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**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)

OMB No 1545-1150

2012

Open to Public  
Inspection

► 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

**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

**D Employer identification number**

20-8228144

**E Telephone number**

(407)

405-3174

**F Group Exemption Number**► 

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

**G Accounting Method**

Cash  Accrual  Other (specify) ► \_\_\_\_\_

**I Website:** ► [WWW.ATGHODSTABLE.COM](http://WWW.ATGHODSTABLE.COM)**J Tax-exempt status** (check only one) --  501(c)(3)  501(c)(4)  (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

<b>REVENUE</b>  <b>SCANNED AUG 1 2013</b>	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	6a
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 11) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c
<b>EXPENSES</b>	c Less direct expenses from gaming and fundraising events	6d
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a 21,662
	7a Gross sales of inventory, less returns and allowances	7b 12,347
	b Less cost of goods sold	7c 9,315
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
	8 Other revenue (describe in Schedule O)	9 177,370
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10
	10 Grants and similar amounts paid (list in Schedule O)	11
	11 Benefits paid to or for members	12 37,455
	12 Salaries, other compensation, and employee benefits	13 7,311
<b>ASSETS</b>	13 Professional fees and other payments to independent contractors	14 579
	14 Occupancy, rent, utilities, and maintenance	15
	15 Printing, publications, postage, and shipping	16 81,380
	16 Other expenses (describe in Schedule O)	17 126,725
	17 Total expenses. Add lines 10 through 16	18 50,645
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 235,659
	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)	20
	20 Other changes in net assets or fund balances (explain in Schedule O)	21 286,304
	21 Net assets or fund balances at end of year Combine lines 18 through 20	P 25

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

## Part II Balance Sheets (see the instructions for Part II)

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

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22	Cash, savings, and investments	196, 947	257, 546
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	38, 712	28, 758
25	<b>Total assets</b>	<b>235, 659</b>	<b>286, 304</b>
26	<b>Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>0</b>
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>235, 659</b>	<b>286, 304</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

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

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** See attachment #2

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Grants \$ ) If this amount includes foreign grants, check here ►  **28a** **81,102**

29 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here ► 29a

30 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here ► 30a

**31 Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a). ▶ 32 81,1

### List of Officers, Directors, Trustees, and Key Employees List each one even if none

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

	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.	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	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)?	35a	X
b 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	X
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	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37b	X
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	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?	38b	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	X
39 Section 501(c)(7) organizations Enter	39b	X
a Initiation fees and capital contributions included on line 9		
b 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	X
b 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		
c 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 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e 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	40e	X
41 List the states with which a copy of this return is filed ► <b>NONE</b>		
42a The organization's books are in care of ► <b>See attachment #4</b> Telephone no ► _____ Located at ► _____	42b	X
b 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)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts</b> .	42c	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <input type="checkbox"/>		
44a 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
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	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"

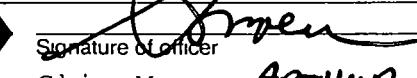
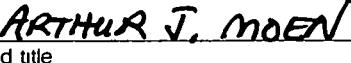
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

►  Yes  No

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

Sign Here	► 	Date
	► Skip Moen 	President
	Type or print name and title	16 July 2013

Paid Preparer Use Only	Print/Type preparer's name P Keith Couser	Preparer's signature P Keith Couser	Date 07-12-2013	Check <input checked="" type="checkbox"/> 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

►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Employer identification number  
20-8228144

Name of the organization  
At God's Table

**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)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  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 \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  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)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  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)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  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  
     a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Non-functionally integrated  
     e  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)**  
     f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
     g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
         (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
         (ii) A family member of a person described in (i) above?  
         (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
     h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
				Yes	No	Yes	No	
<b>Total</b>								

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

Schedule A (Form 990 or 990-EZ) 2012

**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	
Name of Organization At God's Table	Employer Identification Number 20-8228144		
<b>Part III - Statement of Program Service Accomplishments</b>			
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 _____			Employer Identification Number 20-8228144
Name of Organization At God's Table				
(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				
<del>ARTHUR</del> 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
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Name of Organization At God's Table	Employer Identification Number 20-8228144
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Part V - Line 42a

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

Street Address . . . . . 158000 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 equipment 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 accoumlishes 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 in 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	<u>2,060</u>
 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	<u>18,899</u>	<u>20,464</u>
Total	<u>\$ 38,712</u>	<u>\$ 28,758</u>