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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

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 dohor 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. 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

For the 2012 calendar year, or tax year beginning and ending Check if applicable R C Name of organization D Employer identification number X Address change MISSION SOCIETY OF ST. PHILIP, 20-2744528 X Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated 10110 STATE ROUTE 56 876-993-2747 City or town, state or country, and ZIP + 4 F Group Exemption Amended return OWENSBORO ΚY 42301 Application pending Number > X Cash Accrual Accounting Method: Other (specify) H Check ▶ ____if the organization is not Website. ► N/A required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c)() **◄**(insert no) L 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) K Check Life 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. 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 110,641. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 70,563 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 SEE SCHEDULE O Investment income 4 1. 5a Gross amount from sale of assets other than inventory 5a 40,077. 38,450. Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 1,627. 5c 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 Less, direct expenses from gaming and fundraising events MAR 2 1 2013 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 Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7¢ Other revenue (describe in Schedule O) 8 72,191. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7 9 \$EE SCHEDULE 60,300. 10 Grants and similar amounts paid (list in Schedule O 10 11 Benefits paid to or for members 11 OSC Salaries, other compensation, and employee benefits//AR 12 Professional fees and other payments to independent contractors 700. 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 177 16 17 61,177. Total expenses Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 11,014. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 12,407. (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 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form **990-EZ** (2012) LHA For Paperwork Reduction Act Notice, see the separate instructions

232171

Part II Balance Sheets (see the instructions for Part II)	ILIP, INC.		20-2/445	<u> 28 Page 2</u>
<u>· · · · · · · · · · · · · · · · · · · </u>		akana in klasa Dask II.		
Check if the organization used Schedule O to res	pond to any ques		1 (0) 5	
One to the second and an action of	}-	(A) Beginning of year		nd of year
22 Cash, savings, and investments	}-	12,407		23,421.
23 Land and buildings	}-		23	
Other assets (describe in Schedule O)	-	10 10	24	
25 Total assets	-	12,407		23,421.
26 Total liabilities (describe in Schedule 0)	}-	0		
Net assets or fund balances (line 27 of column (B) must agree with line 21)	- 	12,407		23,421.
Part III Statement of Program Service Accomplishmen	•	•		rpenses
Check if the organization used Schedule O to res		stion in this Part III		for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O	·		organizati	ons and section
Describe the organization's program service accomplishments for each of its three largest program smanner, describe the services provided, the number of persons benefited, and other relevant inform		enses in a clear and concise	4947(a)(1 for others) trusts; optional)
28 GENERAL OPERATIONS SUPPORT FOR AND	CHARITABLE	ACTIVITIES		
PERFORMED BY THE MISSION SOCIETY IN			_	
(Grants \$ 57, 200.) If this amount includes foreign g	rants, check here	•	X 28a	57,200.
29 SUPPORT OF ST. VINCENT STROMBI HIGH		ST.		
VINCENT'S CHURCH IN MANDEVILLE, JAM				
SCHOOL SCHOLARSHIPS AND GENERAL OPE				
(Grants \$ 150.) If this amount includes foreign g		>	X 29a	_150.
30 SUPPORT OF CHILDREN'S HOME IN JAMAI				
			-	
			_	
(Grants \$ 2,700.) If this amount includes foreign g	rants, check here	>	X 30a	2,700.
31 Other program services (describe in Schedule O)				
(Grants \$ 250.) If this amount includes foreign g	rants, check here	•	X 31a	250.
32 Total program service expenses (add lines 28a through 31a)			▶ 32	60.300.
Part IV List of Officers, Directors, Trustees, and Key E	mployees List each	one even if not compensated (s	see the instructions f	or Part IV)
Check if the organization used Schedule O to res	pond to any que:	stion in this Part IV	•	
	(b) Average hours	(C) Reportable	(d) Health benefits,	(e) Estimated
(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount of other
	position	(if not paid, enter -0-)	plans, and deferred compensation	compensation
MSGR. MICHAEL PALUD				
PRESIDENT	40.00	0.	0.	0.
FR. SAMUEL ALLOGGIA				
SECRETARY	1.00	0.	0.	0.
SR. CATHERINE SCHUHMANN				
DIRECTOR	0.10	0.	0.	0.
SR. MARY AGNES HIGGS				
DIRECTOR	0.10	0.	0.	0.
BR. BRAD SMITH				
DIRECTOR	0.10	0.	0.	0.
LARRY WATSON	3120			-
VICE PRESIDENT/TREASURER				1
	3 00		0	l 0
	3.00	0.	0.	0.
FR. ROLAND DESSINE				
	3.00		0.	
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FR. ROLAND DESSINE			0.	

	990-EZ (2012) MISSION SOCIETY OF ST. PHILIP, INC. 20-2744 rt V Other Information (Note the Schedule A and personal benefit contract statement requiremen instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ts in t	he	Page 3
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34_	Х	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a_		<u>X</u>
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b_	N/	<u>A</u>
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c_		_ <u>X</u> _
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		'	
	complete applicable parts of Schedule N	36		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	7 1		37
	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-		v
_	in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		_X_
	If 'Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter:	-		
39	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
104	section 4911 ► O . ; section 4912 ► O . ; section 4955 ►			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part i	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958		İ	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	İ		
	transaction? If "Yes," complete Form 8886-T	40e_		<u>X</u>
	List the states with which a copy of this return is filed KY			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 876-99			
	Located at ► 10110 STATE ROUTE 56, OWENSBORO, KY ZIP+4 ► 4	1230	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	
	account)?	42b_	 	X
	If "Yes," enter the name of the foreign country.	}		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	$ _{\mathbf{x}}$	
G	If "Yes," enter the name of the foreign country JAMAICA	420	1 1	L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and this the united it also obtained in addition of additional data year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		x
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			<u> </u>
_	of Form 990-EZ	44b		<u>x</u>
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
-	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
		Form 5	90-EZ	(2012)

Form	990-EZ	(2012)	<u>MISSIO</u>	N SOCIETY	<u>OF</u> S	<u>ST.</u> F	HILIP,	INC.		20-2744	<u> 52</u> 8		Page 4
					· ·	-							No
46		-		•	litical camp	aign activ	ities on behalf	of or in oppositi	on to candidates for pi	ublic office?		ļ	
			Schedule C, Part								46	<u> </u>	X
<u>Pa</u>	rt VI			organizations	-								
									te the tables for line	es 50 and 51			
		Check	if the organization	on used Schedule	O to resp	ond to a	iny question	in this Part VI					<u></u> _
												Yes	-
47									year? If "Yes," complet	e Sch C, Part II	$\overline{}$		X
48				cribed in section 170			· ·				48		X
		·	,	sfers to an exempt n		ole related	organization?				49a	<u> </u>	X_
b			_	n a section 527 orga							49b	L	L
50								officers, directo	ors, trustees and key e	mployees) who	each re	ceived	more
	than \$	00,000 of		om the organization.		one, ente				T			
			(a) Name and titl	le of each employee than \$100,000				erage hours	(C) Reportable compensation (Forms	(d) Health beneft contributions to) Estin	
			paid illore i					ek devoted to	W-2/1099-MISC)	employee bene plans, and defen	n am	ount of	
				NON	<u> </u>			osition		compensation			
				·									
								·					
										1			
f	Total n	umber of	other employees p	aid over \$100,000				.					
51	Compl	ete this tab	ole for the organiza	ation's five highest c	ompensate	d indepen	ident contracto	ors who each rec	eived more than \$100	,000 of compen	sation	rom th	е
	organia	ation. If th	nere is none, enter	"None." NON	<u> </u>								
(a)	Name a	and addres	ss of each indeper	dent contractor paid	d more than	\$100,000	0	(b) Type	of service	(c	Comp	<u>ensatio</u>	n
										}			
									·····				
					_			7		İ			
d	Total n	umber of	other independent	contractors each re	ceiving ove	r \$100,00	00		>				
52	Did the	organizat	ion complete Sch	edule A? Note All se	ection 501(d	c)(3) orga	nizations and	1947(a)(1) none	xempt				
_	charita	ble trusts	must attach a com	noleted Schedule A	,	.,,		(// /	r	•	ΧY	es 🗌	□ No
Unde	r penaltie	s of perjury,	I declare that I have	examined this return, inc	Huding accon	npanying so	hedules and sta	ements, and to the	best of my knowledge and	belief, it is true, o	orrect, a	nd comp	lete
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Sig		Signat	ure of officer	\rightarrow		7				Date			
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			or print name and title		301411)							
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		Firm'		52 S. FOUR		-		000	Phone no	(502)	749	-19	00
				DUISVILLE,				-					
<u>May</u>	the IRS	discuss t	nis return with the	preparer shown abo	ove? See in:	structions		_			<u> X </u>		No
											Form	990-EZ	(2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2012

Open to Public

Employer identification number

Name of the organization

MISSION SOCIETY OF ST. PHILIP. 20-2744528 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II ьL c ____ Type III - Functionally integrated d Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) h

(ı) Name of supported organization	(n) EIN	(described on lines 1-9 above or IRC section	in col. (ı) lı:	organization sted in your document?	organizat	u notify the tion in col r support?	(vi) ls organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
						 			
Total							_		

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 MISSION SOCIETY OF ST. PHILIP, INC. 20-27445

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 20-2744528 Page 2

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	211,431.	179,153.	87,990.	<u>56,286.</u>	70,563.	605,423.
2	Tax revenues levied for the organ-						
	ization'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	211,431.	179,153.	87,990.	56,286.	70,563.	605,423.
	The portion of total contributions						000/1201
·	by each person (other than a				Í		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				Ì		
	column (f)						168,979.
6	Public support. Subtract line 5 from line 4						436,444.
	etion B. Total Support				·		430,444.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	211,431.	179,153.	87,990.	56,286.	70,563.	605,423.
•	Gross income from interest,	211,151.	1,5/155.	01,330.	30,200.	70,303.	005, 425.
Ü	dividends, payments received on						
	securities loans, rents, royalties	1			İ		
	and income from similar sources	15.	7.	4.	2.	1.	29.
٥	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
Ю	Other income Do not include gain						
	or loss from the sale of capital					l	
	assets (Explain in Part IV)						605 452
	Total support. Add lines 7 through 10						605,452.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
				aluma (fl)		44	72.09 %
	Public support percentage for 2012 (•	olumin (I))		14	
	Public support percentage from 2011				14 - 00 1 /00/	15	<u>%</u>
108	33 1/3% support test - 2012. If the c	=			14 IS 33 1/3% OF M	iore, cneck this bo	
	stop here. The organization qualifies		-		1. 45 00 4/00/		▶ X
Ŋ	33 1/3% support test - 2011. If the c				line 15 is 33 1/3%	or more, check to	nis box
	and stop here. The organization qual	•					▶ ∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	t IV how the organ	nization
	meets the "facts-and-circumstances"				-		
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e
	organization meets the "facts-and-cire		·	•	,		▶∟
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
					0.1.	A-1- A IT 000	000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2012 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

Section A. Public Support	<u> </u>	picto I dit ii j		-	<u>_</u> _	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that		1				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		1		<u></u>		
-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		-				
6 Total. Add lines 1 through 5						
7a 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		<u> </u>				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				<u> </u>	<u>-1</u>	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						(7)
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·		-			-	
c Add lines 10a and 10b					ļ	
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is						
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organi	zation.
check this box and stop here	_		,	•	- (-/(-/ - 9	▶ □
Section C. Computation of Public	Support Pe	ercentage				<u> </u>
15 Public support percentage for 2012 (lin	ie 8, column (f) (divided by line 13, o	olumn (f))		15	9/
16 Public support percentage from 2011 S	Schedule A, Par	t III, line 15	.,,		16	9,
Section D. Computation of Invest					· · · · ·	
17 Investment income percentage for 201			ne 13. column (f))		17	9/
18 Investment income percentage from 20			,		18	9/
19a 33 1/3% support tests - 2012. If the o			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box and						17 13 HOL
		-				▶ □
b 33 1/3% support tests - 2011. If the o						
line 18 is not more than 33 1/3%, chec						` <u></u> ►∟
20 Private foundation. If the organization	aid not check a	<u>a box on line 14, 19</u>	a, or 19b, check tl	his box and see in	structions	▶∟

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public

Open to Public Inspection

Name of the organization

MISSION SOCIETY OF ST. PHILIP. INC.

Employer identification number 20 - 2744528

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 1. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: GENERAL OPERATIONS SUPPORT AND CHARITABLE ACTIVITIES GRANTEE NAME: MISSION SOCIETY OF ST. PHILIP GRANTEE ADDRESS: 10110 STATE ROUTE 56 OWENSBORO, KY 42301 AMOUNT GIVEN: 57,200. ACTIVITY CLASSIFICATION: OTHER SUPPORT GRANTEE NAME: VARIOUS ORGANIZATIONS AMOUNT GIVEN: 3,100. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 60,300. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK FEES 159. FILING FEES 18. TOTAL TO FORM 990-EZ, LINE 16 177. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION IS A MISSION SOCIETY AND THE ORGANIZATION'S ACTIVITIES ARE CONDUCTED PRIMARILY IN FOREIGN COUNTRIES. THE ORGANIZATION IS ESTABLISHED AND

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-2744528

MISSION SOCIETY OF ST. PHILIP, INC.	20-2744528
OPERATED EXCLUSIVELY FOR RELIGIOUS PURPOSES. THE PARTICUL	AR PURPOSES OF
THE CORPORATION ARE TO SERVE THE POOR, PRIMARILY IN THE C	ARIBBEAN,
THROUGH EDUCATIONAL, CULTURAL, AND RELIGIOUS SERVICES.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	'IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	<u> </u>



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bschell AMD

Alison Lundargan Grimes Kentucky Socretary of State Received and Filed 9/26/2012 9 37 AM Fee Receipt \$8.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 7 th Frankton KY -0802 (502) 564-3490 www sos ky gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
Pursuant to the provisions of Ki purpose, summs the following	RS 1-A and KRS Chapter 273, the undersigned applies to	amend articles and for that
	on report with the Office of the Secretary of State is	
Mission Society of M	The second secon	
(The name must be identical to the n	arms on record with the Secretary of State)	
2 The text of each attenemen		Nector for
	corporation is Mission Society of St. F	
The new address of the	ne corporation is, 10110 State Route 56.	Owensboro, KY 42301
4 Cheek either all or clywhiche The amendment received a by prory were entitled by prory were entitled by the cheek with rescribed to vote with rescribed to vote of a majority of the amendment with the collection will be entered.	ntis) was (were) duly adopted by a quorum present at suit least two thirds (2/3) of the votes which most bers present to cast intigal as swere) duly adopted by Londent in writing and splict thereto. Int(s) was (were) duly adopted by the heard of circectors at the directors in office since there are no members or motive upon fifting unless a delayed effective date and/or time	in al such meeting or represented that (were) signed by all members and such an iondiment(s) received smibers entitled to vote that offective data
	innot be prior to the date the application is filed. The dat	Author trues
	Larry K Watson, Jr	Vice President 8/30/12
Signature of Onicer or Charman of	the Board Pr ned Name	Title Date