



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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

Form **990-EZ**

2012

Department of the Treasury
Internal Revenue Service

**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 2012

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

C Name of organization: AUTHENTIC LIFE CHURCH
 Number & street (or P.O. box, if mail is not delivered to street address): PO BOX 5458
 City or town, state or country, and ZIP + 4: Auburn CA 95604

D Employer identification number: 23-7290572

E Telephone number: (530) 823-1318

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: N/A

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. ▶ \$ 137,898

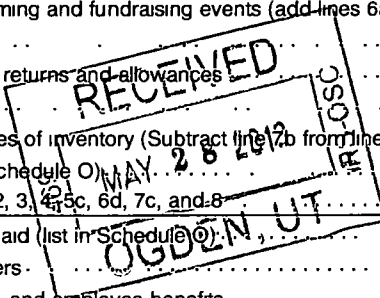
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	Contributions, gifts, grants, and similar amounts received		1	137,898
		2	Program service revenue including government fees and contracts		2	
		3	Membership dues and assessments		3	
		4	Investment income		4	
		5a	Gross amount from sale of assets other than inventory			
		5b	Less: cost or other basis and sales expenses			
		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
		6	Gaming and fundraising events			
		6a	Gross income from gaming (attach Schedule G if greater than \$15,000)			
		6b	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)			
		6c	Less: direct expenses from gaming and fundraising events			
		6d	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			
		7b	Less: cost of goods sold			
		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
		8	Other revenue (describe in Schedule O)		8	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	137,898
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10		
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits		12	47,018	
	13	Professional fees and other payments to independent contractors		13		
	14	Occupancy, rent, utilities, and maintenance		14	51,762	
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)		16	37,386	
	17	Total expenses. Add lines 10 through 16		17	136,166	
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,732	
	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	8,473	
	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	10,205	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

SCANNED JUN 20 2013



96

13

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

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.
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect...
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee...
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...
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year...
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?
41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of See attachment #3 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...
42c At any time during the calendar year, did the organization maintain an office outside the U S?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 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?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
		46	

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?		<input checked="" type="checkbox"/>
		49a	
		49b	

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"

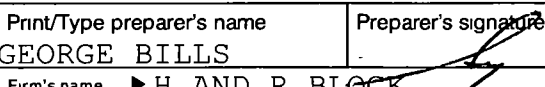
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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		5/21/12
	DARREN BILLS	PASTER/DIRECTOR
	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	GEORGE BILLS		5/21/12		P00297570
	Firm's name ▶ H AND R BLOCK			Firm's EIN ▶ 680204731	
	Firm's address ▶ 4870 GRANITE DR			Phone no 916-624-7494	

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
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization
AUTHENTIC LIFE CHURCH

Employer identification number
23-7290572

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?

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s)

(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	Yes	No	
Total									

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 AUTHENTIC LIFE CHURCH	Employer Identification Number 23-7290572
---	--

Primary Purpose
RELIGIOUS MINISTRIES REACHING OUT WITH THE GOSPEL OF SALVATION AND ASSISTING IN THE NEEDS OF PEOPLE THROUGH MISSIONS OUTREACH AND COMPASSIONATE MINISTRIES.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: 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 AUTHENTIC LIFE CHURCH	Employer Identification Number 23-7290572
--	---

(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
DARREN BILLS PASTOR/DIR		0	0	0
TERRY LEE SEC/DIR		0	0	0
ROBERT MARTINEZ DIRECTOR		0	0	0
ZACH LEE TREASURER		0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 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 AUTHENTIC LIFE CHURCH Employer Identification Number 23-7290572

Part V - Line 42a

Individual Name ALICE SHUMAKER

or Business Name

Street Address PO BOX 5458

U.S. Address

Zip code 95604 City Auburn State CA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (530) 823-1318

Fax Number

2012 DETAIL STATEMENTS

AUTHENTIC LIFE CHURCH
23-7290572

STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

BENEVOLENCE FUND EXP.....	2,328
BUILDING EXP.....	631
CHILDRENS CHURCH.....	115
COUNSELING MINISTRY.....	151
MISSION EXP.....	4,404
SUBSCRIPTIONS.....	480
OFFICE EXP.....	2,969
MINISTRY EXP.....	3,383
SPECIAL EVENTS.....	846
INSURANCE.....	8,996
GENERAL DESIGNATIONS EXP.....	11,718
MISC.....	1,275
LEADERSHIP MINISTRY CONFERENCES FOOD	
SPECIAL GIFTS.....	25
NURSERY.....	65

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 37,386

STATEMENT #2 - Other assets beg yr (EOEZ PG 2 Line 24)

ACCOUNTS RECEIVABLE

TOTAL CARRIED TO EOEZ PG 2 Line 24

STATEMENT #3 - Other assets end yr (EOEZ PG 2 Line 24)

ACCOUNTS RECEIVABLE.....	100
--------------------------	-----

TOTAL CARRIED TO EOEZ PG 2 Line 24..... 100

STATEMENT #4 - Total liabilities beg yr (EOEZ Pg 2 Line 26)

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

TOTAL CARRIED TO EOEZ Pg 2 Line 26

STATEMENT #5 - Total liabilities end yr (EOEZ Pg 2 Line 26)

PAYROLL LIABILITIES.....	-82
LONG TERM LIABILTIES.....	-246

TOTAL CARRIED TO EOEZ Pg 2 Line 26..... -328