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# Form **990-PF**

Department of the Treasury

#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

e of fou	ar year 2011 or tax year beginning 07/01/11, andation	ind ending 06/	30/12	<del></del>		
	ndation					
י ענ	S PROVISION INC			A Emplo	yer identification number	
011	O L M HENDERSON & COMPANY LLI	<b>.</b>		20	-2016970	
	street (or P O box number if mail is not delivered to street address)		Room/suite		one number (see instruction	s)
	·		rtoonroono		•	-,
		, <b>1</b>				
NDI	ANAPOLIS IN 46240-3	797		C If exem	nption application is pending,	check here
heck a	all that apply Initial return Initial return	n of a former public	charity	D 1. For	reign organizations, check he	ere 🕨 📗
	Final return Amended	return		2 For	eign organizations meeting t	he
	Address change Name cha	nge		859	% test, check here and attach	computation
heck t	vpe of organization X Section 501(c)(3) exempt private	foundation	-	F If priva	te foundation status was terr	ninated under
				1 '		<b>&gt;</b> [
		~ <del>_</del>		F If the fo	oundation is in a 60-month te	rmination _
	l —	020 /	50,44.	1		<b>.</b> 1
_		he on cash basis )				
<del></del>	··-					(d) Disbursements
	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per				for charitable purposes
	the amounts in column (a) (see instructions) )					(cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	57,00	0			
2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities	7,95	2	7,952	- <u> </u>	
5a	Gross rents		<u> </u>			
b	Net rental income or (loss)					
6a	Net gain or (loss) from sale of assets not on line 10	-11,98	6			
b	Gross sales price for all assets on line 6a 622,397					
7	Capital gain net income (from Part IV, line 2)			0		
	· -				<u> </u>	
	1					
10a	<del></del>					
b		<u>.</u>				
C	/ I					
						<del></del>
				9,679	0	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		0			
			<u>_</u>			
					<del></del>	
	Other professional fees (attach schedule) S.FMT 3			605		
	interest [ - ]			695	<del> </del>	
	Taxes (attach schedule) (see instructions) 51111 4	1,40	<del>/ </del>			
						<u> </u>
	•		<del>                                     </del>			
	_	· •				
						<u> </u>
	· '		<u> </u>	<del></del>		
44		11 ^2	,	605	^	
25				033		142,26
		<del></del>	_	695	0	
26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	153,29	1	070	0	142,26
27	SUBTRACT IIDA 26 TRAM IIBA 12		<b>‡</b>	1	•	Ī
27		00 50	0	1		ŧ
27 a b	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-98,59	8	8,984		<u></u>
	or town, NDI wheck to section ir man dof yee 16) I 1 2 3 4 5a b 6a b 7 8 9 10a b	or town, state, and ZIP code NDIANAPOLIS  Intial return  Amended Address change  heck type of organization  Address change  Name cha  heck type of organization  Address change  Name cha  heck type of organization  Accounting method  Other (specify)  (Part I, column (d) must  It I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)  Check  if the foundation is not required to attach Sch B interest on savings and temporary cash investments  Dividends and interest from securities  A Capital gain net income (from Part IV, line 2)  Net short-term capital gain  Income modifications  Other income (attach schedule)  C Gross sales less returns & allowances  B Less Cost of goods sold  C Gross profit or (loss) (attach schedule)  C Othe	To or town, state, and ZiP code NDTANAPOLIS  Theck all that apply    Initial return	The state and ZPP code  NOTION, state, and ZPP code  Notice and that apply  Initial return  And deas change  Notice that apply  Initial return of a former public charity  And deas change  Notice that apply  Initial return of a former public charity  And deas change  Notice that apply  Initial return of a former public charity  And deas change  Notice that apply  Initial return of a former public charity  Amended return  And ending that apply  Initial return of a former public charity  Amended return  Amended retu	31.7   State   State	317-566-1000   317-560-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-566-1000   317-560-1000   317-566-1000   317-566-1000   317-560-1000   317-560-1000   317-566-1000   317-560-1000   317-

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

	Part I	Balance Sheets Attached schedules and amounts in the description columns in the description columns and appropriate columns an	TIN .	Beginning of year	End o	f year
_	- ait	should be for end-of-year amounts only (See instructions	s)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶		L L		
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	-	disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
	•	Less allowance for doubtful accounts	0	[	:	
,,	8	Inventories for sale or use	·	<del></del>		
텛	9	Prepaid expenses and deferred charges		-		<del></del>
Assets	10a	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u></u>
~		Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	C	investments—corporate bonds (attach schedule)		-		
-	11	Investments—land, buildings, and equipment basis				
	40	Less accumulated depreciation (attach sch )				
	12	Investments—mortgage loans	_	1 242 525	1 045 000	1 050 001
ı	13	Investments—other (attach schedule) SEE STATEMENT	6	1,343,686	1,245,088	1,262,991
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ▶	)			<u> </u>
	16	Total assets (to be completed by all filers—see the				
ᆛ		instructions Also, see page 1, item I)		1,343,686	1,245,088	1,262,991
ı	17	Accounts payable and accrued expenses		ļ		
	18	Grants payable				
Liabilities	19	Deferred revenue				
ቜ	20	Loans from officers, directors, trustees, and other disqualified persons				
Ē	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe ▶	)			
$_{\perp}$	23	Total liabilities (add lines 17 through 22)		0	0	
Se		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<b>&gt;</b>			
nces	24	Unrestricted				
뗾	25	Temporarily restricted				
Ö	26	Permanently restricted				
틹		Foundations that do not follow SFAS 117, check here	► X			
딕		and complete lines 27 through 31.	· Ш			
ō	27	Capital stock, trust principal, or current funds				
윙	28	Paid-in or capital surplus, or land, bldg , and equipment fund			· -	
Net Assets or Fund Bala	29	Retained earnings, accumulated income, endowment, or other funds		1,343,686	1,245,088	
اک	30	Total net assets or fund balances (see instructions)		1,343,686	1,245,088	
割	31	Total liabilities and net assets/fund balances (see		2,020,000	2,210,000	
-	٠.	instructions)		1,343,686	1,245,088	
~-	Part I		ices	2,313,000	2/210/000	
		net assets or fund balances at beginning of year—Part II, column (a), lir		st agree with		
•		of-year figure reported on prior year's return)	16 50 (IIId.	st agree with	1	1,343,686
,		r amount from Part I, line 27a			2	-98,598
						- 30,330
		r increases not included in line 2 (itemize)			3	1 245 000
		lines 1, 2, and 3			4	1,245,088
		eases not included in line 2 (itemize)		-> b 20	5	1 245 000
_0	otal	net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (I	o), line 30	6	1,245,088 Form <b>990-PF</b> (2011
						Form 330-PF (2011

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income				
	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day	•	(d) Date sold (mo , day, yr )
1a 129,995.940 SH	FIDELITY INSTL MMKT		P	VARIO	US	VARIOUS
ь 51,958.842 SH F	'IDELITY FLOATING		P	VARIO	DUS	VARIOUS
c CAPITAL GAIN DI	STRIBUTIONS					
_d					,	
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			n or (loss) f) minus (g)
a 129,996			129,996			
b 486,859		_	504,387			17,528
<u>c 5,542</u>						5,542
d						
<u>e</u>	· · · · · · · · · · · · · · · · · · ·					
Complete only for assets showing	g gain in column (h) and owned by the fo	oundation on 12/31	1/69	(1)	Gains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	cess of col (i)	col (		t less than -0-) or rom col (h))
a						
b						-17,528 5,542
С						5,542
				-		
_e				<del></del> -		··
2 Capital gain net income or (net c	apital loss) If gain, also enter in					-11,986
O Not about town and tall and a self-	If (loss), enter -0- in	_		2		-11,900
	ss) as defined in sections 1222(5) and (6	_				
	, column (c) (see instructions) If (loss), o	enter -U- in				
Part V Qualification Ur	nder Section 4940(e) for Reduc	ad Tay on Na	t Investment Inco	3		
				<u> </u>		<del></del>
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net inve	estment income )			
If section 4940(d)(2) applies, leave the	nis part blank					
Was the foundation liable for the sec	tion 4942 tax on the distributable amoun	it of any year in the	e base period?			Yes X No
	lify under section 4940(e) Do not compl	• •	,			
	each column for each year, see the instr		king any entries			·
(a)		deliging before tha				(d)
Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net va	(c) ilue of noncharitable-use asse	ts		stribution ratio divided by col. (c))
2010		,000	1,240,	137	. (66: (5)	0.154822
2009		7000		806		
2008				806		<del></del>
2007				806		
2006	45	,785		140		5.624693
		<u>,</u>				
2 Total of line 1, column (d)				2		5.779515
• • • • • • • • • • • • • • • • • • • •	5-year base period—divide the total on I	ine 2 by 5 or by th	ne	-	<u> </u>	
_	has been in existence if less than 5 years			3		1.155903
number of years the foundation i	ida been in existence ii leas than a year	•			<del>                                     </del>	
4 Enter the net value of noncharita	ble-use assets for 2011 from Part X, line	e 5		4	<u> </u>	1,254,819
5 Multiply line 4 by line 3				5	ļ	1,450,449
					1	
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6	<u> </u>	90
7 Add lines 5 and 6				7	<del> </del>	1,450,539
<b>6 F 1 1 1 1 1 1 1 1 1 1</b>	B (Will a					140 060
8 Enter qualifying distributions from		and committee the	at mad uping a 40/ to	ata Saa th		142,260
Part VI instructions	n line 7, check the box in Part VI, line 1b	, and complete the	atpartusing a 1% tax i	ale See ine	G	
· wit_vi matiuotiona						

Form	990-PF (2011) GOD'S PROVISION INC 20-2016970			Pa	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	ŀ			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	ļ			180
	here ▶ ☐ and enter 1% of Part I, line 27b	I			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	-			
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2	_			180
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<del> </del>			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				180
6	Credits/Payments				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 695	I			
b	Exempt foreign organizations—tax withheld at source	1			
С	Tax paid with application for extension of time to file (Form 8868)	1			
d	Backup withholding erroneously withheld 6d	1			COF
7	Total credits and payments Add lines 6a through 6d	<u> </u>			<u>695</u>
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.	_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del> </del>			<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del> </del> -		-	<u>515</u>
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 515 Refunded ▶ 11	Щ.	-		
	ert VII-A Statements Regarding Activities			Vaa	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		4-	Yes	No_X
	participate or intervene in any political campaign?		1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		46		х
	of the instructions for definition)?		1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
_	published or distributed by the foundation in connection with the activities		10		х
_	Did the foundation file Form 1120-POL for this year?		1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
_	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			-	
2	on foundation managers  \$		2		х
2	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>x</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<b>,</b>	5		X
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	,	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  IN				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8ь	х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		<u> </u>		
3	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			,	1
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<u> </u>		<del></del>
10	names and addresses		10		x
	married and addiceses		Form 99	0-PF	

Pa	irt VII-A Statements Regarding Activities (continued)		7		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement (see instructions)		12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ▶ N/A	Į	13	<b>X</b>	
14	The books are in care of ▶ L M HENDERSON & COMPANY LLP Telephone no ▶	317-5	66-	100	0
	450 E 96TH ST STE 200				
	Located at ▶ INDIANAPOLIS IN ZIP+4 ▶	46240	-37	97	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	,			▶
	and enter the amount of tax-exempt interest received or accrued during the year	5	i		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	1		Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of				
	the foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Van	N <sub>2</sub>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)	X No			
		X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	X No			
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  Yes	X No			
		X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				
		X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days )	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ا			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				
	were not corrected before the first day of the tax year beginning in 2011?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and				
		X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				
þ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	N/A	3.	1	Ī
	all years listed, answer "No" and attach statement—see instructions )	M/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
Ja		X No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or				
~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				
	foundation had excess business holdings in 2011)	N/A	3b	•	١.
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	•	4a		х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				l
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b	L	X
		F	orm 99	O-PF	(2011)

Form	990-PF (2011) GOD'S PROVIS	ION INC		016970			Page	<u> 6</u>
	rt VII-B Statements Regardi	ng Activities for Which For	m 4720 May Be R	equired (conti	nued)			
5a	During the year did the foundation pay or							
	(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (secti	on 4945(e))?	Y	es 🗓 No		1	
	(2) Influence the outcome of any specific	c public election (see section 4955).	, or to carry on,	_				
	directly or indirectly, any voter registi	ation drive?		Y	es 🗓 No		1	
	(3) Provide a grant to an individual for tr	avel, study, or other similar purpose	s?	Y	es 🗓 No		1	
	(4) Provide a grant to an organization of	her than a charitable, etc , organıza	tion described in					
	section 509(a)(1), (2), or (3), or secti	on 4940(d)(2)? (see instructions)		Y	es 🛚 X No		1	
	(5) Provide for any purpose other than re	eligious, charitable, scientific, literar	y, or educational	_			1	
	purposes, or for the prevention of cru	elty to children or animals?		Y	es 🛚 X No			
b	If any answer is "Yes" to 5a(1)-(5), did a	ny of the transactions fail to qualify	under the exceptions d	lescribed in			ŧ	
	Regulations section 53 4945 or in a curre	ent notice regarding disaster assista	ince (see instructions)?	•	N/A	5b		
	Organizations relying on a current notice	regarding disaster assistance chec	k here		▶ [_] }		1	
C	If the answer is "Yes" to question 5a(4),	does the foundation claim exemptio	n from the tax	. —			1	
	because it maintained expenditure response	nsibility for the grant?		N/A 📗 Y	es No		1	
	If "Yes," attach the statement required by	Regulations section 53 4945-5(d)					1	
6a	Did the foundation, during the year, rece	ve any funds, directly or indirectly,	to pay premiums	_			1	
	on a personal benefit contract?			\ \	es X No		- 1	
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	a personal benefit conti	ract?		6b		X_
	If "Yes" to 6b, file Form 8870						ı	
7a	At any time during the tax year, was the	foundation a party to a prohibited ta	x shelter transaction?	Y	es 🗓 No		1	
<u>b</u>	If Yes, did the foundation receive any pro-				N/A	7b		
Pa	rt VIII Information About Of	ficers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors	· · · · · · · · · · · · · · · · · · ·				-		
<u>1 L</u>	ist all officers, directors, trustees, four	idation managers and their comp	ensation (see instruc	tions).				
			(b) Title, and average	(c) Compensation	<ul><li>(d) Contributions to employee benefit</li></ul>	(e) Exi	ense accou	unt.
	(a) Name and a	ddress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		rallowances	
				<u> </u>	compensation	<del> </del>		
	MOTHY L WAGNER	INDIANAPOLIS	PRESIDENT	_	_			_
	7 CLEARWATER POINTE	IN 46240-2940	0.00	0	0	<u> </u>		
_	ROL A WAGNER	INDIANAPOLIS	VICE PRES	_	_			_
	7 CLEARWATER POINTE	IN 46240-2940	0.00	0	0			0
	PHANIE WAGNER	INDIANAPOLIS	SECRETARY					_
	19 N DELAWARE ST	IN 46205-4333	0.00	- 0	0	<del> </del>		0
	CA ILES	LAKE FOREST	TREASURER					_
	06 TIMBER LN	IL 60045-4034	0.00	0	0			
2	Compensation of five highest-paid em  "NONE."	iployees (otner than those includ	ea on line 1—see insi	tructions). It non	e, enter			
	NONE.				(d) Contributions to	Γ.		
	(a) Name and address of each application	and more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense accou	
	(a) Name and address of each employee p	oald more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	othe	r allowances	S
				<del> </del>	55.//polioadoli	<u> </u>		
иоі	NE			1				
	<del></del>		<del></del>	<u></u>		<u> </u>		
	· .		<del></del>					_
								_
	<u> </u>	<del></del>						
Total	number of other employees paid over \$5	0.000	<del></del>	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Ι΄	0
		· · · · · · · · · · · · · · · · · · ·			F	om 99	0-PF (2	

Form 990-PF (2011) GOD'S PROVISION INC	20-2016970	Page 7
Part VIII Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Paid Em	nployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in		<del></del>
, , (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1 N/A		
,		
2		
<del></del>		
3		
4		<del> </del>
•		
Part IX-B Summary of Program-Related Investments (see in	structions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
•		
		<u>-</u>
Total. Add lines 1 through 3	>	

Pi	Minimum Investment Return (All domestic foundations must complete this part Foreig	n fou	ndations,
	see instructions.)		<u> </u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	4.	1,007,858
а	Average monthly fair market value of securities	1a	266,070
þ	Average of monthly cash balances	1b	200,070
С	Fair market value of all other assets (see instructions)	1c	1,273,928
d	Total (add lines 1a, b, and c)	1d	1,213,920
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)  1e  0		^
2	Acquisition indebtedness applicable to line 1 assets	2	1 273 020
3	Subtract line 2 from line 1d	3	1,273,928
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		10 100
	instructions)	4_	19,109
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,254,819
6_	Minimum investment return. Enter 5% of line 5	_6	62,741
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here ▶ and do not complete this part )		60 741
1	Minimum investment return from Part X, line 6	1_	62,741
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI )		100
C	Add lines 2a and 2b	2c	180
3	Distributable amount before adjustments Subtract line 2c from line 1	3	62,561
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	62,561
6	Deduction from distributable amount (see instructions)	6	·
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	7	62,561
	line 1		02,301
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	142,260
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a_	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	142,260
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6_	142,260
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundations	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

7	Λ	- 2	0	1	6	۵	7	^
4	v	- 4	· U	_	o	"	1	u

Part XIII	Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1 Distrib	utable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
line 7					62,561
2 Undist	ributed income, if any, as of the end of 2011				
a Enter a	imount for 2010 only				
b Total fo	or prior years. 20, 20				
3 Excess	distributions carryover, if any, to 2011				
a From 2	2006 45,378				
b From 2	2007				
c From 2	2008				
d From 2					
e From 2	2010130,687				
f Total o	of lines 3a through e	176,065			
-	ing distributions for 2011 from Part XII,				
line 4	► \$ <u>142,260</u>				
a Applie	to 2010, but not more than line 2a				
<b>b</b> Applied	d to undistributed income of prior years				
(Electi	on required—see instructions)				
c Treate	d as distributions out of corpus (Election				
require	d—see instructions)				
d Applie	d to 2011 distributable amount				62,561
e Remai	ning amount distributed out of corpus	79,699			
5 Excess	distributions carryover applied to 2011				
	mount appears in column (d), the same				
amour	t must be shown in column (a) )				
	the net total of each column as				
	ted below:				
	Add lines 3f, 4c, and 4e Subtract line 5	255,764			
-	ears' undistributed income. Subtract				
	from line 2b				
	he amount of prior years' undistributed				
	e for which a notice of deficiency has				<b>‡</b>
	ssued, or on which the section 4942(a)				
	s been previously assessed		· · · · · · · · · · · · · · · · · · ·		
	ct line 6c from line 6b Taxable				
	t—see instructions				<u> </u>
0 0	ributed income for 2010 Subtract line				
	n line 2a Taxable amount—see				
instruc				<del></del>	
	ributed income for 2011 Subtract lines				
	5 from line 1. This amount must be				0
	uted in 2012			<u></u>	<u> </u>
	nts treated as distributions out of corpus	•			•
	sfy requirements imposed by section				
	(1)(F) or 4942(g)(3) (see instructions)				
	s distributions carryover from 2006 not	45 270			<b>‡</b>
	d on line 5 or line 7 (see instructions)	45,378		<del>,,,</del>	
	s distributions carryover to 2012.	210 206			<b>±</b>
	ct lines 7 and 8 from line 6a	210,386			<u> </u>
-	is of line 9				1
	s from 2007		]		1
	s from 2008				
	s from 2009				1
	s from 2010 130,687				<b>‡</b>
e Exces	s from 2011 79,699	· , , , , , , , , , , , , , , , , , , ,			Form <b>990-PF</b> (2011)

DAA

Pa	rt XIV Private Operating For	undations (see ins	structions and Par	t VII-A, question 9	)	
	If the foundation has received a ruling or					
	foundation, and the ruling is effective for		•	•		
b	Check box to indicate whether the found			bed in section 49	942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) <b>T</b> -4-1
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
-	for active conduct of exempt activities					
е	Qualifying distributions made directly					
_	for active conduct of exempt activities	,				
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		<del></del>			
	alternative test relied upon					
а	"Assets" alternative test—enter					
u	(1) Value of all assets					
	(2) Value of assets qualifying under			<del></del>	<u> </u>	
	section 4942(i)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3				· · · · · · · · · · · · · · · · · · ·	
	of minimum investment return shown in		!			
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter			· <del></del>		<del></del>
v	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section			,		
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					<del></del>
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					<del></del>
Ps	ert XV Supplementary Inform	nation (Complete	this nart only if	the foundation h	ad \$5,000 or more	in assets at
, ,	any time during the y				<b>, . ,</b>	
1	Information Regarding Foundation Ma					
a	List any managers of the foundation who		e than 2% of the total	contributions received	by the foundation	
_	before the close of any tax year (but only					
	TIMOTHY L & CAROL A		,	(		
b			the stock of a corporat	ion (or an equally large	e portion of the	
	ownership of a partnership or other entity					
	N/A	•	_			
2	Information Regarding Contribution,	Grant, Gift, Loan, Sch	nolarship, etc., Progr	ams:		
	Check here ► X if the foundation only				does not accept	
	unsolicited requests for funds If the four					
	other conditions, complete items 2a, b, c	c, and d	·			
а	The name, address, and telephone num		nom applications shou	ld be addressed		
	N/A	•	• •			
b	The form in which applications should be	e submitted and inform	ation and materials the	ey should include.		
	N/A			···		<del></del>
С	Any submission deadlines					. —
	N/A		· · · · · · · · · · · · · · · · · · ·			
d	Any restrictions or limitations on awards	, such as by geograph	ical areas, charitable fi	ields, kinds of institution	ons, or other	
	factors:					
	N/A					
DAA					<u> </u>	Form 990-PF (2011)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WALNUT GROVE CHAPEL 5825 E 91ST ST N/A 501(C)(3) CHURCH CONTIRBUTIONS 36,000 INDIANAPOLIS IN 46250 CAMPUS CRUSADE FOR CHRIST 655 HWY 74 S STE 350 N/A 501(C)(3) 30,000 PEACHTREE CITY GA 30269 CHRISTIAN EVANGELIZATION MISSIONS TWELVESTONES MINISTRIES PO BOX 223 501(C)(3) N/A 30,000 HELMSBURG IN 47435 MARRIAGE COUNSELING MARRIAGE MINISTRIES INC PO BOX 602 N/A 501(C)(3) MARRIAGE COUNSELING 15,000 WESTFIELD IN 46074 **PIONEERS** N/A 501(C)(3) 10123 WILLIAM CAREY DR CHURCH PLANTING MISSION IN \$RD WORLD 12,000 ORLANDO FL 32832 INTERSERVE PO BOX 418 N/A 501(C)(3) UPPER DARBY PA 19082 CHRISTIAN MINI\$TRY - ASIA/ARAB WORLD 10,000 MISSION TO UKRAINE 1033 3RD AVE SW STE 105 N/A 501(C)(3) CARMEL IN 46032 CHRISTIAN MINISTRY UKRAINE 8,000 WORLD VISION 501(C)(3) PO BOX 9716 N/A 1,260 FEDERAL WAY WA 98063 MINISTRY FOR IMPOVERISHED CHILDREN 142,260 3a Total Approved for future payment N/A

3b

**Total** 

Part XVI-A	Analysis of Income-Producing Ac	tivities	·····			
	ounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
-		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions)
1 Program se				<del>                                     </del>		
a				<del> </del>		
		-				
ć		-				
			<del> </del>	<del> </del>		
f		-	· · · · · · · · · · · · · · · · · · ·	<del></del>		
	nd contracts from government agencies	-				
_	o dues and assessments	-	<del></del>	1	· · · · · · · · · · · · · · · · · · ·	
•	savings and temporary cash investments		 	14	27	· · · · · · · · · · · · · · · · · · ·
	nd interest from securities	-		14	7,952	
	ncome or (loss) from real estate					
	anced property					
	it-financed property					
	ncome or (loss) from personal property					
7 Other invest				18	1,700	
8 Gain or (los	s) from sales of assets other than inventory			18	-11,986	
9 Net income	or (loss) from special events					
0 Gross profit	or (loss) from sales of inventory					
11 Other reven	ue a					
				_		
c	* ***					
d		-			<u></u>	
e		-				
	dd columns (b), (d), and (e)	L		0	-2,307	
	ine 12, columns (b), (d), and (e)				13	-2,307
	In line 13 instructions to verify calculations )		ant of Evampt F			·
Part XVI-B	Relationship of Activities to the A  Explain below how each activity for which income					
<b>▼</b>	accomplishment of the foundation's exempt purp					
N/A		·	* · · · · · · · · · · · · · · · · · · ·	,	<u> </u>	
		-				
						<u> </u>
						····
				···		
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	i .					
<del> </del>		<del></del>				

<u>orm 990</u>	-PF (201	1) GOD'S PRO	VISIO	A TIAC			20-20	7109/0			Pag	<u>je 13</u>
Part X		Information Rega Exempt Organiza	_	ansfers To	and Transa	action	s and Relatio	nships Wit	h Noncharit	able		
1 Did		nization directly or indi		io in any of the	following	any off	er organization d	ecribed			Yes	No
		)1(c) of the Code (other	r than section	on 501(c)(3) or	ganizations) o	r in sect	ion 527, relating to	o politicai			1	
orga	anızatıon	s?									1	
a Tra	nsfers fro	om the reporting found	ation to a no	ncharitable ex	empt organiza	ition of					- 1	į
(1)	Cash									1a(1)		X
	Other as	cote								1a(2)		X
										1.0/2/		
<b>b</b> Oth	er transa	ictions								- F - B	• 1	
(1)	Sales of	assets to a noncharita	able exempt	organization						1b(1)		_X_
(2)	Purchas	es of assets from a no	ncharitable	exempt organi	zation					1b(2)		X
(3)	Rental o	f facilities, equipment,	or other ass	sets						1b(3)		X
		rsement arrangements								1b(4)		X
			,							————		X
		r loan guarantees								1b(5)		_
(6)	Perform	ance of services or me	embership oi	r fundraising se	olicitations					1b(6)		X
c Sha	iring of fa	acilities, equipment, ma	ailing lists, o	ther assets, or	paid employe	es				_1c		<u> </u>
d If th	e answe	r to any of the above is	s "Yes." com	plete the follow	wing schedule	Colum	n (b) should alway	s show the fa	ır market			
		goods, other assets, o			-							
		=	_									
		transaction or sharing										
(a) Lin	e no	(b) Amount involved	(c) Name	e of noncharitable e	exempt organization	<u> </u>	(d) Descript	on of transfers, tra	nsactions, and shari	ng arrangeme	nts	
N/A												
	Ì											
									······································			
· <del>-</del>												
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									-			
		·· · -										
0- 1-4			41		-							
		ation directly or indirec	-					ons			127	1
des	cribed in	section 501(c) of the	Code (other	than section 5	01(c)(3)) or in	section	527?			Ye	es X	No
b If"	es," con	nplete the following sc	hedule									
	(a	) Name of organization		(b) Typ	e of organization			(c) Descript	tion of relationship			
N/A	7											
•								_				
				<del> </del>					····			
	Under nen	nalties of perjury, I declare th	at I have evami	ned this return inc	ludino accompany	ana sched	ules and statements a	and to the best of a	my knowledge and b	elief, it is true	a.	
	correct, ar	nd complete Declaration of p	reparer (other	than taxpayer) is b	ased on all inform	ation of wh	nich preparer has any l	knowledge		-		
		,							1 '	discuss this n		
- !							,			parer shown b		ا ۱۰ ۲
		1					/ /		(see instruc	uons)'/	Yes	No
Sign		12.	1Dran			151	10/12	.de	rsuur			
lere	Sinn	ature of officer or trustee	v-cyr je	<u> </u>		Date	110	Tutle		<del></del>		
	1	<del></del>			<del></del>		······································		<del></del>		r	
	Print/Ty	pe preparer's name			Preparer's	signature	_		D	ate	Check	ıf
aid					12.	1	ma		يع	10/12	self-en	nployed
reparer	MICH	AEL A. RASOR			MUCI	Nuch	Man	7	ح	17/12		
Jse Only			HENDI	ERSON &	COMPAN	Y,/L	LP		PTIN I	01244	1705	5
		ddress ► 450 E			200		<del></del>			0-552		
	riinsa		NAPOL		46240			ŀ		17-56		
	1	TIANTE	TIME OH.	TO TIM	70270				Phone no 3	<del>-,-0</del>	<u> </u>	<u> </u>

# **Schedule B** (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**Employer identification number** 

2011

GOD'S PROVISIO	N INC	• •
	DERSON & COMPANY LLP	20-2016970
Organization type (check one		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone contributor. Complete Parts I and II	ney or
Special Rules		
under sections 509(a)	) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regula (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contrib 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	
during the year, total o	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu- contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, I es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III	
during the year, contribution not total to more than year for an exclusively	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contribution \$1,000. If this box is checked, enter here the total contributions that were received during religious, charitable, etc., purpose. Do not complete any of the parts unless the General ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000.	ns did ng the al Rule
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Ist answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990)	990-EZ or on

Page 1 of 1 of Part I

Name of organization
GOD'S PROVISION IN

Employer identification number 20-2016970

Part I	Contributors (see instructions) Use duplicate copies of Pa		eded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	TIMOTHY L & CAROL A WAGNER 8197 CLEARWATER POINTE INDIANAPOLIS IN 46240-2940	\$ 57,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

## **Federal Statements**

20-2016970 FYE: 6/30/2012

Desc	ription						
			Revenue per Books	. <u>-</u>	let Investment Income	_	Adjusted Net Income
PUT POWERSHARES QQQ EXPIR	ED		\$ 550	\$	550	\$	
PUT SPDR S&P 500 EXPIRED				•		~	
TOTAL			1,150 \$ 1,700	-	1,150 1,700	\$ _	
Statement 2	- Form 9	90-PF, Pa	rt I, Line 16b - <i>I</i>	Acc	ounting Fees	<u> </u>	
Description							
		Γotal	Net Investment		Adjusted Net		Charitable Purpose
NDIRECT ACCOUNTING FEES						_	
	\$	1,600	\$	. \$_	<del></del>	\$_	
TOTAL  Statement 3 - Fo	\$ orm 990-	1,600 PF, Part I,	\$0 Line 16c - Othe	: '=	o rofessional Fe	\$ ees	
Statement 3 - Fo	orm 990-	PF, Part I,  -  -  -  -  -  -  -  -  -  -  -  -  -	Net Investment	er P	rofessional Fo Adjusted Net	ees	Charitable Purpose
Statement 3 - Fo	orm 990-	PF, Part I,	Net Investment	er P	rofessional Fo	ees	Charitable
Statement 3 - Fo  Description  NDIRECT OTHER PROFESSION  TOTAL	orm 990-	PF, Part I,  Total  7,269 7,269	Net Investment	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	rofessional Fe Adjusted Net	ees	Charitable
Statement 3 - Fo  Description  NDIRECT OTHER PROFESSION  TOTAL	orm 990-	PF, Part I,  Total  7,269 7,269	Net Investment  \$ \$ PF, Part I, Line	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Adjusted Net  O	ees	Charitable Purpose
Statement 3 - Fo  Description  NDIRECT OTHER PROFESSION  TOTAL  Statem	Drm 990-	PF, Part I,  Total  7,269 7,269	Net Investment	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	rofessional Fe Adjusted Net	ees	Charitable
Statement 3 - For Description  ENDIRECT OTHER PROFESSION TOTAL  Statement 3 - For Description  BALANCE DUE WITH 06/30/11	JAL FEES \$	PF, Part I,  Total  7, 269 7, 269  Form 990-	Net Investment  S S PF, Part I, Line  Net Investment	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Adjusted Net  O Taxes  Adjusted	ees	Charitable Purpose Charitable
Statement 3 - Fo  Description  INDIRECT OTHER PROFESSION  TOTAL  Statem	Drm 990-	PF, Part I,  Total  7,269 7,269  Form 990-	Net Investment  S S PF, Part I, Line  Net Investment		Adjusted Net  O Taxes  Adjusted	\$ \$ \$ \$	Charitable Purpose Charitable

## **Federal Statements**

Page 2

FYE: 6/30/2012

## Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	on				
	<u></u>				aritable rpose
EXPENSES	\$	\$	\$	\$	
BANK FEES		60			
TOTAL	\$	60 \$	0 \$	0 \$	0

## Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CASH ACCOUNT				
\$ POWERSHARES QQQ TR UNIT SER 1	-48,861 \$	249,865	COST	\$ 249,865
~~~	56,416	56,416	COST	64,160
SPDR S&P 500 ETF TRUST UNIT SER 1	130,247	130,247	COST	136,105
FIDELITY FLOATING RATE HIGH INCOM	<del></del>	·		·
FIDELITY INSTL MMKT PORT CL I	501,383		COST	
	706,201	577,194	COST	577,194
DIVIDEND PLUS INCOME INSTL CL		221 266	COCH	225 667
PUT POWERSHARES QQQ TR JUL 16 11	\$54	231,366	COST	235,667
TOT TOWNS ARE IN OUR TO IT	-550		COST	
PUT SPDR S&P 500 ETF JUL 16 11 \$1				
-	-1,150		COST	
TOTAL \$	1,343,686 \$	1,245,088		\$ 1,262,991

930706 GOD'S PROVISION INC **Federal Statements** 20-2016970 Page 1 FYE: 6/30/2012 **Taxable Interest on Investments** Exclusion Postal US Unrelated Business Code Code Code Obs (\$ or %) Description Amount 27 INTEREST 14 27 TOTAL \$ **Taxable Dividends from Securities** Unrelated Exclusion Postal Business Code Code Obs (\$ or %) Description Amount 14 7,952 DIVIDENDS \$ 7,952 TOTAL Other Investment Income Postal Unrelated Exclusion Code **Business Code** Description Amount Code 550 18 PUT POWERSHARES QQQ EXPIRED 18 PUT SPDR S&P 500 EXPIRED 1,150 TOTAL 1,700

1

2262

## Application for Extension of Time To File an

Form (Rev January 2012)			npt Orga	anization Return			OMB No.	1545-1709
Department of the Internal Revenue S		, , , File a	a separate :	application for each return.				
		tomatic 3-Month Extension, comple	te only Par	t I and check this box				► X
<ul> <li>If you are</li> </ul>	filing for an Ac	lditional (Not Automatic) 3-Month Ex	ctension, co	omplete only Part II (on page 2 of this	form)			
Do not comp	lete Part II un'	ess you have already been granted ar	automatic	3-month extension on a previously filed	Form 886	68		
Electronic fili	ing (e-file). Yo	u can electronically file Form 8868 if ye	ou need a 3	-month automatic extension of time to f	ile (6 mon	ths for		
				onth extension of time. You can electro				
8868 to reque	st an extensioi	of time to file any of the forms listed i	n Part I or P	Part II with the exception of Form 8870,	Informatio	n		
			•	h must be sent to the IRS in paper form	•			
10				gov/efile and click on e-file for Charities		ofits		
Part [				omit original (no copies needed)				
•	required to file	Form 990-T and requesting an automate	atic 6-month	extension-check this box and complete	е			▶ □
Part I only								
		ing 1120-C filers), partnerships, REMI	Cs, and trus	its must use Form 7004 to request an e	extension	of time		
to file income	tax returns			F-46!1a-d			!_	
T	<del></del>			Enter filer's				
Type or	1	empt organization or other filer, see ins	tructions		Emplo	yer identilik	auon nume	er (EIN) or
print			ענע ע טא	T.T.D	<b>T</b> 20	-2016	5970	
File by the due date for		L M HENDERSON & CON					mber (SSN	\
filing your		eet, and room or suite no. If a P.O. box 96TH ST STE 200	c, see instru	ctions		Security nu	ncc) isum	,
return See instructions		post office, state, and ZIP code For a	foreign add	fress, see instructions	<del></del>			
		•	46240					
Enter the Retu	irn code for the	e return that this application is for (file a	separate a	application for each return)				04
			· —	<u></u>		<del></del>		Return
Application	l		Return	Application is For			j	Code
Is For Form 990	<del></del>		Code 01	Form 990-T (corporation)				07
Form 990-B			02	Form 1041-A				08
Form 990-E			01	Form 4720				09
Form 990-P			04	Form 5227	<del></del>	<del></del>		10
	(sec 401(a) o	r 408(a) trust)	05	Form 6069				11
	(trust other the	······································	06	Form 8870				12
		L M HENDERSON & COMP						
		450 E 96TH ST STE 200	0					
• The books a	are in the care of	▶ INDIANAPOLIS				IN.	1 4624	0-3797
		7-566-1000	FAX No	• • • • • • • • • • • • • • • • • • • •				⊾ □
_		not have an office or place of business			4L:a			
		urn, enter the organization's four digit C his box If it is for part of			this is			
for the whole o	•		tile group, t	check this box	Cri			
		Ns of all members the extension is for 3-month (6 months for a corporation r	saured to fi	lo Form 990 T) extension of time				
				ganization named above. The extension	1 16			
	rganization's r		ii ioi tiic oiş	gameston hames above the extension				
	-	or						
<b>.</b> ⊡		07/01/11	06/20/	1.0				
	-	ning $07/01/11$ , and ending (						
	•	in line 1 is for less than 12 months, ch	eck reason	Initlal return Final return				
	nange in accou		60004-	Ab Andrea Andrea		]		
		Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, ente	er the tentative tax, less any	3a	\$		180
		See instructions Form 990-PF, 990-T, 4720, or 6069, a	nior any rot	fundable credits and	Ja	-		
		s made Include any prior year overpa			3ь	\$		695
		t line 3b from line 3a. Include your pay			-	<del> </del>		
		t line 30 from line 3a Include your payl Ieral Tax Payment System). S <u>ee</u> instru		io ionin, ir required, by using	3с	\$		0
				8868, see Form 8453-EO and Form 88			t instruction	ons
		vork Reduction Act Notice, see Instr			<u></u>			Rev 1-2012)
DAA	· upul·							

Second	Form 8868 (F	Rev_1-2012)			···			Page 2
If you are filling for an Automatic 3-Month Extension, complete only Part II on page 1)	<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Month	n Extension, co	mplete only Part II and	check this box			► X
Company   Comp					viously filed Form (	8888		
Type or Name of exempt organization or other filer, see instructions  GOD 'S PROVISION INC  C/O L M RENDERSON & COMPANY LLP  **Set years are directly town or post office, state, and room or suite no if a P O box, see instructions  GOD 'S PROVISION INC  C/O L M RENDERSON & COMPANY LLP  **Social security number (ISSN)  **Social s								
Signature   Name of exemplicity analysis or or other files, see instructions   C/O L M HENDERSON & COMPANY LLP   X 20 - 2016970	Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file th				
GOD 'S PROVISION INC C/O L M HENDERSON & COMPANY LLP    Social security number (ISSN)								
C/O L M HENDERSON & COMPANY LLP   X 20-2016970	ype or	1	instructions			Employ	yer identification	number (EIN) or
Number street, and from or suite no. If a PO box, see instructions   Social security number (SSN)	orint	1			( c=	1		
Number, street, and room or such on If a PC box, see instructions    Stock   Security number (sex)	ila by the							
City, town or post office, state, and ZiP code For a foreign address, see instructions INDIANAPOLIS IN 46240-3797  Sinter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Is For M990-BL O2 Form 1941-A In Form 990-EZ O1 Form 990-EZ O1 Form 990-EZ O4 Form 990-EQ	-		box, see instru	ctions	\	Social	security number	r (SSN)
INDIANAPOLIS IN 46240-3797  Sinter the Return code for the return that this application is for (file a separate application for each return)  Application   Return   Application   Secondary   Return   Application   Return   Application   Return   Application   Secondary   Return   Application   Return	-	450 E 96TH ST STE 200		···		l		
INDIANAPOLIS  IN 46240-3/97  Application  Application  Application  Application  Application  Return  Application		1 •	_					
Application Is For Is Is For Is For Is Is For Is For Is I		INDIANAPOLIS	IN 46240	-3797				
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Is For South Is For Code Is For South Is For South Is Form 990-BL Code Is Form 990-BL POS-FORM	inter the Ret	ourn code for the return that this application is for (	file a separate a	pplication for each return	n)			[ 0
Is For   Code   Is For   Sor   S	Application	^	Paturn	Application				Return
Form 990-BL Form 990-BC Form 990-T (frust other than above)  So Form 990-T (frust other than above)  Be Form 990-T (frust other than above)  Be Form 980-T (frust other than above)  Fo		.1	1	1 ' '				Code
Form 990-BL Form 990-EZ O1 Form 4720 Form 990-EZ O1 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) O5 Form 6069 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  L M HENDERSON & COMPANY LLP 450 E 96TH ST STE 200 IN 46240-3 Telephone No  317-566-1000 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for calendar year Or of there tax year beginning O7/01/11, and ending O6/30/12 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLE AND ACCURATE RETURN.  Ba If this application is for Form 990-BL, 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions Ba S Bi It his application is for Form 990-BL, 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and sestimated tax payments with the				is ror	······		,	
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Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust)  Form 870-T (sec. 401(a) or 408(a)  Form								09
Form 990-T (frust other than above)  05		~						10
Form 990-1 (trust other than above)    D8   Form 8870								11
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  L M HENDERSON & COMPANY LLP 450 E 96TH ST STE 200  The books are in the care of ▶ INDIANAPOLIS Telephone No ▶ 317 - 566 - 1000 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this application and diditional 3-month extension of time until 05/15/13 For calendar year Or other tax year beginning 07/01/11, and ending 06/30/12 If the tax year entered in line 5 is for less than 12 months, check reason initial return in Final return Change in accounting period 1 It the tax year entered in line 5 is for less than 12 months, check reason initial return in Final return Change in accounting period 12 period in the sextension and 12 period i			<del></del>					12
L M HENDERSON & COMPANY LLP  450 E 96TH ST STE 200  The books are in the care of ▶ INDIANAPOLIS Telephone No ▶ 317-566-1000 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this a polication and additional 3-month extension at time the group, check this box  If this application is for form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  Ba If this application is for Form 9868  C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS  (Electronic Federal Tax Payment System) See instructions  Signature A Data Markana  Title ▶ GAA  Data Title Payment System School States and to the best of my nowledge and belef, it is frue, correg.1, and complete, an								
AND ACCURATE RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8a \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS  (Electronic Federal Tax Payment System). See instructions	or the whole st with the n  4 I reque 5 For cal 6 If the ta	group, check this box    If it is for ames and EINs of all members the extension is for st an additional 3-month extension of time until cendar year   ax year entered in line 5 is for less than 12 months change in accounting period in detail why you need the extension	part of the ground or. 05/15/13 ning 07/0 , check reason	D1/11 , and ending	● and atta  06/30/12 Final return		ARE A C	OMPLETE
Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Ignature	Ba If this a nonrefu b if this a estimat amoun c Balance	application is for Form 990-BL, 990-PF, 990-T, 472 andable credits. See instructions application is for Form 990-PF, 990-T, 4720, or 606 ted tax payments made. Include any prior year over the paid previously with Form 8868.	59, enter any re erpayment allow payment with th	fundable credits and red as a credit and any		8b	\$	18
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.    Signature   Title	(Electro	onic Federal Tax Payment System) See instruction	ns			8c	] \$	
inowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.		Signature and Ver	ification mu	st be completed fo	or Part II only.			
Ignature Michaelle Pass Title CA Date 2/12/13					s and statements, a	and to	the best of m	у
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Form OOOO (Rev	9				·			8868 (Rev 1-20