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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
At God's Table

Number & street (or P.O. box, if mail is not delivered to street address) Room/suite
15000 Thoroughbred Lane

City or town, state or country, and ZIP + 4
Montverde FL 34756

D Employer identification number
20-8228144

E Telephone number
(407) 405-3174

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ WWW.ATGHODSTABLE.COM

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 189,717

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

| | | | |
|-----------|---|-----------|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 148,210 |
| 2 | Program service revenue including government fees and contracts | 2 | 11,548 |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 8,297 |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| b | Less cost or other basis and sales expenses | 5b | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 | Gaming and fundraising events | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 17 (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)) | 6b | |
| c | Less direct expenses from gaming and fundraising events | 6c | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 21,662 |
| b | Less cost of goods sold | 7b | 12,347 |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 9,315 |
| 8 | Other revenue (describe in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 177,370 |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 37,455 |
| 13 | Professional fees and other payments to independent contractors | 13 | 7,311 |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 579 |
| 15 | Printing, publications, postage, and shipping | 15 | |
| 16 | Other expenses (describe in Schedule O) | 16 | 81,380 |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 126,725 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 50,645 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 235,659 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 286,304 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | 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) | | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | X |
| 35c 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 | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| 37b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| 38b If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 Section 501(c)(7) organizations Enter | | |
| 39a Initiation fees and capital contributions included on line 9 | | |
| 39b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶; section 4955 ▶ | | |
| 40b 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 | | X |
| 40c 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 ▶ | | |
| 40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ | | |
| 40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 List the states with which a copy of this return is filed ▶ <u>NONE</u> | | |
| 42a The organization's books are in care of ▶ <u>See attachment #4</u> Telephone no ▶ | | |
| Located at ▶ ZIP + 4 ▶ | | |
| 42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 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 | | |
| 42c At any time during the calendar year, did the organization maintain an office outside the U S ? | | X |
| If "Yes," enter the name of the foreign country ▶ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ <input type="checkbox"/> | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44c Did the organization receive any payments for indoor tanning services during the year? | | X |
| 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A | | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | X |

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

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | Yes | No |
|----|-----|----|
| 47 | | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|----|--|---|
| 48 | | X |
|----|--|---|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|-----|--|---|
| 49a | | X |
|-----|--|---|

b If "Yes," was the related organization a section 527 organization?

| | | |
|-----|--|---|
| 49b | | X |
|-----|--|---|

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

| | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Skip Moen

ARTHUR J. MOEN

President

Date

16 July 2013

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

P Keith Couser

Preparer's signature

P Keith Couser

Date

07-12-2013

Check ☒ if self-employed

PTIN

P00544025

Firm's name TIDEWATER ACCOUNTING & TAX SVC

Firm's EIN 54-1650140

Firm's address 4176 SO PLAZA TRAIL STE 215

Phone no 757-486-8667

May the IRS discuss this return with the preparer shown above? See instructions

| | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

Schedule L

2012

Transactions With Interested Persons

Part II Loans to and /or From Interested Persons

| Name | Loan to or from the organization? | | Original principal amount | Balance due | In default | Approved by board | Written Agreement |
|------------------------------|--------------------------------------|------|------------------------------|-------------|------------|----------------------|----------------------|
| | To | From | | | | | |
| Arthur Moen Personal loan | | x | 10,000 | 3664 | No | No | No |

990 PRIMARY EXEMPT PURPOSE

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

| | |
|--|---|
| Open to Public Inspection | For calendar year 2012 or tax period beginning , and ending |
| Name of Organization At God's Table | Employer Identification Number 20-8228144 |

| Primary Purpose |
|--|
| Missions to Carry out the word of Jesus Christ |

990 PROGRAM SERVICE ACCOMPLISHMENT

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

| | | |
|--|---|--------------------------------|
| Open to Public Inspection | For calendar year 2012 or tax period beginning , and ending | Employer Identification Number |
| Name of Organization At God's Table | | 20-8228144 |

Part III - Statement of Program Service Accomplishments

| | | | |
|------------------------|---|--------------------------|--------|
| Grants and allocations | Amount includes foreign grants <input type="checkbox"/> | Program service expenses | 81,102 |
|------------------------|---|--------------------------|--------|

Exempt Purpose Achievements

None

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

| Open to Public Inspection For calendar year 2012 or tax period beginning , and ending | | Name of Organization At God's Table | | | Employer Identification Number 20-8228144 |
|--|--|--|---|--|--|
| (A) Name and Title | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont to employee ben plans & def comp | (E) Expense account & other compensation | |
| ROSANNE MOEN Director | | | | | |
| KEITH WILSON Director | | | | | |
| William ASMA Director | | | | | |
| Arthur SKIP MOEN Director | | 7,000 | 2,931 | | |
| Patrick Sullivan Director | | | | | |

990 BOOKS ARE IN CARE OF

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

| | |
|--|---|
| Open to Public Inspection | For calendar year 2012 or tax period beginning , and ending |
| Name of Organization At God's Table | Employer Identification Number 20-8228144 |
| Part V - Line 42a | |

Individual Name ~~Skip~~ Moen ARTHUR MOEN
or
Business Name

Street Address 15000 Thoroughbred Lane

U S Address

Zip code 34756- City Montverde State FL
or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (407) 405-317

Fax Number _____

AT GOD'S TABLE

20-8228144

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

At God's Table exists to equip Christians with a deeper understanding of the Bible by encouraging believers to explore the linguistic roots of the Scriptures and put into action the instructions of the Torah. At God's Table accomplishes this goal through writings, teaching and living example, offering donors a chance to participate in daily community interaction, study and charitable projects around the world

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? NO
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? NO

2012

Schedule O - Supplement Information
At God's Table

20-8228144

Form 990-EZ, Part I, Line 16

Other Expense

| | |
|----------------------|------------------|
| Bank Fees | \$ 136 |
| Books | 1,082 |
| Computer Expense | 1,103 |
| Depreciation | 5,898 |
| Licenses | 215 |
| Internet | 307 |
| Marketing | 392 |
| Misc Medical | 65 |
| Missions & Donations | 15,856 |
| Office Expense | 2,957 |
| Shabbat | 2,118 |
| Telephone | 2,612 |
| Travel | 46,579 |
| Auto Expense | 2,060 |
| Total | <u>\$ 81,380</u> |

Form 990-EZ, Part II, Line 24

Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|-------------------------|------------------|------------------|
| Federal Tax Overpayment | \$ 3,990 | \$ 3,990 |
| Inventories | 1,493 | 660 |
| Loans Receivable | 14,330 | 3,644 |
| Machinery and Equipment | 18,899 | 20,464 |
| Total | <u>\$ 38,712</u> | <u>\$ 28,758</u> |