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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Under 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.

Department of the Treasury
Internal Revenue Service

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
THE GREAT COMMANDMENT MINISTRY, INC

D Employer identification number
80-0676729

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 2282

E Telephone number
(845) 343-8923

City or town, state or country, and ZIP + 4
Middletown, NY 10940-6867

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **None**

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

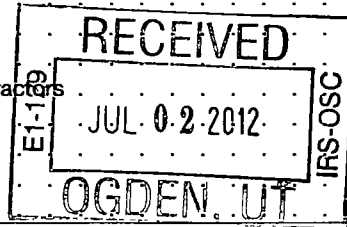
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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. ▶ \$

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4278.26
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	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 \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
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	4278.26	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	2406.53
	17 Total expenses. Add lines 10 through 16	17	2406.53
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1871.73
	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	-
	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	1871.73



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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

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>

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 47-49b 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

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

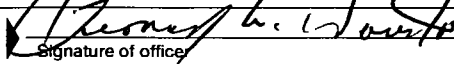
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(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	Date JUN 27 2012
	Leonard W. Houston, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

THE GREAT
COMMANDMENT MINISTRY

EIN: 80 - 0676729

Financial Data

Balance Sheet

Balances as of: December 31, 2011

Line #	Assets			
22	Cash & Checking		\$	94.11
	Savings			
24	Inventories (GED Calculators)			49.95
	Investments			
24	Equipment			1,567.67
	HP Officejet Mobile Printer	216.23		
	HP Pavilion Notebook PC	1,028.00		
	Xerox - XD100 Color Copier	250.00		
	Current Period Change	1,494.23	1,494.23	
	Beginning Balance		1,494.23	
	Holy Bible (KJV) - Electronic	73.44		
	Current Period Change	73.44	73.44	
	Ending Balance		1,567.67	
	Land & Buildings			
24	Other Organization Costs			160.00
	Other			
27			Total	\$ 1,871.73
	<u>Liabilities</u>			
	Accounts Payable			
	Loans from Officers & Directors			
	Mortgage			
	Other			
	Other			
			Total	-0-
27	<u>Net Assets (assets minus liabilities)</u>		\$	1,871.73

Financial Data

Statement of Revenues and Expenses

Current tax year
(a) From 01/01/11
To 12/31/11

enter dates covered >

Line # Support and Revenue

1	Contribution Income	\$ 4,278.26
	Grants	_____
	Dues	_____
	Fees for Services	_____
	Fundraisers	_____
	Interest	_____
	Sales	_____
	Other _____	_____
	Other _____	_____
	Total	\$ 4,278.26

Expenses

	Accounting/Bookkeeping	_____
	Assistance to Individuals	_____
	Donations Made to Other Organizations	_____
	Fundraising Expenses	_____
	Insurance	\$ 219.60
	Legal Fees	_____
	Postage	333.91
	Printing	857.61
	Rent	20.00
	Salaries	_____
	Supplies	256.01
	Tax & License	11.18
	Telephone	185.03
	Travel	_____
	Training / Educational Publications	138.93
	Other Maintenance/Computers	74.30
17	Other Miscellaneous/Other Expense	309.96
	Total	\$ 2,406.53

Net Revenue Over Expenses \$ 1,871.73