

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



Department of the Treasury Internal Revenue Service

BCANNED JUN 27 2013

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Oganto Public Virgacilon

Α	For the 2	2012 calend	dar year, or tax	year begin	ining		, 20 ⁻	12, and	endin	g			,			
В	Check if ap	plicable:	C Name of organ	ızatıon Kin	ngdom Bu:	ilding 1	Minist	cies			D Employ	er ident/	tification Number			
	Addres	ss change	Doing Business								31-	1191	922			
	Name	change	Number and str	reet (or P.O. b	ox if mail is not o	delivered to stre	et addr)		Room/s	suite	E Telepho	one num	ber			
	Initial	-	14485 E.	Evans 2	Ave						(30	3) 7	45-8191			
	Termin		City, town or co				Sta	te ZIP	code + 4	1		- / -				
	H-		Aurora				C	0 80	014	4 G Gross receipts \$1,809,622.						
	H	ation pending	F Name and add	ress of princip	al officer:				<u> </u>							
	<u></u>		Todd M. Brigh			o Aurors		CO 80	014	H(b) Are all If 'No,'	affiliates inc	luded?		No No		
$\overline{}$	Tayleyen	npt status	X 501(c)(3)	501(c) (nsert no.)	4947(a)(1)		527	If 'No,'	attach a list.	(see ins	structions)	_		
÷	Websit	`	w.kbm.org	1001(0) (, ("	noore no.)	1017(0)(1)	V	1021	H(c) Group	evemntion n	ımhar Þ	•			
ĸ		organization	X Corporation	Trust	Association	Other >	Ĭ	I Voor o	f Forma	tion. 1986			legal domicile: CO			
				Trust	ASSOCIATION	Other		Liearo) roma	110II. 136	<u> </u>	riale of t	legal dofficile. CO	—		
W.C	1 Bri	Summar	y he the organizat	tion's miss	ion or most s	ignificant ac	tivities	The T	1001	on of V	inadom	D., . 1	ding Ministr	100		
													lives to Go			
<u> </u>																
혈	and equipping them to live lives of active ministry. Our goal is to set fire and lives on purpose. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)															
Ve.	2 Ch	eck this bo	x ► Uf the	organizatio	on discontinue	ed its operat	ions or dis	posed	of mor	e than 259	% of its ne	et asse	. ets.			
පි	.3 Nu	mber of vo	ting members o	of the gover	rning body (P	art VI, line	ia)					3		12		
∘ ĕ			dependent votin									4		11		
<u>ë</u> .	5 To	tal number	of individuals e	mployed ir	n calendar ye	ar 2012 (Pa	rt V, line 2	a)				5				
≨			of volunteers (e									6		2		
¥			d business reve									7a		0.		
	b Ne	t unrelated	business taxab	le income	from Form 99	90-T, line 34						7b		0.		
	1										rior Year		Current Year			
ø			and grants (Pa					,224,9		1,470,7						
Revenue			ice revenue (Pa								205,7	48.	234,0	<u> 25.</u>		
ě			come (Part VIII,													
ш.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												34,3			
_								•			,463,0	134.	1,739,2	<u> 13.</u>		
		rants and similar amounts paid (Part IX, column (A), lines 1-3)														
		Benefits paid to or for members (Part IX, column (A), line 4)														
ø	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										,032,7	72.	1,180,4	46.		
Expenses	16a Pro	ofessional 1	fundraising fees	(Part IX, o	column (A), li	ne 11e)		• • • • • •								
홄	b Tot	tal fundrais	ing expenses (F	Part IX, col	lumn (D), line	25) 🕨		71,8	<u>853.</u>							
Ш	17 Otl	her expens	es (Part IX, colu	umn (A), li	nes 11a-11d <u>,</u>	11f-24e)	A.	\			548,3	20.	558,0	70.		
	18 Tot	tal expense	es (Part IX, colues. Add lines 13 expenses. Sub-	-17 (must	equal Part X	COLUMNIA VA	Filme 25)	2.f		. 1	,581,0	92.	1,738,5	16.		
	19 Re	venue less	expenses. Sub	tract line 1	8 from line			31			-118,0	58.	6:	97.		
8					1	JN 103	n13 T	16			g of Curren		End of Year			
	20 To	tal assets (Part X, line 16)		الداچا	NN I'O'		民/			,759,9		1,743,6	81.		
₹ <u>₽</u>	21 To	tal liabilitie	s (Part X, line 2	26)	/ ≋/ ₁ /	•••	TIT.				795,4	33.	778,5	12.		
žĮ	22 Ne	t assets or	fund balances.	Subtract li	ne 2 from Ju	REDEN	1.07	لجبب			964,4	72.	965,1	69.		
1:4	inc II	Signatur	e Block		1 5	10000	and the same of th			<u> </u>						
Und				amined this	turn_including ac	companying sch	edules and st	atements,	, and to	the best of m	y knowledge	and bel	ief, it is true, correct, and			
com	plete. Declar	ration of prepa	rer (other than office	r) is based on	all information o	which prepare	r has any kno	wiedge.					ief, it is true, correct, and			
			100	120							_6/	<u> </u>	<u> </u>			
Sig	ın	Signatu	re of officer		7					Da	te					
He	re	Tode	d M. Brigh	ıt												
			print name and title													
		Print/Type p	reparer's name		Preparer's sign	nature		Date	е		Check	ıf	PTIN			
Pa	id				1]	self-employ	ed s-				
	eparer	Firm's name	, -					•								
	e Only	Firm's addre	_				<u>1</u>				Firm's EIN	ırm's EIN ►				
	-		·		-		~			Phone no.						
Mar	the IRS	discuss the	s return with the	e preparer	shown above	? (see instr	uctions						. X Yes	No		
			eduction Act No						TEE	A0101 05/0	0/12		Form 990 (2			

			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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
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		x
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		х
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		х
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		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		x
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		ж
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	x	
	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	11 b		x
	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	11 c		x
	d 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	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f		x
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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	14b		x
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	15		<u>x</u>
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		x
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		x
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		x
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	19		x
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	_		X
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Kingdom Building Ministries

Partil Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
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		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	a 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, and 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		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		x
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
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		x
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		x
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	l	x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf '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		x
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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

BAA Form 990 (2012)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

- Marie Contract	Check if Schedule O contains a response to any question in this Part V				П
				Yes	No
1 8	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 0			
ŧ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a			
Ł	olf at least one is reported on line 2a, did the organization file all required federal employment t	ax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see inst	ructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		x
t	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 Ь		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	r other authority over, a ancial account)?	4a		х
	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 Fin				X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yellow any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5 a		x
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		_
	•		- 30		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	did the organization	6 a		x
	If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?	tributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and par services provided to the payor?		7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?		7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o Form 1098-C?	rganization file a	7 h	.,	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the e excess business	8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9 a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b		10b		-	
11	Section 501(c)(12) organizations. Enter:			·į	
	-	11 a			
	· · · · · · · · · · · · · · · · · · ·	11 Ь			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	12a		
		12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1.		
а	Is the organization licensed to issue qualified health plans in more than one state?		13 a		حدي
	Note. See the instructions for additional information the organization must report on Schedule (
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	13b			
		13c	į.	-	\$ 1.5 1.5
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sch		14b	\dashv	

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI......

	Check if Schedule O contains a response to any question in this Part VI			. x								
Sec	ction A. Governing Body and Management											
			Yes	No								
1:	a Enter the number of voting members of the governing body at the end of the tax year			Ä								
1	b Enter the number of voting members included in line 1a, above, who are independent 1b	X.										
2	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		X								
3		3		x								
4		Ť		Α.								
	since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6												
7 8	a 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?	7 a		х								
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	a The governing body?	8a	X									
I	b Each committee with authority to act on behalf of the governing body?	8 b	Х									
9	Is there any officer, director or 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		x								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Cod	e.)								
-			Yes	No								
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X								
i	b 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?	10 b										
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X									
ı	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1									
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х									
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х									
(C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x									
13	Did the organization have a written whistleblower policy?	13	x									
	Did the organization have a written document retention and destruction policy?	14	x									
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
a	The organization's CEO, Executive Director, or top management official	15a	X									
ŀ	Other officers of key employees of the organization	15b	x									
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)											
16 a	a 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		X								
ı	olf '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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	1,,1:4									
Sec	tion C. Disclosure	100										
	List the states with which a copy of this Form 990 is required to be filed >											
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	ilable	for pu	blic								
	Own website Another's website											
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availa the public during the tax year.	ble to										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zatıon	:									
•		03)_7										
	TEEA0106 08/08/12	Form	agn /	2012)								

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a 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	n nor any r	elated	org	aniz	atio	n com	pen	sated any current office	cer, director, or truste	e
			_	((;)					
(A) Name and Title	(B) Average hours per week (list	offic	er an	dad	check ersor recto	more the state of	9)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Willian Bradshaw	5.00							-		
Director		x _						0.	0.	0.
(2) Matthew Allen	5.00									
Director		ж						0.	0.	0.
(3) Kevin May	5.00		П							
Director		x						0.	0.	0.
(4) Roger Muselman	5.00									
Director		x						0.	0.	_ 0.
(5) Gary Ott	5.00									
Director		x						0.	0.	0.
(6) Art Beckwith	5.00									
Director		X						0.	0.	0.
(7) Beth Reed	5.00									
Director		x						0.	0.	0.
(8) Eric Canaday	5.00									
Director		x						0.	0.	
(9) Ken Sipe	5.00									
Director		x						0.	0.	0.
(10) Stephen Kovach	5.00									
Director		x						0.	0.	0.
(11) Andy Wood	5.00		П							
_ Director		x						0.	0.	0.
(12) Dwight Robertson	40.00									
_ President/CEO		x		x				105,252.	0.	12,669.
(13) Adrian Despres	40.00			\neg						
Vice President				x				101,000.	0.	12,892.
(14) Todd Bright	40.00									
COO/CFO				x				100,000.	0.	6,614.

(15) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total	Form 990 (2012) Kingdom Building Ministr		1		1 -				lirit	31-119192	
Annual Name and table Annual Name Annu	ikaraviia Section A. Officers, Directors, Trus	T	Key 	Em		_	es, a	anc	Highest Com	ipensated Emp	loyees (cont)
(19) Rob. Cupp		Average hours per	box,	unle	Pos heck ss pe	ition more rson directe	is both or/trusi	an tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
(19) Rob. Cupp Chief Content Officer (19) X 72,575. 0. 8,382 (19) (19) (19) (19) (20) (21) (21) (22) (23) (25) (25) (25) (25) (25) (25) (25) (25		(list any hours for	or direc	Institute	Officer	Key em	Highest employe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related
(19) Rob. Cupp Chief Content Officer (19) X 72,575. 0. 8,382 (19) (19) (19) (19) (20) (21) (21) (22) (23) (25) (25) (25) (25) (25) (25) (25) (25		below	tor trust	anai trus		ployee	compen				organizations
Chief Content Officer			8	stee			sated				
(20) (21) (22) (23) (24) (25) 1 b Sub-total (24) (25) 1 to Sub-total incomparts to the continuation sheets to Part VII, Section A do Total (add lines 1b and 1c) (27) 2 Total normer or individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Total normal to the organization 2 Total normal to the companization 2 Total normal to the organization 3 Did the organization 2 Total normal to the organization 3 Did the organization 2 Total normal to the organization 3 Did th		40.00			x				72,575.	0.	8,382.
(20) (21) (22) (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d 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 ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual' 3 Did the organization list any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? 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 L Section B. Independent Contractors 1 Complete this table for your five nighest 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)											
(20) (21) (22) (23) (24) (25) 1 b Sub-total	(17)										-
(20) (21) (22) (23) (24) (25) 1 b Sub-total	(18)										
(25) 1b Sub-total	(19)										
(23) (24) (25) 1 b Sub-total	(20)										
(24) (25) 1 b Sub-total	(21)										
(25) 1 b Sub-total	(22)										
1 b Sub-total 378,827. 0. 40,557	(23)										
1 b Sub-total	(24)										
c Total from continuation sheets to Part VII, Section A d 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 2 Yes No 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 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 X 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)	(25)										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 Yes No 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	c Total from continuation sheets to Part VII, Section	A						l	378,827.	0.	40,557.
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											40,557.
on line 1a? If 'Yes,' complete Schedule J for such individual		o to thos	se iis	leu a	abov	/e) v	VIIO I	ece	ived more than \$1		
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual				е у е	•	-		_	•		. 3 X
for services rendered to the organization? If 'Yes,' complete Schedule J for such person	the organization and related organizations greater the	nan \$15	0,000)? <i>II</i>	'Ye	s' co	omple	ete .	compensation fro Schedule J for		. 4 X
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)	for services rendered to the organization? If 'Yes,' c	ompens omplete	atıon Sch	fror edu	m ar <i>le J</i>	ny ui for s	nrela such	ted <i>per</i> :	organization or in son	dıvıdual	5 X
(A) (B) (C)	1 Complete this table for your five highest compensate	ed indep	ende	ent d	ontr	acto	rs th	at r end	eceived more that	n \$100,000 of the organization's ta	ax year.
	(A)					_			(B)		(C)
				-							
				-	-						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	•	more than									

Pa	Ν	III Statement of Re	venue					
		Check if Schedule O	contains a resi	onse to any question	on in this Part VIII			<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
VICE REVENUE AND OTHER SIMILAR ANOUNTS	f f	Membership dues	1 t 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c	1,470,792. 19,813.	1,470,792. 234,025.	234,025.	0.	0
PROGRAM SERVICE REVENU	d d	All other program service	ce revenue					
		Investment income (incother similar amounts) Income from investment Royalties.	luding dividend	s, interest and			34,	1 1 1 1 1 1 1 1 1
	d d	Gross rents	(i) Real 92,020 63,967 28,053 (i) Securities		28,053.	28,053.	0.	0
	b c	assets other than inventory. Less: cost or other basis and sales expenses						
OTHER REVENUE	b	Gross income from fund (not including . \$	d on line 1c).	Ь				
	9a b	Gross income from gam See Part IV, line 19 Less: direct expenses . Net income or (loss) fro	ing activities.	a b				
	b	Gross sales of inventory and allowances Less: cost of goods sold Net income or (loss) fro	I m sales of inve	b 6,442.	1,874.	1,874.	. 0.	0.
	b c	Other exempt purp	oose income		4,469.	4,469.	0.	0.
	е	Total. Add lines 11a-11c Total revenue. See instr	1		4,469.	268,421.	0.	0.

0.

Part X 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

	Check if Schedule O contains a re				
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2					6.00
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	419,384.	376,941.	25,371.	17,072.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	661,092.	607,468.	24,247.	29,377.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	42,799.	36,641.	2,801.	3,357.
10	Payroll taxes	57,171.	51,511.	3,316.	2,344.
11	Fees for services (non-employees):		-		<u> </u>
а	Management				
b	Legal				
	: Accounting	13,583.	3,143.	10,297.	143.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		<u> </u>		
	Other. (If line 11g amt exceeds 10% of line 25, col-				
	umn (A) amt, list line 11g expenses on Sch O)	9,495.	9,495.	0.	0.
12	Advertising and promotion	22,185.	21,931.	0.	254.
13	Office expenses	83,921.	68,374.	9,733.	5,814.
14	Information technology	33,921.	25,297.	7,803.	821.
15	Royalties				
16	Occupancy	27,415.	23,796.	2,659.	960.
17	Travel	272,818.	256,048.	8,375.	8,395.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,220.	70,499.	7,878.	2,843.
23	Insurance	13,512.	11,728.	1,311.	473.
24					
	covered 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.)				<u> </u>
a					····-
b	' 				
C					
d					
е	All other expenses				· · · ·
25	Total functional expenses. Add lines 1 through 24e	1,738,516.	1,562,872.	103,791.	71,853.
26	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)				

1000		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	77,715.	1	139,181.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	7,701.	4	56.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		, <u></u>	THE STATE OF
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	* 1 mg
A	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use	22,578.	8	15,033.
Ţ	9	Prepaid expenses and deferred charges	32,903.	9	19,713.
·	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 789,992.	1,605,714.	10 c	1,567,674.
	11	Investments – publicly traded securities	1,005,7114.	11	1,307,074.
	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	13,294.	15	2,024.
	16	-		16	1,743,681.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	12,180.	17	22,799.
	18	Grants payable		18	
	19	Deferred revenue	15,192.	19	9,500.
L	20	Tax-exempt bond liabilities		20	
I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
BL	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties	768,061.	23	746,213.
S	24	Unsecured notes and loans payable to unrelated third parties	70070011	24	74074456
	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		25	
	26	Total liabilities. Add lines 17 through 25	795,433.	26	778,512.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.		Š. 2.,	
Ą	27	Unrestricted net assets	904,600.	27	888,674.
≪ U-IHOOD	28	Temporarily restricted net assets	59,872.	28	76,495.
	29	Permanently restricted net assets		29	
P.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			** ₁ (.40)
QZC ₁	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
AZCES	33	Total net assets or fund balances	964,472.	33	965,169.
_E	34	Total liabilities and net assets/fund balances	1,759,905.	34	1,743,681.
BA	1				Form 990 (2012)

Ra	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)	1,7	39,	<u>213.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	1,7	38,	<u>516.</u>
3	Revenue less expenses. Subtract line 2 from line 1			<u>697.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	9	64,	<u>472.</u>
5	Net unrealized gains (losses) on investments	=		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))			
	Financial Statements and Reporting	9	65,	<u> 169.</u>
Dail	·			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	·	
		-	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			- 1
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
1	Were the organization's financial statements audited by an independent accountant?	2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		14.X	
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		West- &	1
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	. 3a		х
l	of '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	. 3b		
BAA		Form	990	(2012)

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

2012

OMB No. 1545-0047

Open to Public Inspection

Name	or une	orga	nization												Employe	er identific	ation number		
Kin		_	Buildin													19192			
Pett		Re	ason for	<u>Publ</u>	ic Cł	narity S	tatus	s (A	III organizati	ions	must	comple	ete this	s part.) See	instruc	tions.	_	
The o	rga	nızat	ion is not a	private	e foun	idation b	ecause	e ıt i	s: (For lines 1	throu	gh 11, c	heck on	ly one b	ox.)					
1	Ш								on of churches			section	170(b)(1)(A)(i).					
2		A s	chool descril	bed in	section	on 170(b)(1)(A))(ii).	(Attach Schedu	ule E.	.)								
3	П	A h	ospital or a	coopei	atıve	hospital	servic	e or	ganization desc	cribed	d in seci	ion 170	(b)(1)(A)(iii).					
4	П	Αm	edical resea	arch o	ganız	ation ope	erated	ın c	onjunction with	n a ho	spital d	escribed	in sect	ion 170	(b)(1)(A)	(iii). Eni	ter the hosp	oital's	
	_	nan	ne, city, and	state:															
5		170	(b)(1)(A)(iv).	. (Con	nplete	Part II.)			college or unive	•		•	•	•	mental ι	unit desc	cribed in se	ction	
6	Ш	A fe	deral, state,	, or loo	al go	vernmen	t or go	over	nmental unit de	escrib	ed in se	ction 17	70(b)(1)(A)(v).					
7		ın s	ection 170(t)(1)(A) (vi).	(Comple	te Par	rt II.		•		•	ernmen	tal unit	or from	the gene	eral public (descrit	oed
8	Ц	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																			
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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																		
е	ш	othe	checking this or than found on 509(a)(2	dation	l certi mana	fy that th gers and	ne orga I other	aniza tha	ation is not con n one or more	trolle	d directi	y or ind	irectly b ganizati	y one o	r more d cribed in	lisqualifi n section	ed persons n 509(a)(1)	or	
f		If th	e organization	on rec	eıved	a writter	deter	mın	ation from the I	IRS tl	hat is a	Type I,	Type II o	or Type	III suppo	orting or	ganızation,		🔲
g		Sind	e August 17	7, 2006	, has	the orga	nızatı	on a	ccepted any git	ft or	contribu	tion fro	m any o	f the fol	lowing p	ersons?			
																		Yes	No
		(i)	below, the	gover	ning t	oody of ti	he sup	por	ols, either alone ted organization	n?		• • • • • • •	• • • • • • •		• • • • • • •	• • • • •	11 g (i)	<u> </u>	
		(ii)	A family m	nembe	r of a	person o	describ	bed	ın (ı) above? .								11 g (ii)	1	
		(iii)	A 35% cor	ntrolled	d entit	y of a pe	erson c	desc	ribed in (i) or (ii) ab	ove?						· 11 g (iii)		1
h									pported organiz								1		
		(i) Na	rme of supported organization	d		(ii) EIN		(ii) Type of organiza described on lines 1 above or IRC sectio (see instructions)	ition 1-9 on))	(iv) is organizz column (i your go docur	ation in Histed in Perning	(v) Did yo the organi column (i supp) of your	organiz	s the ation in nn (i) d in the S.?	(vii) Amou	nt of mo pport	netary
								L	·		Yes	No	Yes	No	Yes	No			
(A)																			
(B)						-													
-								T			-				-				
(C)				\dashv				\vdash			<u> </u>	-							
(D)				\dashv				_						<u> </u>					
<u>(E)</u>																			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,455,158.	1,330,343.	1,032,363.	1,224,989.	1,470,792.	6,513,645.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,455,158.	1,330,343.	1,032,363.	1,224,989.	1,470,792.	6,513,645.
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)	tienye s 1 Agyas on incellerin					
6	Public support. Subtract line 5 from line 4	17 (A			1)		6,513,645.
Se	ction B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,455,158.	1,330,343.	1,032,363.	1,224,989.	1,470,792.	6,513,645.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,677.	9,037.	14,270.	16,430.	28,053.	78,467.
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.)						
	Total support. Add lines 7 through 10		:				6,592,112.
12	Gross receipts from related activi	ties, etc (see ınstı	ructions)			12	
13	First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶
Se	ction C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						98.81%
15	Public support percentage from 2	011 Schedule A, I	Part II, line 14			15	99.01%
16	a 33-1/3% support test — 2012. If and stop here. The organization	the organization d qualifies as a publ	id not check the b licly supported org	ox on line 13, and janization	the line 14 is 33-	1/3% or more, che	eck this box
	b 33-1/3% support test — 2011. If the and stop here. The organization	ne organization di qualifies as a pub	d not check a box licly supported org	on line 13 or 16a ganızation	, and line 15 is 33	-1/3% or more, ch	eck this box
17	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how
	b 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar -circumstances' te	nd-circumstances' est. The organizat	test, check this bition qualifies as a	ox and stop here. publicly supported	Explain in Part IV I organization	how the ▶
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, c	or 17b, check this	box and see instru	ections ▶ ∐

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	···				· -	
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	-					
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 i organization, check this box and			l, third, fourth, or t	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul			12			
	Public support percentage for 20	•	•				
	Public support percentage from 2						<u> </u>
	tion D. Computation of Inv				n (f)	1491	<u> </u>
	Investment income percentage for	•	• •	_		17	४ %
	Investment income percentage from 33-1/3% support tests — 2012. If						
	is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization.	💆 📋
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%,						
ZU RAA	Private foundation. If the organiz	auon did not ched	K a box on line 14		eck this dox and so	e instructions	

Schedule A	(Form 990 or 990-EZ) 2012	Kingdom	Building	Ministries	31-1191922	Page 4
ReaRW	Supplemental Informa Part II, line 17a or 17b (See instructions).	ntion. Comple o; and Part III	ete this part , line 12. Als	to provide the explant to complete this part t	ations required by Part II, line for any additional information.	10;
			- -	. 		
		-	. 			
						
			. 			
		 	 _			
- 			·			
						
- 						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Employer identification number

Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Kingdom Building Ministries 31-1191922 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **-**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

BAA

Partin Organizations Maintaini	ng Collections	of Art, Histo	rical Treasures, o	r Other Similar Ass	sets (cor	ntinu	ed)
3 Using the organization's acquisition, items (check all that apply):	accession, and ot	_		that are a significant us	e of its col	lection	า
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e U Other					
c Preservation for future generation							
4 Provide a description of the organizar Part XIII.					ın		
5 During the year, did the organization to be sold to raise funds rather than t	solicit or receive to be maintained	donations of art, as part of the org	historical treasures, or anization's collection?	other similar assets	Yes		No
Escrow and Custodial Arra reported an amount on F	orm 990, Part	X, line 21.	rganization answer	red 'Yes' to Form 990	, Part IV,	, line s	9, or
1 a Is the organization an agent, trustee, on Form 990, Part X?				er assets not included	Yes		No
b if 'Yes,' explain the arrangement in P	art XIII and comp	lete the following	table:				
					Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an amou						L	No
b if 'Yes,' explain the arrangement in P	art XIII. Check he	ere if the explantion	on has been provided i	ın Part XIII		····L	J ——
Endowment Funds. Com	plete if the or	ganization an	swered 'Yes' to Fo	orm 990, Part IV, lir	ne 10.		
	(a) Current	(b) Prior yea		(d) Three years		ur year	s
1 a Beginning of year balance					T		
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of	the current year e	end balance (line	1g, column (a)) held a	is:			
a Board designated or quasi-endowmen	nt ►	8					
b Permanent endowment ►							
c Temporarily restricted endowment		%					
The percentages in lines 2a, 2b, and	2c should equal 1	100%.					
3 a Are there endowment funds not in the	nossession of th	e organization th	at are held and admin	istered for the			
organization by:	, possession o. a.	io organization a	at are trova and autim.		`	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' to 3a(II), are the related organ	nizations listed as	required on Sch	edule R?		. 3b		
4 Describe in Part XIII the intended use	s of the organiza	tion's endowmen	t funds.				
Pan Land, Buildings, and Equ	uipment. See	Form 990, Pa	rt X, line 10.				
Description of property	(a) Cos	t or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ok val	lue
1 a Land		281,221.				281,	221.
b Buildings		,887,496.		650,281.	1,	237,	215.
c Leasehold improvements				- ::			
d Equipment		136,618.		133,442.		3,	176.
e Other		52,331.		6,269.		46,	062.
Total. Add lines 1a through 1e. (Column (d)		n 990, Part X, co	lumn (B), line 10(c).)	<u></u>	1,	567,	674.

1,567,674. Schedule D (Form 990) 2012

Investments - Other Securities. See	<u>Form 990, Part X,</u>	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation: Cost or of-year market value
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(l) 22			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Investments - Program Related. See	Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation: Cost or of-year market value
(1)		end-c	or-year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Other Assets. See Form 990, Part X, I			
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, column (B)). line 15.)		
Other Liabilities. See Form 990, Part			
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)		:	
(3)			
(4)			
(5)		11,514,11,11	
(6)			water and the
(7) (8)		TO MAKE 1.	
(C)	1		
		a market stock a company	
(9)		Service Control of the Control of th	
(9) (10)		Karri pa 1975 f	
(9)	>	Kara panggal Pedadad Santa	

	. edule D (Form 990) 2012 Kingdom Building Ministries 3	1-11919	22 Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per F		
1	Total revenue, gains, and other support per audited financial statements		1,809,622.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments		
í	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIII.)		
•	e Add lines 2a through 2d	. 2e	70,409.
3	Subtract line 2e from line 1	. 3	1,739,213.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
ŧ	a Investment expenses not included on Form 990, Part VIII, line 7b		
ı	b Other (Describe in Part XIII.)		
•	c Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,739,213.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total expenses and losses per audited financial statements		1,808,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
4	a Donated services and use of facilities		
ı	b Prior year adjustments		
	c Other losses	- 22	
	d Other (Describe in Part XIII.)		
	e Add lines 2a through 2d	2 e	70,409.
	Subtract line 2e from line 1	3	1,738,516.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,750,510.
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	-	
(Add lines 4a and 4b	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,738,516.
12:17	Supplemental Information		
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	lines 1b and additional in	2b; Part V, formation.
Pt	XI Line 2d Rental Expenses and COGS classified as Expenses		
Pt.	XII Line 2d Rental Expenses and COGS classified as Expenses		
			_
		_	

TEEA3304 11/30/12

Schedule **D** (Form 990) 2012

BAA

Schedule D (Form 990) 2012 Kingdom Building Ministries Supplemental Information (continued)	31-1191922	Page 5
Supplemental Information (continued)		
		
		-
		
		 .
	·	
	· 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

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

2012 open to Ruble Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Kingdom Building	Ministries	31-1191922
Pt VI, Line 11b	A copy of the Form 990 is provided to all board me	mbers prior to being filed.
Pt_VI, Line_12c_	Annually, each officer and director sign a written co	nflict of interest statement.
Pt_VI, Line_15b_	The compensation forall officers and key employees is rev	iewed and approved by the board.
Pt_VI, Line_19	The ministry's governing documents, conflict of interest policy and financi	al statements are available to the public.
Pt_VI,_Line_15a_	The compensation for the CEO is reviewed and	approved by the board.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

and equipping them to live lives of active ministry. Our goal is to set hearts on fire and lives on purpose.

Supporting Statement of:

Form 990 p 11/Line 9, column (A)

Description	Amount
AR	1,049.
Employee AR	7,372.
Prepaid Postage	397.
Prepaid Other	24,085.
Total	32,903.

Supporting Statement of:

Form 990 p 11/Line 23, column (A)

Description	Amount
Current	21,318.
LT Debt	746,743.
Total	768,061.

Supporting Statement of:

Form 990 p 11/Line 23, column (B)

Description	Amount
Current Portion of Debt	22,570.
Debt, net of current portion	723,643.
Total	746,213.

Supporting Statement of:

Sch. A, page 2/Line 8-1

Description	Amount
	1,652.
	9,025.

 ਓ.

Supporting Statement of:

Sch. A, page 2/Line 8-2

Description	Amount
Rental Income	9,025.
Interest Income	12.

Total 9,037.

(Rev. January 2013)

Department of the Treasury

Copy: Filed Sholi3 Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Internal Revenu								
•	e filing for an Automatic 3-Month Extension, o	-	_				. ▶ 🗆	
-	e filing for an Additional (Not Automatic) 3-Mo		-			-		
Do not cor	mplete Part II unless you have already been g	ranted an	automatic 3-month	extension on a previo	usly f	iled Form	ı 8868.	
a corporati 8868 to re- Return for	filing (e-file). You can electronically file Form ion required to file Form 990-T), or an addition quest an extension of time to file any of the formal Transfers Associated With Certain Personal s). For more details on the electronic filing of the	al (not auto forms listed Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the II	an ele f For RS ir	ectronical m 8870, I n paper f	lly file Form Information format (see	
Part I	Automatic 3-Month Extension of Time	. Only sul	bmit original (no co	onies needed).				
A corporat	tion required to file Form 990-T and reques	sting an a	utomatic 6-month	extension-check thi				
	orporations (including 1120-C filers), partnersh							
	me tax returns.	•	•	,				
				Enter filer's identifyin	g nur	nber, see i	instructions	
Type or	Name of exempt organization or other filer, see in	structions.	s. Employer identification			on number (EIN) or		
print	Kingdom Building Ministries		31			I-1191922		
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instr	tructions. Social security number			r (SSN)		
due date for	14485 E. Evans Ave							
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	Aurora, CO 80014						_	
Enter the F	Return code for the return that this application i	s for (file a	separate application	n for each return) .			0 1	
Application	on	Return	Return Application				Return	
Is For		Code	is For				Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation) 07				07	
Form 990-	-BL	02	Form 1041-A 08				08	
Form 4720	0 (individual)	03	Form 4720					
Form 990	-PF	04	Form 5227 10					
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990	-T (trust other than above)	06	Form 8870				12	
Telephon	res are in the care of ► 1	F.	AX No. ▶				. ▶□	
• If this is for	or a Group Return, enter the organization's fou	r digit Gro	up Exemption Numb	oer (GEN)		If this		
for the who	ble group, check this box \dots $ ightharpoonup$. If i	it is for par	t of the group, checl	k this box	▶ [and att	:ach	
	he names and EINs of all members the extensi							
	quest an automatic 3-month (6 months for a co					The oute	analan ia	
unti		npt organiz	zation return for the	organization named a	DOVE	. The exte	HISIOH IS	
	the organization's return for:							
	calendar year 20 <u>12</u> or							
▶ □	tax year beginning	20	and ending			. 20		
2 If th	urn	,	··					
_	e tax year entered in line 1 is for less than 12 n Change in accounting period							
	is application is for Form 990-BL, 990-PF, 990)-T, 4720,	or 6069, enter the te	entative tax, less any		T		
	refundable credits. See instructions.	•		•	За	\$	0	
	nis application is for Form 990-PF, 990-T, 4	720, or 6	069, enter any refu	undable credits and			<u>_</u>	
	mated tax payments made. Include any prior y	-				\$	0	
	ance due. Subtract line 3b from line 3a. Includ			if required, by using				
EFT	PS (Electronic Federal Tax Payment System).	See instruc	ctions.		3с	\$	0	
Caution. If y	ou are going to make an electronic fund withdrawal	with this For	rm 8868, see Form 845	3-EO and Form 8879-E	O for	payment in		

Form 8868 (Hev	·				Page 2		
Note. Only o	filing for an Additional (Not Automatic) 3-M complete Part II if you have already been gra filing for an Automatic 3-Month Extension,	inted an aut	omatic 3-month ext	ension on a previously filed Form			
	Additional (Not Automatic) 3-Month E				- 		
r ar t II	Additional (Not Adtomatic) 3-Nonth	EXTENSION	or rinne. Only file	Enter filer's identifying number,			
_	Name of exempt organization or other filer, see	instructions		Employer identification number (E			
Type or print	Traine of oxompt organization of other mar, see			Employer identification number (E			
File by the due date for	Number, street, and room or suite no. If a P.O. b	oox, see instr	uctions.	Social security number (SSN)			
filing your return. See instructions	See Sky, town or post office, state, and an observe a foreign address, see manualions.						
Enter the Re	eturn code for the return that this application	is for (file a	separate application	n for each return)			
Application Is For	tion Return Application Code Is For			Return Code			
Form 990 o	or Form 990-EZ	01		· · · · · · · · · · · · · · · · · · ·	1. 18 2 16 1		
Form 990-E	BL	02	Form 1041-A		08		
Form 4720	(individual)	03	Form 4720		09		
Form 990-F	PF	04	Form 5227		10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870		12		
	ot complete Part II if you were not already gr are in the care of ▶				rm 8868.		
If this is for or the whole ist with the r	No. ▶ nization does not have an office or place of be a Group Return, enter the organization's for a group, check this box ▶ ☐ . If names and EINs of all members the extension usest an additional 3-month extension of time alendar year, or other tax year beginning tax year entered in line 5 is for less than 12	ousiness in t ur digit Grou it is for part on is for.	the United States, clup Exemption Numb	per (GEN) ▶ □ and	If this is d attach a		
☐ Ch	ange in accounting period						
	application is for Form 990-BL, 990-PF, 99 fundable credits. See instructions.	0-T, 4720, d	or 6069, enter the te	entative tax, less any 8a \$			
estima	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.						
	ice due. Subtract line 8b from line 8a. Include y ronic Federal Tax Payment System). See instruc						
	Signature and Verifica	ition must	be completed for		·-·		
	es of perjury, I declare that I have examined the delief, it is true, correct, and complete, and that				the best of my		
ignature ▶		Title ►		Date ►			