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DLN: 93493319081513

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

Form **990**

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

Open to Public Inspection

Δ Fo	r the :	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31	-2012		
		pplicable	C Name of organization	2012	D Employer i	identification number
_	ress ch		UNION MISSION MINISTRIES INC			
_		-	Doing Business As		55-6000	896
_	me cha	-				
Init	ıal retu	m	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Telephone r	number
Ter	mınate	d	PO BOX 112		(304)925	5-0366
– Am	ended	return	City or town, state or country, and ZIP + 4		(304)32.	3-0300
— App	lication	n pending	CHARLESTON, WV 25321		G Gross receir	ots \$ 5,545,129
			F Name and address of principal officer	H(a) Ict	nis a group reti	urn for
			REV D REX WHITEMAN		ates?	┌ Yes ┌ No
			PO BOX 112 CHARLESTON,WV 25321			
			CHARLESTON, WV 25521			cluded? TYes TNo
_[Ta	x-exem	npt status	✓ 501(c)(3)	11	lo," attach a li	st (see instructions)
	- 1 14 -			H(c) Gro	up exemption	number ►
	ebsite	2: F- VV VV	/W WEFEEDPEOPLE COM			
(Forr	n of org	ganızatıon	✓ Corporation Trust Association Other ►	L Year of f	ormation 1911	M State of legal domicile
Da	rt I	Sum	mary			<u>wv</u>
РŒ			-			
			escribe the organization's mission or most significant activities HEDULE O			
υ	_	022 001				
sovemance s						
Ĕ	-					
2	2 (Check th	nis box 🔭 if the organization discontinued its operations or disposed o	f more than	25% of its net	assets
	١,,	NI ma la a m	of voting manchage of the government hady (Doub VI. Line 1.)		Ι.	.
Activities &	l		of voting members of the governing body (Part VI, line 1a)			16
₽	l		of independent voting members of the governing body (Part VI, line 1b)			16
Ę	l		mber of individuals employed in calendar year 2012 (Part V, line 2a)		· · ·	5 73
Ť	l		mber of volunteers (estimate if necessary)		6	,
			related business revenue from Part VIII, column (C), line 12		7	
	В	Net unre	nated business taxable income from Form 990-1, line 34	1		1
				Pri	or Year	Current Year
ā	8		butions and grants (Part VIII, line 1h)	4,920,597		
Revenue	9		m service revenue (Part VIII, line 2g)	124.702		
Ž	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		134,783	· · · · · · · · · · · · · · · · · · ·
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		89,087	-20,811
	12		evenue—and files of through 11 (must equal Fart V111, Column (A), file		5,144,467	4,849,490
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,964,248	1,925,194
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		0	0
	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines			
Expenses		5-10)			1,948,303	1,918,354
<u>ā</u>	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0
ਡੋ	b	Total fu	ndraising expenses (Part IX, column (D), line 25) • 390,357			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,277,818	1,202,919
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,190,369	5,046,467
	19	Reven	ue less expenses Subtract line 18 from line 12	.	-45,902	-196,977
8°€					ng of Current	End of Year
9 4 4 9 4 4		-	and the Annual Co	<u> </u>	Year	
net Assets of Fund Balances	20		assets (Part X, line 16)	<u> </u>	4,254,716	
3 S	21		liabilities (Part X, line 26)		229,137	
	22		sets or fund balances Subtract line 21 from line 20		4,025,579	3,878,059
	rt II		ature Block			
ny ki	nowled	dge and l	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge			
		****	**		2013-11-14	
Sign	1	Signa	ature of officer		Date	
der		k REV	D REX WHITEMAN PRESIDENT/CEO			
			or print name and title			
					eck If PTI	
Paid	t	<u> </u>	HORACE W EMERY CPA Firm's name ► SUTTLE & STALNAKER PLLC		f-employed POC m's EIN ► 55-05:	38163
⊃re	pare		INTO STATE & STATEMAKER FLEC		2 ETIN E. 33-03.	
	Onl		rım's address ► 1411 VIRGINIA ST E STE 100	Ph	one no (304) 34:	3-4126
		•		1		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

orm	990 (2012)					Page 2
Part			rice Accomplishm ponse to any question			
1	Briefly describe the	organization's missio	n			
ЕМО	TIONAL NEEDS THR	OUGHOUT WEST VI	RGINIA THROUGH TI	HE PROVISION	EACH THE GOSPEL AND NOT SHELTER, CLOTHING, AND BRUISED BY ADDIC	FOOD, COUNSELING,
2	the prior Form 990 o				which were not listed on	
3	•	cease conducting, or	make significant chan	ges in how it cond	ducts, any program	
	If "Yes," describe the	ese changes on Sche	lule O			
4	expenses Section 5	01(c)(3) and 501(c)(quired to report t	e largest program services, he amount of grants and all	
4a	IN 19 OF WEST VIRGINI ALSO RESPONDS QUICK KIND FROM BUSINESSE	A'S 55 COUNTIES THIS IS LY TO PROVIDE EMERGEN S, FOOD RESOURCE PROG	THE LARGEST FOOD DISTR ACCOMPLISHED FROM 38 S CY RELIEF FOLLOWING FLO	SEPARATE SITES TOU DDS OR OTHER DISA RY PROGRAMS THIS	995,343) (Revenue \$ HE STATE OF WEST VIRGINIA, DIS ICHING AN AVERAGE OF 38,812 P STERS THE GOODS DISTRIBUTED PROGRAM IS 98% VOLUNTEER D HES	EOPLE MONTHLY OUTREACH ARE RECEIVED AS GIFTS-IN-
4b	(Code) (Expenses \$	775,399 ıncludı	ng grants of \$	371,675) (Revenue \$	1
-	CROSSROADS HOMELES CHRIST-CENTERED PRO TRANSPORTATION, ADV 42 SEPARATE INDIVIDUA	S SHELTER THIS FACILIT DGRAM ENVIRONMENT SEF OCACY, REFERRAL, PERM ALS DAILY, A TOTAL OF 40	//PROGRAM PROVIDES SER LVES 3 MEALS DAILY, SHELT ANENT HOUSING PLACEMEN 4 SEPARATE INDIVIDUALS F	VICES TO HOMELESS ER, MOTIVATIONAL A T, CHAPEL SERVICES OR THE YEAR WERE	MEN EVERY HOUR OF THE DAY, 3 IND JOB READINESS COUNSELING AND LIFE APPLICATION BIBLE ST SERVED THE GOAL OF CROSSRO LS ARE SERVED, AND 12,238 LOD	, EMERGENCY UDIES SERVING APPROXIMATELY ADS IS TO EQUIP MEN TO RE-
4 c	CRISIS OR AT RISK OF DOMESTIC VIOLENCE OF ADVOCACY, EMOTIONAL INDIVIDUALS MONTHLY	BECOMING HOMELESS FA R POVERTY PROGRAM SEI . & SPIRITUAL COUNSELIN AND A TOTAL OF 6,229 FA	ICES DEPARTMENT IS COMI MILIES FROM A 17-COUNTY RVICES INCLUDE FOOD, CL G AS WELL AS ASSISTANCE MILIES FOR THE YEAR THA	RADIUS COME TO A DTHING, UTILITY AND FOR FAMILIES IN EMI NKSGIVING & CHRIS	386,675) (Revenue \$ PHYSICAL, SPIRITUAL & EMOTION S US AS A RESULT OF EVICTION, D RENTAL ASSISTANCE, LIFE MANA ERGENCY SITUATIONS, SERVING A ITMAS FOOD BOXES ARE DISTRIBL DYS FOR CHILDREN DISTRIBUTED	HOUSE FIRE, UNEMPLOYMENT, AGEMENT SKILL COUNSELING, AN AVERAGE OF 519 JTED TO A COMBINED TOTAL OF
	(Code) (Expenses \$	1,573,035 includi	ng grants of \$	171,501) (Revenue \$)
	BROOKSIDE FAMILY LIFI SEPARATE PROGRAMS A FOR SINGLE MOTHERS A PRIVATE ROOMS, MEALS LONG-TERM PROGRAM PROGRAM SERVICES IN BUDGETING, HEALTH AN LIFE APPLICATION BIBLE AND ENABLE EACH YOU AND INTO THE CRUCIAL RELATIONSHIPS, DOMES BROOKSIDE IS TO SHAR PROVIDED 5,782 LODGI DISTRIBUTION TO THE I FREE HANDOUTS HOW DIGNITY BY SHOPPING I DOMESTIC/FAMILY ABU RELATIONSHIPS FOUND INCARCERATION, DOME MEALS, CLOTHING, PER NOUTHETIC COUNSELIN	E CENTER THIS IS A RESI ARE OFFERED WITHIN THIS AND THEIR FAMILIES WHO BOOK COUTHING AND PERSON ENCOURAGES SINGLE MOT CLUDE UP TO A 24-MONTH BOOK THE HATERNITY STUDIES THE MATERNITY NOW OMAN TO PROVIDE L MONTHS FOLLOWING, PROSTIC READINESS, EDUCAT. BOT THE LOVE OF CHRIST IN NGS THRIFT STORE MINIST EVER, MORE THAN HALF OF BOOK THROUGH THE THESE EVER, MORE THAN HALF OF BUST LIKE OTHER CUSTOM BE SITUATIONS THE STAF ATIONS/DISCIPLESHIP PROSTIC STIC DIFFICULTIES AND E SONAL ITEMS, RECREATIO IG, BIBLE STUDIES/LIFE AF	DENTIAL PROGRAM FOR YOU STRUCTURE THE WOMEN FIND THEMSELVES SUDDER AL ITEMS, RESOURCE COUITHERS TO STRIVE FOR POSITY PROGRAM PROVIDES A RESIDENCY, PRIVATE ROOF PROGRAM PROVIDES A RESIDENCY THE THEORY AS PECT WITH THE STORE AS FAMILIES SERVED THE F SHARES THE GOSPEL THROGRAM THIS RESIDENTIAL MOTIONAL TRAUMA WITHINAL NEEDS AND CLASSROOPLICATION PRINCIPLES AND	UNG, AT-RISK AND A AND CHILDREN SHE NLY HOMELESS PROGUSELING, CHAPEL SEITIVE CHANGE THROUD COME, CLASSROOM INSTANCE SHE CARRIES PROGUSEL SERVICES AND LIFE MANAGEMENT SEL SERVICES AND LIFE CEPTS DONATIONS OF AT REDUCED PRICE OUGH WITNESS, SCE PROGRAM FOR MEN A CONTROLLED EN MINSTRUCTION PROGUST OF A WAY USING A WAY US	ABUSED SINGLE MOTHERS AND THE LITER MEETS THE EMERGENCY NE GRAM SERVICES OFFERED TO MEI RVICES AND LIFE APPLICATION BIJGH A CURRICULUM OF PRACTIC. NAL RESOURCES, CAREER DEVELOM OF THE STAND SHELTE SKILLS, TRAINING IN PARENTING, E APPLICATION BIBLE STUDIES TO AND CHILDREN BROOKSIDE SER OF NEW AND USED GOODS FROM ES SINCE NEEDY INDIVIDUALS AR OUCHER SYSTEM, WHICH ALLOWS OF SYSTEM ARE VICTIMS IN FLOOI IS DESIGNED TO MEET THOSE SUVIRONMENT, WE PROVIDE EACH OGRAM SERVICES INCLUDE PSYCHIS PROGRAM IS DESIGNED TO EDOGINGS ARE PROVIDED TO A TODOGINGS ARE PROVIDED TO A TODOGING ARE PROVIDED TO A TODO	HEIR CHILDREN THREE EDS OF HOUSING AND FOOD ET THEIR NEEDS INCLUDE BLE STUDIES THE CORNERSTONE AL LIFE MANAGEMENT SKILLS S, FINANCIAL MANAGEMENT AND DOPMENT, CHAPEL SERVICES AND ING SUPPORT, TO ENCOURAGE R THROUGHOUT PREGNANCY FINANCE, HEALTH, HYGIENE, HE DRIVING FORCE BEHIND EVED 13,367 MEALS AND I THE GENERAL PUBLIC FOR E OFTEN UNWILLING TO ACCEPT IS FAMILIES TO MAINTAIN THEIR DOS, HOUSE FIRES, OR IND PERSONAL IFFERING WITH ADDICTIONS, WITH PRIVATE LIVING SPACE, HOLOGICAL TESTING, NABLE INDIVIDUALS TO
4d	Other program serv	rices (Describe in Sch	redule O)			
	(Expenses \$		cluding grants of \$	171,50	01)(Revenue\$)

4e Total program service expenses ►

4,313,018

art IV	Check	dist of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		Νo
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^{\square}	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Yes	
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		No
С	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		No
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	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{\bullet}	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
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? If "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	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		No
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		No
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		No
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	1		1
_		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νo
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</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c		
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
2-		3-		N.o.
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
тa	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
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			
_				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ou	organization solicit any contributions that were not tax deductible as charitable contributions?			140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	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	Yes	
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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand	<u> </u>		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16				
	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							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16				
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?			2	Yes			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No		
4	Did the organization make any significant changes to its governing documents since filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the o	organız	atıon's assets? .	5		No		
6	Did the organization have members or stockholders?			6		No		
7a	7a 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?							
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ui	ndertaken during the					
а	The governing body?			8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule			:he 9		No		
_								
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Interna	I Reven	ue Cod	(e.)		
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Interna	I Reven	ue Cod Yes	(e.) No		
	Did the organization have local chapters, branches, or affiliates?	requi	red by the Interna	I Reven				
10a			of such chapters,			No		
10a b	Did the organization have local chapters, branches, or affiliates?	tivities	of such chapters, xempt purposes?	10a 10b		No		
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its constant.	tivities ion's e ts gov	of such chapters, xempt purposes? erning body before fil	10a 10b		No No		
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9	of such chapters, xempt purposes? erning body before fil	10a 10b		No No		
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9	of such chapters, xempt purposes? erning body before fil 90 rests that could give	10a 10b 11a 12a	Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9	of such chapters, xempt purposes? erning body before fil 90 rests that could give	10a 10b 11a 12a 12b	Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte	of such chapters, xempt purposes? erning body before file of the second	10a 10b 11a 12a 12b	Yes Yes Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of the form? Describe in Schedule O the process, if any, used by the organization to review this limit to organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivities ion's e its gov Form 9 Ily inte	s of such chapters, xempt purposes? erning body before files. 90	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte n the p	of such chapters, xempt purposes? erning body before file of the second	10a 10b 11a 12a 12b be 12c 13 14	Yes Yes Yes Yes Yes Yes	No No		
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Ily inte h the p view an	of such chapters, xempt purposes? erning body before file of the second give of the secon	10a 10b 11a 12a 12b be 12c 13 14	Yes Yes Yes Yes Yes Yes	No No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Ily inte . n the p . /iew an	of such chapters, xempt purposes? erning body before file of the second give of the secon	10a 10b 11a 12a 12b be 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov . Form 9 . Ily inte . n the p . /iew an	of such chapters, xempt purposes? erning body before file of the second give of the secon	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No		
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 	of such chapters, xempt purposes? erning body before fil	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No		
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 . Illy inte n the p	of such chapters, xempt purposes? erning body before file	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►WV
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) 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)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►GEARRY BAILEY 700 SOUTH PARK ROAD CHARLESTON, WV (304) 925-0366

Part VIII 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, or 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) Name and Title	(B) A verage hours per week (list any hours for related organizations below	(C) not check so chec						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	tional Trustee		nployee	t compensated ee	-			organizations
(1) JAMES CARR	1 00	x						О	0	0
BOARD MEMBER (2) ALVIN CAMPBELL	1 00									
BOARD MEMBER	1 00	×						0	0	0
(3) STEVE CORBIN	1 00	, , , , , , , , , , , , , , , , , , ,								
BOARD MEMBER		X						0	0	0
(4) DR MITRI GHAREEB	1 00	×						0	0	0
BOARD MEMBER		_ ^						U	U	0
(5) NANCY HILL	1 00	×		x				0	0	0
ASSISTANT SECRETARY				L^				Ŭ	0	
(6) BOBBI HOLLAND	1 00	x						0	0	0
BOARD MEMBER									_	
(7) BILL MORTON	1 00	×						0	0	0
BOARD MEMBER										
(8) OTIS O'CONNOR	1 00	×		х				0	0	0
SECRETARY (9) LISA PACK	1.00									
	1 00	x		х				0	0	0
TREASURER (10) PATRICK RAWLINGS	1 00	-								
	1 00	x						0	0	0
BOARD MEMBER (11) MAJ GEN JOSEPH SKAFF	1 00									
VICE CHAIRMAN		×		х				0	0	0
(12) WILLIAM SMITH	1 00									
BOARD MEMBER		X						0	0	0
(13) CALVIN SUTPHIN	1 00									
ASSISTANT TREASURER		X		X				0	0	0
(14) TROY THORNTON	1 00			,,						
CHAIRMAN		X		X				0	0	0
(15) THOMAS TOLIVER	1 00	х						0	0	0
BOARD MEMBER		_ ^						0	0	0
(16) EMORY YOUNG	1 00	×						0	0	0
BOARD MEMBER								ı	0	0
(17) DONALD R WHITEMAN	50 00			х				56,599	0	27,704
PRESIDENT/CEO				<u> </u>				30,333		
										Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box thar	check , unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensati from relate organizatio	on d ns	compensation from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)) -	organiz	lated	
(18)	GEARRY BAILEY	50 00			х				45,785		o		16,895	
VP FII	VANCES													
1b c	Sub-Total	VII. Section A		•	•		•							
d	Total (add lines 1b and 1c)						▶		102,384		0		44,599	
2	Total number of individuals (including b \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than			1 1		
3	Did the organization list any former offi on line 1a? <i>If</i> "Yes," complete Schedule J							r hıç	ghest compensate	d employee	3	Yes	No No	
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	4		No	
5	Did any person listed on line 1a receive services rendered to the organization?									ndıvıdual for	5		No	
	ection B. Independent Contracto	\r_C												
1	Complete this table for your five highes compensation from the organization Re	t compensated										tax year		
		(A) usiness address								(B) on of services		(C) Compensation		
											\dashv			
											〓			
	Total number of independent contractors \$100,000 of compensation from the orga		not lım	ited 1	to th	ose	listed	ab	ove) who received	more than				

Part V		Statement of Revenue					rage 3
		Check if Schedule O contains a response to any	question		<u> </u>	<u></u>	<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
s L	1a	Federated campaigns 1a	2,209				
ant	ь	Membership dues 1b					
s, Grants Amounts	С	Fundraising events 1c					
iffs, ar A	d	Related organizations 1d					
9 ∺	e	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,742,421				
듚	g	Noncash contributions included in lines	2,605,113				
Cont and	h	1a-1f \$		4,744,630			
<u> </u>			► Codo	, ,			
TIL 6	2a	Busines	s Code				
e Ke	ь						
ъ П	С						
ja Na	d						
ਔ =	е						
Program Serwce Revenue	f	All other program service revenue					
š	g	Total. Add lines 2a – 2f	. •				
	3	Investment income (including dividends, interes		134,291			134,291
	4	and other similar amounts)		134,231			134,231
	5	Royalties					
		(ı) Real (ıı) Per	sonal				
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	· •				
		(i) Securities (ii) O	ther				
	7a	Gross amount from sales of assets other than inventory	7,100				
	ь	Less cost or other basis and	15,720				
		sales expenses	·				
	d d	Sain or (loss) Net gain or (loss)	-8,620	-8,620			-8,620
u		Gross income from fundraising events (not including		0,020			0,020
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18					
ت د		a					
ф	ь	Less direct expenses b					
0	c	Net income or (loss) from fundraising events .	. •				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities .	· •				
	10a	Gross sales of inventory, less returns and allowances .	593,259				
	h	Less cost of goods sold b	679,919				
		Net income or (loss) from sales of inventory .		-86,660	-86,660		
		Miscellaneous Revenue Busines					
	11a	MISCELLANEOUS	900099	65,849			65,849
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	►	65,849			
	12	Total revenue. See Instructions	. •	4,849,490	-86,660	0	191,520

Part IX Statement of Functional Expenses

Part IX Statement of Functional Expenses								
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	-	•	lete column (A)				
	Check if Schedule O contains a response to any question in this Pa	<u>rt IX</u>			· · · · · · · · · · · · · · · · · · ·			
	ot include amounts reported on lines 6b, o, 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	Grants and other assistance to individuals in the United States See Part IV, line 22	1,925,194	1,925,194					
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	146,983	53,170	59,446	34,367			
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	1,201,903	982,216	60,350	159,337			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	474,731	390,242	39,247	45,242			
10	Payroll taxes	94,737	77,463	3,710	13,564			
11	Fees for services (non-employees)							
а	Management							
b	Legal							
c	Accounting	20,689		20,689				
d	Lobbying							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,445		27,445				
12	Advertising and promotion	48,883	6,454	257	42,172			
13	Office expenses	169,219	43,873	47,893	77,453			
14	Information technology	11,654	4,315	6,373	966			
15	Royalties							
16	Occupancy	235,848	210,303	16,787	8,758			
17	Travel	77,353	76,202	788	363			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	12,329		12,329				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	107,291	99,313	7,612	366			
23	Insurance	80,953	63,630	17,323				
24	Other expenses Itemize expenses not 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)							
а	CHARITY ASSISTANCE	238,255	232,255	6,000				
b	MISCELLANEOUS	76,793	58,780	13,939	4,074			
c	PROPERTY & EQUIPMENT MA	68,795	62,555	2,904	3,336			
d	FOOD SERVICE	27,412	27,053		359			
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	5,046,467	4,313,018	343,092	390,357			
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)							

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	Partx	· · · ·	(A)	•	(B)
		Cook non interest heaving			Beginning of year 195,748	1	End of year 192,363
	1	Cash—non-interest-bearing			92,513		92,587
	2	Savings and temporary cash investments			101,320		
	3	Pledges and grants receivable, net			101,320		1,320
	4	Accounts receivable, net				4	
Assets	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of			5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and $6000000000000000000000000000000000000$	iting employers		6		
	7	Notes and loans receivable, net				7	
	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	nd equipment cost or other basis Complete				
	ь	Less accumulated depreciation	10b	3,540,566	1,180,789	10c	1,104,832
	11	Investments—publicly traded securities			11		
	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		•	2,684,346		2,733,802
	16	Total assets. Add lines 1 through 15 (must equal line 34).			4,254,716		4,124,904
	17	Accounts payable and accrued expenses			139,137	17	156,845
	18	Grants payable		•	100,107	18	100,010
	19	Deferred revenue		• •		19	
	20					20	
		Tax-exempt bond liabilities					
<u>je</u> s	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabiliti	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	stees,				
豆		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	5.	•		23	
	24	Unsecured notes and loans payable to unrelated third parties			90,000	24	90,000
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	t X of S	Schedule		25	
	36	D			229,137	25 26	246,845
	26	Total liabilities. Add lines 17 through 25			229,137	26	240,845
φ O		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	√ and c	ompiete			
2	27	Unrestricted net assets			1,145,786	27	959,555
<u>ର</u>	28	Temporarily restricted net assets		- -	195,447	28	184,703
œ ₩	29	Permanently restricted net assets		•	2,684,346	29	2,733,801
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he	 ore.be-⊓	and	2,551,540		2,700,001
<u>-</u>		complete lines 30 through 34.	F	uiiu			
O -0	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ass	32	Retained earnings, endowment, accumulated income, or other f				32	
Šet	33	Total net assets or fund balances			4,025,579	33	3,878,059
Ž	34	Total liabilities and net assets/fund balances			4,254,716	34	4,124,904
				-	.,_0.,. 10	1	.,,00

Par	t XI Reconcilliation of Net Assets				-5
	Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,8	349,490
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0	046,467
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	.96,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		4,0	25,579
5	Net unrealized gains (losses) on investments	5			49,457
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,8	378,059
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, consolidated basis, or both	viewed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n in			ı.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e require	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319081513

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

UNION MISSION MINISTRIES INC

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

Open to Public Inspection

									55-60008		
Par				blic Charity Sta						structions	•
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox)		
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation of	churches d	escribed in se	ection 170(b)(1)(A)(i).		
2	\sqcap	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedı	ıle E)				
3	\sqcap	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	\sqcap	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
	_			ity, and state							
5		Anorga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın
		section 170(b)(1)(A)(iv). (Complete Part II)									
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	굣	_		at normally receives			support from	a governme	ntal unit or fr	om the gene	eral public
_	_			on 170(b)(1)(A)(vi).				,			
8	<u> </u>		-	described in section			-	-			
9	ı	_		at normally receives	· ·		* *		· ·	•	-
				rities related to its e	•	-			` '		
		•		oss investment inco				•		tax) from bu	sinesses
	_		,	ganızatıon after June	•			•	•		
10	<u>_</u>	_		ganized and operated	•		•				
11		_		ganized and operated	,		, ,		•	•	
			•	ly supported organız ıbes the type of supp					. , . ,	ee section 5	09(a)(3). Check
				b Type II c						n-functiona	Ilv integrated
e	\vdash			ox, I certify that the			=				-
_	'	•	-	on managers and ot	-		•			•	•
			1509(a)(2)	-		·	, , ,	-			
f			_	received a written d	etermination	from the IR	S that it is a ⁻	Гуре I, Тур	e II, or Type	III supportı	ng organizatio <u>n,</u>
-			this box	2006, has the organ	ization accor	stad any gift	or contributi	an from any	of the		l
g			ng persons?		ization accep	ited any gnt	or contribution	on nom any	or the		
				rectly or indirectly o	controls, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes No
		and (III) below, the	governing body of th	ne supported	organization	17			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abo	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ıbove?			11g(
h				ng information about							
				J	• •	J	. ,				
(i)	Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is t	he	(vii) A mount of
S	uppor	ted		organization	organizati	on in	the organiz	zation	organizati	on ın	monetary
organiza		ation		(described on	col (i) list		ın col (i) o	•	col (i) orga		support
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S?	
or IRC section document?											
instructions))						I	-				
					Yes	No	Yes	No	Yes	No	

Page 2

Part II

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.)

Section A. Public Support

Calendar year (or fiscal year beginning (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total

	ection A. Public Support	ition rails to qua	ality under the	tests listed beid	ow, piease com	piete Part III.)	
	endar year (or fiscal year beginning						
Cui	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")	5,301,758	4,455,639	4,762,494	4,920,597	4,744,630	24,185,118
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	5,301,758	4,455,639	4,762,494	4,920,597	4,744,630	24,185,118
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)						
6	Public support. Subtract line 5 from line 4						24,185,118
S	ection B. Total Support	•			•	•	
	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	beginning in) 🟲						
7	A mounts from line 4	5,301,758	4,455,639	4,762,494	4,920,597	4,744,630	24,185,118
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,105	128,209	136,328	137,512	134,291	681,445
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)	17,142	13,291	6,454	34,816	65,849	137,552
11	Total support (Add lines 7 through 10)						25,004,115
12	Gross receipts from related activition	es, etc (see ınstr	uctions)			12	
13	First five years. If the Form 990 is this box and stop here						zation, check
-5	ection C. Computation of Pub					/	
14	Public support percentage for 2012			11. column (f))		14	96 720 %
15	Public support percentage for 2011			,,,,,,,,,,,,,,		15	95 730 %
	33 1/3% support test—2012. If the	-	•	on line 13 and li	na 14 is 33 1/20/-		
100	and stop here. The organization qua	lifies as a publicl	y supported orgai	nization		·	▶ ▼

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% 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.

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, 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			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (F	Form 990 or 990-EZ) 2012 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS - 2008 AMOUNT \$ 17,142 2009 AMOUNT \$ 13,291 2010 AMOUNT \$ 6,454 2011 AMOUNT \$ 34,816 2012 AMOUNT \$ 65,849

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493319081513

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

	ne of the organization ON MISSION MINISTRIES INC	Employer identification number			
ONIC	N MISSION MINISTRIES INC		55-6000896		
Pai	organizations Maintaining Donor Adorganization answered "Yes" to Form 990				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or		radvised Yes No		
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?				
Par	t II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.		
2	Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held reasement on the last day of the tax year	Preservation of a co	ertified historic structure		
		Г	Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c		
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	by the organization during		
	the tax year ►				
4	Number of states where property subject to conservat	ion easement is located 🛌			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	Ing of violations, and Yes No		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easem	ents during the year		
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year		
8	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sect	rion 170(h)(4)(B)(i)		
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial :			
Par	Organizations Maintaining Collection Complete if the organization answered "Y	ns of Art, Historical Treasures, o	or Other Similar Assets.		
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reven ets held for public exhibition, education, o	r research in furtherance of public		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education, o			
	(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

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Part	111 Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tr</u>	<u>easu</u>	<u>res, or O</u>	<u>the</u>	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	heck	any of t	he foll	owing that a	are a	significant use o	fıts	
а	Public exhibition		d	Γ	Loan	or excl	nange progr	ams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	in hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit										_
	assets to be sold to raise funds rather than								· · ·	Yes	☐ No
Par	Part IV, line 9, or reported an ar	nount on Form 99	90, Pa	art X	, line 2	21.				U,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions d	or other ass	ets i		Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing t	able		Г				
_	Bannan a kalana						-	1.	Amo	unt	
C C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e •	Distributions during the year							1e			
f	Ending balance		242				L	1f		.,	
2a	Did the organization include an amount on F									Yes	Γ No
b	If "Yes," explain the arrangement in Part XII										<u>'</u>
Pa	rt V Endowment Funds. Complete	If the organizatio)Prior					t IV, line 10. Three years back (e)Four v	ears back
1a	Beginning of year balance	2,684,346	(5)		749,254		2,717,34	_	2,530,910	5) , 5 4 , 7	cars back
ь	Contributions							1			
С	Net investment earnings, gains, and losses								242.22		
d	Grants or scholarships	134,217			137,463		135,86	+	312,937		
e	Other expenditures for facilities	84,762			202,371		103,95	5	126,505		
_	and programs	3 1,7 32						}	120,000		
f	Administrative expenses	2,733,801		2	684,346		2,749,25	1	2,717,342		
g	End of year balance		//					<u>'l</u>	2,717,312		
2	Provide the estimated percentage of the cur	rent year end balan	ce (III	ie Ig	, colum	n (a)) r	ieid as				
a	Board designated or quasi-endowment										
b	r etimatient endowment F										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	atıon	that	are held	d and a	dministere	d for	the	Yes	No
	(i) unrelated organizations								3a(i)	Yes	110
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipment Description of property	ent. See Form 99	90, Pa	_	<u>, line 1</u>) Cost or		(b)Cost or o	ther	(c) Accumulated	(d) Bo	ok value
	Description of property				is (invest		basis (other		depreciation	(4) 50	
	Land		•				369	,780			369,780
	Buildings		•				3,033	,330	2,437,392		595,938
	Leasehold improvements		•								
	Equipment		•				1,202		1,063,155		139,114
	Other	agual Form 000 Dar	V 051:	<u> </u>	D) 1:==	10/=\ \		,019	40,019		1 104 933
rota	i. Aud illies ta tiirough te (Column (a) must e	quai romi 990, Part .	A, COIL	annn (i	o), iinė	10(C).)		•	🗠		1,104,832

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	. 190 2
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
- Cities			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of elia-of	-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST			2,733,802
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	i.)		2,733,802
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes]	
See Additional Data Table			
		-	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1	
2 Fin 48 (ASC 740) Footnote In Part XIII provide the tex	ı vt of the feetnete to the error	l Anization's financial states	nanta that raparts the

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
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
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)]
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
	Subtract line 2e from line 1	3
		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
4 a	A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	3 4c
b	A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)	

 Identifier
 Return Reference
 Explanation

 DESCRIPTION OF INTENDED USE OF ENDOWMENT FUND IS FOR OF ENDOWMENT FUNDS
 PART V, LINE 4
 THE ORGANIZATION'S ENDOWMENT FUND IS FOR UNRESTRICTED, GENERAL PURPOSES USE IN ACCORDANCE WITH THE ORGANIZATION'S MISSION AND PURPOSE

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Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493319081513

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Attach to Form 990

Inspection Employer identification number

	MISSION MINISTRIES INC						55-6000896	
th	General Information oes the organization maintain ne selection criteria used to aw escribe in Part IV the organization	records to substanti vard the grants or as	ate the amount of the					ि Yes
Part :	Grants and Other A Form 990, Part IV, line							es" to
(a)	Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
	nter total number of section 50 nter total number of other orga							

MONITORING GRANTS

IN THE U S

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line	22.
	Part III can be duplicated if additional space is needed.	

PROCESSED

(a)Type of grant or a	assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
			-			
(1) FOOD, CLOTHING AN	ND SUPPLIES	44323		1,925,194	FMV	FOOD, CLOTHING AND SUPPLIES
		1	ı	1	I	1
Part IV Suppleme	ental Informat	ion.	<u> </u>			
Complete this part to provid			ne 2, Part III, column (b)	, and any other addıtıonal ır	formation	
Identifier	Return Reference	æ	Explanation			
PROCEDURE FOR	PART I, LINE 2	RT I, LINE 2 SCHEDULE I, PART I, LINE 2 CLIENTS ARE SCREENED ACCORDING TO THEIR NEEDS, EVALUATED AND				

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Noncash Contributions

DLN: 93493319081513

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization UNION MISSION MINISTRIES INC

Employer identification number

					55-60	00896				
Part I T	ypes of Property	1		T	1					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	Metho ncash c	(d) d of de ontribu	termı		ts
Art—Work	s of art									
Art—Histo	orical treasures .									
Art—Frac	tional interests									
	d publications									
_	and household								_	
_		X	-	1,140,873						_
	other vehicles	X	5	11,200	COMP	PARABL	E PRO	PERI	YSAL	
	I planes									
	al property									
	—Publicly traded .									
	—Closely held stock .									
or trust ır	s—Partnership, LLC, iterests									
	—Miscellaneous									
contributi	conservation on—Historic s									
-	conservation on—Other									
Real esta	te—Residential .									
Real esta	te—Commercial									
Real esta	te—Other									
Collectibl	es									
Food inve	ntory	Х	864,982	1,385,720	COST	OR SEI	LING	PRIC	E	
Drugs and	d medical supplies .	X	1,093	10,115	COST	OR SEL	LING	PRIC	E	
Taxıderm	y									
Historical	artıfacts									
Scientific	specimens									
Archeolog	gical artifacts									
Other►(RAGS)	Х	6,907	<u> </u>		OR SEL				
Other►(PALLETS)	Х	7,568	22,670	COST	ORSEL	LING	PRIC	E	
Other►(_)									
Other►()									
			inization during the tax yea		29					
for which	the organization comple	eted Form 8	283, Part IV, Donee Ackn	owledgement [29					
					4 20		г		Yes	N
_				erty reported in Part I, lines						
	•			on, and which is not require	d to be	used				
for exem	pt purposes for the enti	re holding p	period?				·	30a		N
If "Yes,"	describe the arrangem	ent in Part 1	II							
Does the	organization have a gi	ft acceptand	ce policy that requires the	review of any non-standard	contrib	outions?	Ļ	31	Yes	
a Does the contribut		e third parti	-	to solicit, process, or sell	noncas •	. h		32a		N
If "Yes,"	describe in Part II						Γ			
If the org	janization did not repor	t an amount	: in column (c) for a type of	property for which column (a) ıs cl	necked,				
	ın Part II					,	1			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	, , , , , , , , , , , , , , , , , , , ,	UNION MISSION RECORDS THE NUMBER OF CONTRIBUTIONS AS A COMBINATION OF ITEMS RECEIVED

Schedule M (Form 990) (2012)

OMB No 1545-0047

2012

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Name of the organization UNION MISSION MINISTRIES INC **Employer identification number**

55-6000896

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	UNION MISSION MINISTRIES, INC IS SET APART BY THE SPIRIT OF GOD TO PREACH THE GOSPEL AND MEET PHYSICAL AND EMOTIONAL NEEDS THROUGHUT WEST VIRGINIA THROUGH THE PROVISION OF SHELTER, CLOTHING, FOOD, COUNSELING, AND STRUCTURED PROGRAMS FOR THE POOR, THE NEEDY, AND THOSE BOUND AND BRUISED BY ADDICTIVE LIFESTYLES
	FORM 990, PART VI, SECTION A, LINE 2	NANCY HILL, ASSISTANT SECRETARY, AND EMORY (BUD) YOUNG, DIRECTOR, ARE SECOND COUSINS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS NORMALLY REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD BEFORE FILING AS TIME ALLOWS A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE FULL BOARD AFTER IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	UNION MISSION REQUIRES ITS BOARD MEMBERS TO CONDUCT BUSINESS ACCORDING TO THE HIGHEST ETHICAL STANDARDS OF CONDUCT BUSINESS DEALINGS THAT APPEAR TO BE A CONFLICT OF INTEREST ARE UNACCEPTABLE BOARD MEMBERS MUST DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST TO THE EXECUTIVE COMMITTEE OF THE BOARD BOARD MEMBERS COMPLETE A QUESTIONNAIRE ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE CEO'S PERFORMANCE. COMPENSATION OF THE CEO WILL BE DETERMINED AFTER THE COMPLETION OF THE EVALUATION. THE BOARD RECOGNIZES ITS POSITION AS THE EMPLOYER OF THE CEO AND WILL BE RESPONSIBLE FOR A SYSTEMATIC EVALUATION OF THE CEO'S PERFORMANCE. THE EVALUATION WILL PROVIDE A BASIS FOR CONSIDERATION OF THE CEO'S SALARY FOR THE NEXT YEAR COMPENSATION OF ALL OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED ON AN ANNUAL BASIS BY THE CEO AND PRESIDENT OF UNION MISSION MINISTRIES AND BY A BOARD SUBCOMMITTEE. COMPARATIVE DATA SURVEYS OF OTHER LIKE MISSIONS ARE USED IN ANNUAL REVIEWS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR