations listed in the line 1 table	ons listed in the line	table table				A	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	eduction Act Notice,	, see the Instructions	; for Form 990.		TEEA3901	06/01/11	Schedul	Schedule I (Form 990) (2011)

Page 2 I (Form 990) (2011) JAMES RACKLEY MINISTRIES, INC Tomplete if the organization answered 'Yes' to Form 990, Part IV, line 22. 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 can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ~					
4					
22					,
9					
Bartily Supplemental Information. Complete this part to		rovide the informat	on required in Pai	t I, line 2, and any oth	provide the information required in Part I, line 2, and any other additional information.
Pt_I Line_2PAPER RECEIPIC NEWSLETTERS	· •	L_FINANCIALS_WHERE_REQUESTED	ERE REQUESTED		
	1				
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(
ВАА					Schedule I (Form 990) (2011)

BAA

SCHEDULE L (Form 990 or 990-EZ)

(6)(7) (8) (9) (10) Transactions With Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No (1) (2) (3) (4)(5) (6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ▶\$ section 4958 **►** \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (a) Name of interested person and purpose (b) Loan to or from (c) Original principal amount (d) Balance due (e) In default? (g) Written No No Yes No To From Yes Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (c) Amount and type of assistance (a) Name of interested person (1) (2) (3)(4) (5)

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

Schedule L (Form 990 or 990-EZ) 2011

Part	Business Transactions In	volving Interested Perso	ons.	73-2498476		age Z
	Complete if the organization answ					
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
(1)					165	No
(2)						
(3)						
(4)						
(5) (6)					_	
<u>(7)</u>					+	
(8)						
(9)						ļ
(10)	Supplemental Information					
Trens o	Complete this part to provide addit	ional information for responses	to questions on Sched	ule L (see instructions).		
			- -		- -	
- -						
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					 -	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

JAMES RACKLEY MINISTRIES, INC	75-2498476
Pt VI, Line 2 JAMES RACKLEY AND BEVERLY RACKLEY	ARE MARRIED
Pt_VI, Line 11a PREPARER WILL EMAIL A COPY TO THE	TREASURER WHO WILL NOTIFY THE BOARD
Pt_VI,_Line_19FINANCIALS AND POLICIES ARE AVAILA	BLE UPON REQUEST

Form **456**2

Name(s) shown on return

Department of the Treasury Internal Revenue Service

d 10-year property e 15-year property f 20-year property g 25-year property

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2011

Attachment Sequence No Identifying number

JAMES RACKLEY MINISTRIES, 75-2498476 Business or activity to which this form relates Form 990-T page Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I 1 Maximum amount (see instructions) 1 500,000. 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) 2,000,000. 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 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 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 instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 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. | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2011 17 3,462. 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) (b) Month and (C) Basis for depreciation (d) (f) Method (g) Depreciation (e) Classification of property year placed in service (business/investment use Recovery period only — see instructions) 19a 3-year property **b** 5-year property c 7-year property

h Residential rental property	27.5 yrs	MM	S/L	
	27.5 yrs	MM	S/L	
i Nonresidential real	39 yrs	MM	S/L	
property		MM	S/L	
Section C — Assets Placed in	Service During 2011 Tax Year Using the	Alternative	Depreciation System	
20 a 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, lin	es 19 and 20 in column (g), and line 21. Enter here	and on		

25 yrs

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

S/L

22

3,462.

JAMES RACKLEY MINISTRIES, INC 75-2498476 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b if 'Yes,' is the evidence written? Yes No (c) Business/ (i) (b) (e) (f) Elected section 179 Type of property (list vehicles first) Date placed in service Basis for depreciation Method/ Depreciation deduction Cost or Recovery investment other basis (business/investment use cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (a) (b) (c) (d) (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes Yes No No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization **(f)** (d) (a) (b) (c) (e) Description of costs Date amortization Amortizable Code section Amortization Amortization begins amount period or for this year percentage Amortization of costs that begins during your 2011 tax year (see instructions): 43 Amortization of costs that began before your 2011 tax year

Total. Add amounts in column (f). See the instructions for where to report

44