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## Form **990**

### **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. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2012 cale	endar year, or tax year beg		1 , 2012, a	nd ending	Dec	2. 31	, 20 12
В	Check if	applicable	C Name of organization GOY	A Ministries				D Employ	er identification number
	Address	change	Doing Business As						260729701
П	Name ch	•	Number and street (or P O. b	ox if mail is not delivered	to street address)	Room/suite		E Telepho	
$\bar{\Box}$	Initial ret	•	3003 Wembley Wy					- 10.0 <b>p</b> o.	
H	Terminat		City, town or post office, stat	te and 7ID code					3096640676
片				te, and zir code					
뭐	Amende		Bloomington, IL 61704					<b>G</b> Gross re	
ш	Applicati	on pending	F Name and address of princip	al officer Chad Parke	r 9 Ridgewood Ter.		H(a) is this a	group return	for affiliates? 🔲 Yes 🗹 No
			Bloomington, IL 61701				H(b) Are all	affiliates in	ncluded? Yes No
	Tax-exer	mpt status.	✓ 501(c)(3)	501(c) ( ) ◀ (insert	no ) 🔲 4947(a)(1) or 🛚	<b>527</b>	If "No	o," attach a	list (see instructions)
J	Website	: ► goy	aministries.org	<del>-</del>			H(c) Group	exemption	number 🕨
K	Form of o	organization	✓ Corporation ☐ Trust ☐	Association ☐ Other ►	L Yea	r of formation	n: 2007	M State	of legal domicile.
P	art I	Summ	nary						
	1		escribe the organization's	s mission or most sig	inificant activities:	Food clo	the educat	to and h	ring the hone of locus
			the people of Mitumba in M		te, and bi	ing the hope of sesus			
9	1				courage localized s	eii-sustain	lability.		
∥ <u>ଝ</u> ଥୀଧ Governance	1	we do tri	is is partnership with REM						
لالالا وverna	١ .								
~ é			ns box ▶□ If the organiz			sposed of	more than	25% of	its net assets.
	3		of voting members of the					3	4
ج ج ه§	4		of independent voting me					4	
⋛₹	5	Total nur	mber of individuals emplo	yed in calendar year	2012 (Part V, line	2a) .		5	0
WIA	6		mber of volunteers (estim					6	25
	7a	Total unr	elated business revenue					7a	0
<u>vi</u>	Ь		lated business taxable in					7b	0
					.,	<del></del>	Prior Ye		Current Year
<b>a</b>	8	Contribu	tions and grants (Part VIII	l line 1h)		<u> </u>	44	10055 20	
SSC Revenue	9		service revenue (Part VIII			· '		18855.20	323257.93
ಉಾ≣	10								
8			ent income (Part VIII, colu			· ·		235.50	436.84
			venue (Part VIII, column (A			·:			
	12		enue-add lines 8 through				11	19090.70	323694.77
	13		nd simılar amounts paıd (						
	14		paid to or for members (F						
Se	15	Salaries,	other compensation, empl	oyee benefits (Part IX	, column (A), lines 5	5–10)			
Expenses	16a	Profession	onal fundraising fees (Part	t IX, column (A), line	11e)	$ abla$			
8			draising expenses (Part I						
ũ	17	Other ex	penses (Part IX, column (	A), lines 1 a-11d 1	1-24e)11 (F 5		9	31073.18	127344.55
	18	Total exp	penses. Add lines 13-17 (	must equal Part IX	TOMOTO (A) Tune 25)	\		71073.10	12,044.55
	1	•	less expenses. Subtract	1 - 1	ACIDITITE VIJ. INTO EO	/ပ္ကု :		20047.50	400050.00
- S		1.010.100	1000 CAPONICO: CUBRIQUE		V 0 C 2042		ginning of Cw	38017.52	196350.22 End of Year
a ts	20	Total aga	ets (Part X, line 16) .			Υ I —		——	
Assets f Baland	20		•			≅ ·  −	6	62280.37	258630.59
Feet/			pilities (Part X, line 26) .		DENI IIT	⁻/·			
			ts or fund balances. Subt	ract line 21 from line	120_1V, .U. J.		62	2280.637	258630.59
	art II		ture Block	· · · · · · · · · · · · · · · · · · ·					
Un	der penal	ties of perju	ry, I declare that I have examine lete_Declaration of preparer (oth	d this return, including ac	companying schedules	and stateme	nts, and to th	e best of n	ny knowledge and belief, it is
	e, conect	, and compi	lete Declaration of preparer (6)	er than officer) is based of	all information of whic	n preparer na	as any knowie	eage.	
•			segont	week-				Y/Q	3/13
Sig		Sign	ature of officer	<i>C</i> 1			Dat	e ´	_
He	re	I Le	eggu Parker	Secretor	V				
		Туре	or print name and title		/			<del></del>	
Pa	id	Print/Ty	pe preparer's name	Preparer's signatu	re	Date		Chaole [	PTIN
		_				1		Check L	
	epare	I	ame ▶	· I			F	's EIN ▶	<u> </u>
US	e Only	,	ddress ▶	<del></del>	<del> </del>				
Ma	v the IR		s this return with the prep	parer shown above?	(see instructions)		Pnor	ne no.	TV TN-
					(SCO III STI GCTOTIS)			• • •	Yes No
FUI	-aperw	OIK DEGR	ction Act Notice, see the s	eparate instructions.		Cat No	11282Y		Form <b>990</b> (2012)

Part	0 (2012)		Page 2								
			_								
	Check if Schedule O contains a response to any question in this Part III	· · ·	<u>. L</u>								
1	Briefly describe the organization's mission:										
	Our goal is to provide a place for spiritual encouragement, accountability, and education, as well as providing for physical business and information business and informat	ical nee	ds such								
	as nutrition, hygiene, medical treatment, and infrastructure that encourages localized self-sustainability and a future of Mitumba Slum.	hope ii	n the								
2	Did the organization undertake any significant program services during the year which were not listed on the										
	prior Form 990 or 990-EZ?	Yes	☑ No								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	√ No								
	If "Yes," describe these changes on Schedule O.	05	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>								
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate the total expenses, and revenue, if any, for each program service reported.	s meas ions to	sured by others								
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$		.)								
	Provided to purchase land in Nairobi for a secondary school - \$89450										
	Provided funds to build a fence around land purchased in Nairobi - \$743.25										
	Provided food, supplies and educational materials for REM school in Nairobi - \$27353										
	Fees to transfer funds to Kenya and process credit card and ACH donations - \$5652.48										
	Air fare to send a team to do Medical Work in Nairobi - \$3311.68 Advertising for Golf Outing offset by Corp. donations - \$402.67										
	Advertising for Golf Outing offset by Corp. donations - \$402.67										
	Donor update mailings - \$431.47										
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$		)								
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	(Code:) (Expenses \$including grants of \$) (Revenue \$		)								

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

Total program service expenses ▶

127344.55

Form 99	90 (2012)			Page 3
Part	V Checklist of Required Schedules	<del></del>		
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١.		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<b></b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	<b>V</b>	1
4	Section 501(c)(3) organizations. 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	4	—. <u> </u>	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	1.4h		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b		<b>▼</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>▼</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>▼</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G. Part III	10		<u> </u>

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		···	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	<b>2</b> 58		<del></del>
J	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			<del> </del>
•	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		:	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30	<b></b> -	<del>                                     </del>
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		<del>                                     </del>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	L.	1
			n <b>99</b> 0	(2012)

art				_
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
10	Enter the number reported in Day 2 of Form 1006 Enter 0, if not applicable		Yes	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ł
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	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	İ		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ		1
<b>.</b>	and services provided to the payor?	7a	ĺ	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\ <u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	ļ	1
9	Sponsoring organizations maintaining donor advised funds.	_	ŀ	
a	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		1
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ļ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.		_	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<b> </b>	ļ	<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<b>↓</b> ✓
n	IT "YOU " DOUBTING A LORGE /ULL to report these neumented It "No " proude an evaluation in Schodule ( )	17/h		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins		
Secti	on A. Governing Body and Management	<u> </u>		<u> </u>
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	1
b	If "Yes," did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		1
a b	The organization's CEO, Executive Director, or top management official	15a 15b		ļ
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Illinois  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)	n <b>501</b>	(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Person Parker 2003 Wombley Way Pleamington II 61704 209 664 0676	of the	Э	

Formे	990	(2012)	
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A)	(B)	(C) Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box, office	unles	s pe	rson	than o is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
_(1)							: :				
(2)											
(3)											
(4)											
(5)											
(6)											
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(8)											
(9)											
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(11)											
(12)											
(13)										***	
(14)											

(17) Ralph Maurer Boad of Directors       25         4 Tees Ct. Bloomington, IL 61704       ✓       0       0       0         (18) Sandi Knapp Board of Directors       25       ✓       0       0       0         501 Maple Pl. Bloomington, IL 61701       ✓       0 </th <th>Part</th> <th>VII Section A. Officers, Directors, Trust</th> <th>tees, Key E</th> <th>mploy</th> <th>/ees</th> <th>s, ar</th> <th>nd H</th> <th>lighes</th> <th>st C</th> <th>ompensated E</th> <th>mployees (c</th> <th>ontinu</th> <th>ıed)</th> <th></th> <th></th>	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinu	ıed)		
Complete the case of the complete the case of the ca						•	•								
Name and table    Average   Document   Docum		(A)	(B)	(40.0	at at			- 46		(D)	(E)			(F)	
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Industrial Composition   Processing   Proc												from			
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Sub-total   Sub-				흑물	St t	₹	2	를	≝	organization					n
(15) Chat Parker #9 Ridgewood Terrace 20				S C	튱	4	Ě	yst o	9	(W-2/1099-MISC)		,			l
(15) Chat Parker #9 Ridgewood Terrace 20				약	na.		ğ	" om				- 1			
(15) Chat Parker #9 Ridgewood Terrace 20			line)	l se	겵	ļ	8	Peg				1	orgai	nzations	S
Stable   Stable				ď	tee			Set							
Biboomington, It. 61/90 Executive Directors	(4 =)			<u> </u>			_	ä.	<u> </u>			$\rightarrow$			
(16) Peggy Parker Treasurer  3003 Wembley Way Bloomington, It.  10  0 0 0  17) Raph Maurer Boad of Directors  25  4 Tees Ct. Bloomington, It. 61704  18) Sandt Knapp Board of Directors  25  501 Maple Pt. Bloomington, It. 61704  19) Paulette Cocce Board of Directors  25  25  203 Nt. Linden St. Normal, It. 61761  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  1 Complete St. Bloomington, It. 61704  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 0  1 Compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  1 Complete this table for line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  1 Complete this table for line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  1 Complete this table for line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Total individual  3 Complete this table for line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Description of services  (B) Compensation of services  (Compensation from the organization's sex year.			20			١,	ł			į		1			
3003 Wembley Way Bloomington, It. 1704					ļ	<b>V</b>	-		<u> </u>	<u> </u>		_0			0
17) Relph Maurer Bosd of Directors 2.5			10			١.	1			1	<b>:</b>				
A Tees Ct. Bloomington, II. 61794  (18) Sandi Knapp Board of Directors  25  501 Maple Pt. Bloomington, II. 61701  (19) Paulette Cocco Board of Directors  25  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total,						✓				0		0			0
1(9) Sandi Knapp Board of Directors 25  501 Maple Pt. Bloomington,IL 51701  (19) Paulette Cocco Board of Directors 25  1203 N. Linden St. Normal, IL 61761  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(17) Ra	lph Maurer Boad of Directors	.25				1								
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223 N. Linden St. Normal, It. 61761			T			1			1	0		0			0
223 N. Linden St. Normal, It. 61761			.25									$\neg$			
(22)   (23)   (24)   (25)   (25)   (26)   (26)   (27)   (27)   (28)   (29)			†	İ		1	İ			0		ام			0
(21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (27) (28) (28) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20			· · · · · · · ·	<del>                                     </del>	-	Ť	<del>                                     </del>		-	· · · · · · · · · · · · · · · · · · ·		<b>-</b> *			
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(22)  (23)  (24)  (25)  1b Sub-total .	(21)	<del></del>	ļ	<del>                                     </del>	-	$\vdash$	$\vdash$	<del>                                     </del>	H	<del> </del>	<del> </del>	-+			
(24)   (25)   (26)   (26)   (27)   (27)   (28)   (29)	35.17		<del> </del>	ł											
(24)   (25)   (26)   (26)   (27)   (27)   (28)   (29)	(00)		<del> </del>		-		├			<del> </del>	<del></del>				
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25    1b  Sub-total	10.00		ļ	<u> </u>			┞	<u> </u>	ļ	ļ					
1b Sub-total	(23)		<b>↓</b>				1	l							
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1b Sub-total	(24)						Į					- 1			
1b Sub-total									_						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ▶ 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who	(25)														
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ▶ 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who			T	1					ĺ						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ▶ 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who	1b	Sub-total		<del></del>	•				<b>▶</b>	0		0			0
Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	С								<b>&gt;</b>		<del></del>				C
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			-		-	-			•		<del></del>				
Total number of independent contractors (including but not limited to those listed above) who									2) 14	<del></del>	<del> </del>		) of		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_			1 10 11	1036	, 1131	leu	above	<i>5)</i> W	mo received in	Ole Man wit	,000	<i>J</i>		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation nom the organi	zation > 0								<del> </del>			Voc	No
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	ficer direc	tor c	ar tr	net	00	kov s	mr	Novee or high	neet compai	neator	<u></u>	163	140
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organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual									•			• •			<b>-</b>
Individual	4													i '	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							re e	r "Ye	s, "	complete Scr	neaule J tol	' suci	7		
for services rendered to the organization? If "Yes," complete Schedule J for such person					-	-		•	•						<b>✓</b>
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5												น่		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who		for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedi	ule J f	or s	such person	<i></i>		5		✓
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	Section	n B. Independent Contractors													
year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more tha	n \$10	0,000 o	f	
(A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wif	th or within t	he or	ganızatı	on's ta	ax
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		year.													
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		(A)								(B)			(C)		
managed many than \$100,000 of assessment in the surreinstical by			lress								ervices				
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managed many than \$100,000 of assessment in the surreinstical by	<del></del>	***								······································	i				
managed many than \$100,000 of assessment in the surreinstical by	2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot	limit	ed to	th	nose listed ab	ove) who		<del></del>		
											.				

Par	t VIII						
		Check if Schedule O contains a resp	onse to any quest				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats str	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
S, C	С	Fundraising events 10	0	1			
ar a	d	Related organizations 10	0	1			
imi	е	Government grants (contributions) 1e	0				
ation er S	f	All other contributions, gifts, grants,					
ᇐ粪		and similar amounts not included above 11	020201100				
ă ă	g	Noncash contributions included in lines 1a-1f: \$		1			
	h	Total. Add lines 1a-1f		323257.93			
nue			Business Code	<u> </u>			
e e	2a						
æ	b						
-55	C						
Program Service Revenue	d						
	е	A.I					
ğ	[	All other program service revenue .				<u> </u>	<u> </u>
	3	Total. Add lines 2a–2f				1	1
	•	and other similar amounts)		420.04			
	4	Income from investment of tax-exempt	}	436.84			
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	0			-
:	-	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses		1			
	С	Rental income or (loss)					
	d	Net rental income or (loss)	>	o			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory				1	•
	b	Less: cost or other basis				ļ	
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18	a				
돌	b	Less: direct expenses	b				
_		Net income or (loss) from fundraising		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	•	b				
	C	Net income or (loss) from gaming ac		0			
	10a	Gross sales of inventory, less returns and allowances		J			
			·				
		•	b	j			
	<u> </u>	Net income or (loss) from sales of in:  Miscellaneous Revenue		0	· · · · · · · · · · · · · · · · · ·		
	44-	wiscellaneous nevenue	Business Code				1
	11a		<b> </b>				· · · · · · · · · · · · · · · · · · ·
	Ь		<del>  </del>				ļ <u></u>
	C d	All other revenue	<del> </del>		<del></del>	<del> </del>	<del> </del>
	e	Total. Add lines 11a-11d				<del>                                     </del>	<del>                                     </del>
	12	Total revenue See instructions	🟲	20000 4 77		<del></del>	ļ

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States, See Part IV, line 22 . . . 3 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . O Compensation of current officers, directors, 5 trustees, and key employees . . . . . 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . n n n 0 Other salaries and wages . . . . . . 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) n a 0 Other employee benefits . . . . . . 0 0 0 0 10 0 0 0 0 Fees for services (non-employees): Management . . . . . . . 0 0 Legal . . . . . . . . . . . . b 0 0 0 0 Accounting . . . . . . . C 0 0 0 0 đ Lobbying . . . . . . . . . . . . . 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column q (A) amount, list line 11g expenses on Schedule O.) . . . 0 0 0 Advertising and promotion . . . . . 12 0 402.67 0 0 13 Office expenses . . . . . . . 0 431.47 0 0 14 Information technology . . . . . 0 0 0 0 15 Royalties . . . . . . . . . . 0 0 0 0 16 0 0 0 0 17 3311.68 0 0 0 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 0 0 0 0 20 0 0 0 0 21 Payments to affiliates . 0 0 0 0 22 Depreciation, depletion, and amortization . 0 0 0 0 23 0 0 0 0 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Supplies for school and orphanage 27353.00 Purchase Land and Fencing b 90193.25 Money Transfer Fees C 5652.48 d All other expenses Total functional expenses. Add lines 1 through 24e 25 127344.55 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . . .

P	art X	Balance Sheet			
_		Check if Schedule O contains a response to any question in this Part >	(		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	62280.37	1	258630.59
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net [		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
Assets		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	<del></del>
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	C0000 27	16	250020 50
	17	Accounts payable and accrued expenses	62280.37	17	258630.59
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
(n	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u> </u>	22	· · · · · · · · · · · · · · · · · · ·		23	
_	23 24	Secured mortgages and notes payable to unrelated third parties		24	
		Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		05	
	200			25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	07				
<u>a</u>	27	Unrestricted net assets		27	
Ä	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets .		29	
Ľ,		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u></u>
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
Ž	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	0	34	0

Form 9	90 (2012)			Pi	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			694.77
2	Total expenses (must equal Part IX, column (A), line 25)	2		127	344.55
3	Revenue less expenses. Subtract line 2 from line 1	3		196	350.22
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		622	280.37
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2580	630.59
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u></u>		. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın in	Ì	1	1
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipiled or	į		
	reviewed on a separate basis, consolidated basis, or both:		ł		
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	١.
b	Were the organization's financial statements audited by an independent accountant?		2b	Ь—	<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on a			1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the guidity region, or committee that assumes responsibility for of				
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	ــــــ	ــــــ
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain in		1	
٥٠					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Crowler A 1333				
	the Single Audit Act and OMB Circular A-133?		3a		<b>√</b>

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **GOYA Ministries** 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). 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). 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 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). 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 331/3% 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 331/3% 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). 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. **b** Type II c Type III-Functionally integrated d Type iil-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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (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 (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col SUDDOM col. (i) of your above or IRC section governing document? (i) organized in the support? US? (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E)

**Total** 

Part	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua				
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	<del></del>			
	on A. Public Support	<del></del>	·							
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		51897.20	64479.56	118855.20	352230.73	587462.69			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		31037.20	04473.30	110000.20	332230.73	307-402.03			
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3		51897.20	64479.56	118855.20	352230.73	587462.69			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						587462.69			
6	Public support. Subtract line 5 from line 4.					<u> </u>				
	on B. Total Support		1	···						
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4		51897.20	64479.56	1188855.20	352230.73	587462.69			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		165.97	18.40	235.50	204.75	624.62			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10						588087.31			
12 13	Gross receipts from related activities, etc. (see instructions)									
	organization, check this box and stop he	re	<u> </u>	<u> </u>			🕨 🗸			
	on C. Computation of Public Suppor	<u>_</u>								
14 15 16a	Public support percentage for 2012 (line 6) Public support percentage from 2011 Scl 3312% support test — 2012. If the organi	nedule A, Part	II, line 14 .			14   15   2% or more cl	99 % 99 %			
.00	331/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	331/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization di				, or 17b, chec	k this box and	_			

#### 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.)

Secti	on A. Public Support	ditadi tito to	010 11010 2010	, p.o	<u></u>	•/	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		51897.20	64479.56	118855.20	352230.73	587462.69
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			·	İ		
	organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an	*					
	unrelated trade or business under section 513		]				
4	Tax revenues levied for the	<del></del>	<u> </u>				
	organization's benefit and either paid					ì	
	to or expended on its behalf						
5	The value of services or facilities					,	
_	furnished by a governmental unit to the		]				
	organization without charge					1	
6	Total. Add lines 1 through 5		51897.20	64479.56	118855.20	352230.73	587462.69
7a	Amounts included on lines 1, 2, and 3		0.007.20	0.470.30	110000.20	002200.70	007.102.00
	received from disqualified persons .					[	
b	Amounts included on lines 2 and 3		<del> </del>				
	received from other than disqualified						
	persons that exceed the greater of \$5,000		l				
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
•	line 6.)		]				587462.69
Secti	on B. Total Support		1		1		307402.03
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(2) 2000	51897.20	64479.56	118855.20	235231.96	587462.69
10a	Gross income from interest, dividends,		3.037.20	01470.00	110000.20	200201100	001.102.00
	payments received on securities loans, rents,						
	royalties and income from similar sources .		165.97	18.40	235.50	204.75	624.62
b			103.57	10.40	233.30	204.73	024.02
-	section 511 taxes) from businesses		1				
	acquired after June 30, 1975				-	i	
_	Add lines 10a and 10b		<del> </del>				
11	Net income from unrelated business		<del>                                     </del>				
••	activities not included in line 10b, whether		i		ľ		
	or not the business is regularly carried on		1	1			
12	Other income. Do not include gain or		<del> </del>				· · · · · · · · · · · · · · · · · · ·
	loss from the sale of capital assets		1	ļ			
	(Explain in Part IV.)		]	į	1		
13	Total support. (Add lines 9, 10c, 11,		+			<del></del>	
	and 12.)	į	52063.17	64497.96	119090.7	352435.48	588087.31
14	First five years. If the Form 990 is for the	ne organizatio					
	organization, check this box and stop he	_			=		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line to			3. column (fl)		15	99 %
16	Public support percentage from 2011 Sch		•			16	99 %
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 1	<u> </u>
17	Investment income percentage for 2012 (			/ line 13. colum	n (f)) .	17	1 %
18	Investment income percentage from 2011		• • •			18	1 %
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organiz	=	=		-	_	
	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization de	=	=				