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Form **990**

SCANNED MAY 3 1

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)

2012 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2012 calendar year, or tax year beginning January 1 2012, and ending 20 12 December 31 C Name of organization With Love From Jesus Ministries В D Employer identification number Check if applicable Doing Business As Address change 56-2271441 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return P.O. Box 37713 919-233-8010 City, town or post office, state, and ZIP code П Terminated Raleigh, NC 27627-7713 Amended return G Gross receipts \$ 2.267.116 F Name and address of principal officer Application pending Linda Williams, Executive Director H(a) Is this a group return for affiliates? Yes Vo 5401 Tryon Road, Raleigh, NC 27606 H(b) Are all affiliates included? ✓ Yes ☐ No 501(c) (If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c)(3)) ◀ (insert no) Website: ▶ withlovefromJesus.org H(c) Group exemption number ▶ Form of organization Corporation Trust 2001 M State of legal domicile NC Summary Briefly describe the organization's mission or most significant activities: To cooperate with the Holy Spirit to build the Kingdom of God by meeting practical needs of the community. Every week, over 1,200 honored guests are served through the Activities & Governance provision of food, clothing, household items, furniture, and care donated by businesses, churches, individual donors, and Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) . . 6 3,000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Я Contributions and grants (Part VIII, line 1h). 1,823,472 2,267,116 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,823,472 2,267,116 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,962,244 1,474,591 14 Benefits paid-to-or-for members (Part IX, column (A), line 4) 0 0 Salaries/ other compensation, employee benefits (Part IX, column (A), lines 5-10) 157,756 149,125 fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising Repenses (Part IX, column (A), line 11e)

1 ★ AYOther expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 0 174,548 160,593 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,798,264 2,280,593 yenue less expenses. Subtract line 18 from line 12 25.208 -13,477 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 67,666 50,035 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 67,666 50.035 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (ether than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2012)

☐ Yes ☐ No

Part I) (2012)				Page
			ce Accomplishments	in Doct III	
1		e the organization's mis		is Part III	🗷
•	To display the u	unity of the body of Chrishold items, furniture and	st through the provision and distribud appliances to high need/low incom	ution of needed resources including sp ne populations in the community. the a	verage weekly adul
2	Did the organiz prior Form 990		significant program services during	the year which were not listed on the	ne ☐ Yes ☑ No
3	Did the organ services?		cting, or make significant change	es in how it conducts, any progra	m □Yes ☑No
4	Describe the o	tion 501(c)(3) and 501(service accomplishments for each	n of its three largest program service report the amount of grants and alred.	
4a	support, food, of groups and ind of Jesus Christ strives to exten enters our facili	Jesus Ministries serves clothing, household item ividual donors. There is is always given freely ind the love of Jesus Chrity is seen as an honore	ns, furniture and other items providen no cost to our honored guests for an n both English and Spanish during th ist throughout the visit of each and end d guest).	iviledged populations through the provide through contributions from churches my of these items or services. The good in initial welcom of our honored guest wery honored guest that we serve (and	s, businesses, other d news of the gospe s. Every volunteer I everyone who
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4d Other program services (Describe in Schedule O.) (Expenses \$ 55,114 including grants of \$

Total program service expenses ▶

) (Revenue \$

arı	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	2	1	
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	_	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
•	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	5	14a		✓
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		1
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	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Form 99	0 (2012)			Page 4
Part	V 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	Yes	No V
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	<u> </u>
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		√
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	✓
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		✓
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</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		/
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	1	

5	M. O. I. D. II. O. I. D. E. I.			-9
Part				
	Check if Schedule O contains a response to any question in this Part V	· · ·	Yes	No
1a	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable		163	140
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ł		İ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	- <u>-</u> -		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	-	-
Za				
.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		1
L		<u>4a</u>	_	 •
b	If "Yes," enter the name of the foreign country: See not western for files requirements for Form TD F 00 2011 Report of Foreign Rolls and Financial Assessment			
. .	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>	ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
_	gifts were not tax deductible?	_6b		ļ
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 partly for goods and services provided to the payor?			
L		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		
		7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	l		
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		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			-
•	organization, have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.		<u></u>	
a	Did the organization make any taxable distributions under section 4966?	9a	-	V
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	✓
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
•	against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	✓
	· · · · · · · · · · · · · · · · · · ·	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	/
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			1
J	the average to be a sent to be a			
^	160	1		
1/12	Enter the amount of reserves on hand	44-	<u> </u>	 ,
14a h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	truct	ons.
<u>Secti</u>	on 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 6		163	NO
ıa	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		1
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?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	/	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	/	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oge.	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	√
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?	10b		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	† `
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	√	
14	Did the organization have a written document retention and destruction policy?	14	✓	-
15	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		ļ
b	Other officers or key employees of the organization	15b	✓	-
16a		40		
_	with a taxable entity during the year?	16a	├	√
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Section	ion C. Disclosure	16b	<u> </u>	<u></u>
17	List the states with which a copy of this Form 990 is required to be filed ► NC	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501	(c)(3)s	only
19	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 and financial statements available to the public during the tax year.	of inte	rest p	oolicy
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► Linda Williams, 5401 Tryon Road, Raleigh, NC 27606 (919) 233-8010			

Form	200	1201	21

Part VII	Compensation of Officers, Directors, Tr	rustees, Key Employees,	Highest Compensated	Employees, and
	Independent Contractors			

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
					C)					
(A)	(B)	(40.0	ot ch		ition more than one			(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any				_	or/trust		compensation from	compensation from related	amount of other
	hours for related	or di	nstit	Officer	ê	활호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations		Institutional trustee	e.	Key employee	Highest compensated employee	ē	(W-2/1099-MISC)		organization
	below dotted line)	1 7 7	nal tr	ļ	oyee	omp	İ			and related organizations
		i tee	uste			ensa	ł			_
	ļ		•			řed.			-	
(1) Linda H. Williams, Executive Director										
5401 Tryon Road, Raleigh, NC 27606	45	✓		✓	1	✓		56,256	0	0
(2) Jerry Boyd							l	1		
4900 Franz Liszt Court, Raleigh, NC 27615	2	1	<u> </u>	✓	_		L	0	0	0
(3) Jack Brinson	<u> </u>			١.						
6016 Bur Trail, Raleigh, NC 27616	3	✓	ļ	✓			<u> </u>	0	0	0
(4) Jane Harrod				1	1					
3320 Harden Road, Raleigh, NC 27606	1	✓		✓	<u> </u>		<u> </u>	0	0	0
(5) Scott Landis]								
6020 Spicewood Dr., Fuquay-Varina, NC 27526	1	✓		L			<u> </u>	0	0	0
(6) Roger Corbin]								
21 Buckleigh Drive, Clayton, NC 27527	1	✓				ļ		0	0	0
(7) Candace Gottfried]								
4009 Graham Newton Rd., Raleigh, NC 27606	1	✓			L			0	0	0
(8) Greg Flowers, Director of Comm. Relations]				ĺ				
5401 Tryon Road, Raleigh, NC 27606	25				✓			42,532	0	0
(9) Troy Cardin, Director of Outreach					ı					
442 C.P. Stewart Road, Lillington, NC 27546	25				✓		L	29,144	0	0
(10)		-								
(11)		-					T			
(12)				ļ						
(13)			-				T			
(14)		-		 						

Part	(A) Name and title	(B) Average hours per week (list any hours for related	(do no box, i	ot ch unles	Posi eck s pe	tion more	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation froi related organizations (W-2/1099-MISC	(l) Estin m amoi ot compe		(F) mated punt of ther ensation m the nization	
		organizations below dotted line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		(W-2/1099-MISC)			and re rganiz	lated	
(15)										-				
(16)												-		
(17)							,						-	
(18)														
(19)														
(20)														
(21)								-						
(22)		<u> </u>												
(23)								-		-	-			
(24)											<u> </u>			
(25)				-										
1b	Sub-total		<u></u>	<u> </u>	<u> </u>	<u> </u>		 						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-						▶						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	nho received m	ore than \$100,	000 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high		ated _			No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatic		and other comp	ensation from		4	✓	✓
5	Did any person listed on line 1a receive of for services rendered to the organization											5		<u> </u>
Section	on B. Independent Contractors								·					
1	Complete this table for your five highest compensation from the organization. Repear.												n's ta	ıx
	(A) Name and business add	lress							(B) Description of s	services	Com	(C) pensa	tion	
Not ap	plicable												_	
	Total number of independent controls					luma :	od t			21/2/ 11/5				
2	Total number of independent contractor received more than \$100,000 of compen							יו כ	nose listed ad 0	OVE, WIIO				

Part	VIII	Statement of Revenue								
		Check if Schedule O contains a response to any qui				<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				
ts	1a	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	-							
s, G	С	Fundraising events 1c 4,13	38							
Contributions, Gifts, and Other Similar Ar	d	Related organizations 1d								
ıs, (imi	е	Government grants (contributions) 1e								
tior er S	f	All other contributions, gifts, grants,								
ibu		and similar amounts not included above 1f 2,262,9	78							
ontr od C	g	Noncash contributions included in lines 1a-1f \$ 1,917,24	14							
	h	Total. Add lines 1a–1f	2,267,116							
une	_	Business Code	<u> </u>							
eve	2a		-			· · · · · · ·				
Se H	b									
ž	d									
ı. Se	e									
Program Service Revenue	f	All other program service revenue .		<u> </u>						
Pro	g	Total. Add lines 2a–2f	0							
	3	Investment income (including dividends, interest								
		and other similar amounts)	اه ا	0	o	0				
	4	Income from investment of tax-exempt bond proceeds ▶	. 0	0	0	0				
	5	Royalties	. 0	0	0	0				
		(i) Real (ii) Personal	_							
	6a	Gross rents 0	0			,				
	Ь	Less: rental expenses 0	0							
	C	Rental income or (loss) 0	0							
	d	Net rental income or (loss)	0	0	0	0				
	7a									
	ь	assets other than inventory Less: cost or other basis	0							
		and sales expenses .	0							
	С	Gain or (loss) 0								
	d	Net gain or (loss)	·	0	0	0				
nue	8a	Gross income from fundraising		· · · · ·	_					
even		events (not including \$								
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a								
₹	l	Less: direct expenses b								
	C	Net income or (loss) from fundraising events .	•							
	9a	Gross income from gaming activities. See Part IV, line 19 a				,				
			0							
	b	Less: direct expenses b Net income or (loss) from gaming activities b	0			ļ				
		Gross sales of inventory, less	0	0	0					
		returns and allowances a								
	ь	Less: cost of goods sold b								
	c	Net income or (loss) from sales of inventory •	•		0	0				
		Miscellaneous Revenue Business Code			<u>_</u>					
	11a									
	b									
	С									
	d	All other revenue								
	e	Total. Add lines 11a–11d								
	l 12	Total revenue. See instructions	2 267 116	n	. n					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). $\overline{\mathsf{N}}$ Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (A) Total expenses (**D)** Fundraising Management and general expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 1.939.744 1,939,744 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . 22,500 22,500 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and key employees 157,756 76,479 46,011 35,266 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 7 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) n n 0 Other employee benefits q 0 0 0 0 10 Payroll taxes 0 0 0 0 11 Fees for services (non-employees): Management 0 0 0 Legal 0 0 0 0 c Accounting 4,129 0 4,129 0 Lobbying 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees ol 0 0 0 Other (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O) . 0 O O 12 Advertising and promotion . . 0 0 0 0 13 Office expenses 1,950 11,527 6,824 2,753 14 Information technology 3,596 1,277 967 1,352 15 0 0 0 0 16 Occupancy 10,660 112,312 89,399 12,253 17 Travel 2,584 0 0 2,584 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 0 6,586 6.586 0 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 5,075 0 5,075 0 23 1,501 1,501 0 0 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.) Food Resources - Program 0 11,973 11,973 0 Volunteer Appreciation - Program 0 2,376 2,376 0 Board Fund Raising 1,040 0 0 1,040 Organizational fees, Pay Pal expenses 2,002 0 d 3,569 1,567 <u>-5,</u>675 All other expenses CPA review adjustments 0 -5,675 0 Total functional expenses. Add lines 1 through 24e 25 2,160,736 65,823 54,034 2,280,593 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** \checkmark Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 53,371 1 44,969 2 Savings and temporary cash investments 2 0 0 3 3 0 0 4 4 ol 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 ol 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 0 0 Notes and loans receivable, net 0 7 0 Inventories for sale or use R 0 8 0 9 Prepaid expenses and deferred charges . . . 0 9 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10,151 10c 10b 5,066 42,660 Investments—publicly traded securities 11 11 ol 0 12 12 Investments—other securities. See Part IV, line 11 . 0 0 13 Investments—program-related. See Part IV, line 11... 13 0 0 14 14 0 ol 15 15 Other assets. See Part IV, line 11 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 63,512 16 50,035 17 Accounts payable and accrued expenses 0 17 0 18 18 0 0 19 19 0 0 20 0 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 0 26 Total liabilities. Add lines 17 through 25 . . . 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 0 28 28 Temporarily restricted net assets 0 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds. o 32 0 33 6<u>3,5</u>12 33 50,035 34 Total liabilities and net assets/fund balances . 63,512 34 50,035

Form 99	00 (2012)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,116
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,28	0,593
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-1</u>	3,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4		6	3,512
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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	i			
	33, column (B))	10		5	0,035
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	oiled or			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
-	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ın			

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

За

3b

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

With Love From Jesus Ministries 56-2271441 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the the organization in organization (described on lines 1-9 organization in col support col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes Yes No No (A) (B) (C) (D) (E)

Total

	ule A (Form 990 or 990-EZ) 2012						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to					•	amy under
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year 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	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	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.						
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Sect	ion C. Computation of Public Suppor				<u> </u>	• • • •	· • [
14	Public support percentage for 2012 (line 6		_	11, column (fl)		14	%
15	Public support percentage from 2011 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2012. If the organization qua					•	
b	331/3% support test—2011. If the organ check this box and stop here. The organ					%5 15 is 33¹ه 	
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta imstances" te	inces" test, che st. The organiz	eck this box a ation qualifies	nd stop here. I as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the organization	his box and st on qualifies as	, and line op here. a publicly
40	supported organization						_
18	Private foundation. If the organization di instructions						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year 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.")	1,125,102	1,437,671	1,445,061	1,823,472	2,267,116	8,098,422
2	Gross receipts from admissions, merchandise	1,120,102	1,437,071	1,440,001	1,020,472	2,207,110	0,000,422
	sold or services performed, or facilities						
	furnished in any activity that is related to the				_		•
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	0	0	0	0
3	unrelated trade or business under section 513						
		0	0	0	0	0	0
4	Tax revenues levied for the			i			
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities]					
	furnished by a governmental unit to the						
	organization without charge	0	o	0	0	0	0
6	Total. Add lines 1 through 5	1,125,102	1,437,671	1,445,061	1,823,472	2,267,116	8,098,422
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	ol	o	o	0	o	0
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	0	ام	0	0	0	^
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from			U	U		<u>U</u>
	line 6.)						0.000.400
Sacti	on B. Total Support						8,098,422
	dar year (or fiscal year beginning in)	(a) 2008	(h) 0000	(-) 0010	(4) 0011	(-) 0010	/O Total
Galen 9			(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		1,125,102	1,437,671	1,445,061	1,823,472	2,289,616	8,098,422
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	0	0	0	0	0	<u> </u>
b	Unrelated business taxable income (less			•			
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	. 0	0
С	Add lines 10a and 10b	0	0	0	0	0	<u> </u>
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	0	o	0	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	o	o	o	0	o	0
13	Total support. (Add lines 9, 10c, 11,						<u>~</u>
	and 12.)	1,125,102	1,437,671	1,445,061	1,823,472	2,289,616	8,098,422
14	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he	-			=		
Secti	on C. Computation of Public Suppor				-		
15	Public support percentage for 2012 (line			3. column (fl)		15	100 %
16	Public support percentage from 2011 Scl					16	100 %
	on D. Computation of Investment In			<u> </u>	<u> </u>	_ 1 .~ 1	100 /0
17	Investment income percentage for 2012 (v line 13 colur	nn (fl)	17	0 %
18	Investment income percentage from 2012			•		18	0 %
19a	331/2% support tests—2012. If the organ						
134	17 is not more than 331/3%, check this box						
4.			-		-	-	_
b	331/3% support tests – 2011. If the organization 18 is not more than 331/3%, check this						
00			_		-	•	_
20	Private foundation. If the organization de	u not check a l	JUX UN IINE 14.	. 19a. OF 19D. C	HECK LITS DOX	and see instru	SUOTIS 🗩 I I

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).	Page 4
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**12**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

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With Love From Jesus Ministries 56-2271441 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 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 ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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. a Total number of conservation easements . . 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 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 ☐ Yes ☐ No 6 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 7 R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 9 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 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 Assets included in Form 990, Part X

Schedule D	(Form	990)	2012

b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 47,726 42,660 5,066 e Other 0 0 0 0	Part	Organizations Maintaining								
b Scholarly research c Preservation for future generations de description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Point IV Escrow and Custodial Arrangements. Complete if the organization's collection?	3			on, and ot	her reco	rds, chec	k any of the	e follov	ving that are a s	ignificant use of its
b	а	☐ Public exhibition			d	☐ Loan	or exchang	e progi	rams	
c	b	☐ Scholarly research								
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	c		s		•					
Sull				ollections a	and expl	ain how th	hev further	the oro	ianization's exer	not nuroose in Part
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	-				ina oxpii	2	noy runtinoi	uio oig	ariizadion o cxon	iipt pai pood iii i ait
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		colloit (or roccure	donation	o of ort	historical tr	0001150	or other cimils	~~
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance										
Inine 9, or reported an amount on Form 990, Part X, Inne 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	Part									
included on Form 990, Part X? Yes No		line 9, or reported an amour	nt on Fo	orm 990, F	Part X, II	ne 21.				
C Beginning balance .	1a	included on Form 990, Part X?								
d Additions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 217. Did the organization include an amount on Form 990, Part X, line 217. Did the organization include an amount on Form 990, Part X, line 217. Did the organization include an amount on Form 990, Part X, line 217. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back losses. Describe the expenditures for facilities and programs. Administrative expenses. End of year balance Permanent endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) Describe in Part XIII the intended uses of the organization sendowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization sendowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) Describe in part XIII the intended uses of the organization of the organization depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d) Book value (d) Equipment (d) Book value (d) Book value (d) Equipment (d) Book value (d) Equipment (d) Book value (d) Equipment (d) Book value (d) Equipm	b	If "Yes," explain the arrangement in P	art XIII a	and comple	ete the fo	ollowing ta	able:		A	mount
d Additions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 217. Did the organization include an amount on Form 990, Part X, line 217. Did the organization include an amount on Form 990, Part X, line 217. Did the organization include an amount on Form 990, Part X, line 217. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back losses. Describe the expenditures for facilities and programs. Administrative expenses. End of year balance Permanent endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) Describe in Part XIII the intended uses of the organization sendowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization sendowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) Describe in part XIII the intended uses of the organization of the organization depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d) Book value (d) Equipment (d) Book value (d) Book value (d) Equipment (d) Book value (d) Equipment (d) Book value (d) Equipment (d) Book value (d) Equipm	С	Beginning balance						1c	:	
Ending balance 1e	d							1d		
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions CNet investment earnings, gains, and losses COther expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment Soard designated or quasi-endowment Soard designated or quasi-endowment Soard free endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations B If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No	e							16		
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (e	-									-
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back										☐ Yes ☐ No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four		=								
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e										
Beginning of year balance 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 end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation of cost cost property (b) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated depreciation of cost property (c) Cost or other basis (c) Accumulated cost property (c) Accumulate	i ai	Endowment I dids. Compi								
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 end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization of one of the pass (other) depreciation of one of the pass (other) depreciation of one of the pass (other) of the pass (other) depreciation of of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of the pass (other) of t	10	Paginning of year belongs	<u> </u>	•	(0)111	or year	(c) Two year	3 Daor	(d) Thice years back	(e) rour years back
c Net investment earnings, gains, and losses	_	5 5 5	-							
d Grants or scholarships								-		
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 end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	G									
e Other expenditures for facilities and programs			<u> </u>							
f Administrative expenses	_	•								
g End of year balance	е	•								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii) (ii) related organizations . 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describing for poperty (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) (other) (ot	f	Administrative expenses								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii) (ii) related organizations . 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describing for poperty (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) (other) (ot	g	End of year balance								
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	_	•		ent vear en	d balanc	e (line 1a	. column (a)) held :	as:	
b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а						(,,		
Temporarily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		Permanent endowment ▶	%		'					
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		Temporarily restricted endowment		%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	•	The percentages in lines 2a 2h and 3	2c shoul	Id equal 10	n0%					
organization by: (i) unrelated organizations	3a					zation tha	at are held	and ad	ministered for th	ne .
(i) unrelated organizations	- Ou		o posse	2001011 01 11	io organi	ZGGOII GI	at are nela	ana aa	ministered for the	
(ii) related organizations		- ·								
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value c Leasehold improvements 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- · · · · · · · · · · · · · · · · · · ·								
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (other) (d) Book value (d) Book	_	• •				 0-6				
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 b Buildings 0 0 0 c Leasehold improvements 0 0 0 d Equipment 0 47,726 42,660 5,066 e Other 0 0 0 0 0								• •		30
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (d) Book value										
tall Land (investment) (other) depreciation b Buildings 0 0 0 c Leasehold improvements 0 0 0 d Equipment 0 47,726 42,660 5,066 e Other 0 0 0 0	Pari								т-	
b Buildings		Description of property				1 ' '	I			(d) Book value
c Leasehold improvements	1a	Land	. L		0		0			0
d Equipment	b	Buildings			0		0		0	0
e Other	С	Leasehold improvements	. [0		0		0	0
e Other	d	Equipment	. [0		47,726		42,660	5,066
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 5,066	е	Other			0					0
	Total.	Add lines 1a through 1e. (Column (d) r	nust equ	ual Form 9	90, Part	X, column	n (B), line 10)(c).)	<u>.</u> . >	5,066

Part VII	mireduniente Caner Cocum	ies. See Form 990, Part X, I	ine 12.
(8	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	ll derivatives		
	held equity interests		
(3) Other			
(A)	•••••••••••••••••••••••••••••••••••••••		
(B)	••		
(C)			
(D)			
(E) (F)	•		
(F) (G)			
(H)			
(I)			
	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments — Program Rela		line 13
T di C VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation
		(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(8) (9) (10)	(b) must equal Form 990. Part X col. (B) line 13		
(8) (9) (10) Total . (Column	(b) must equal Form 990, Part X, col. (B) line 13.		
(8) (9) (10)	(b) must equal Form 990, Part X, col. (B) line 13., Other Assets. See Form 990		(b) Book value
(8) (9) (10) Total. (Column Part IX		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2)		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4)		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3)		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5)		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)		, Part X, line 15.	(b) Book value
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990	, Part X, line 15. (a) Description	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets. See Form 990 umn (b) must equal Form 990, Part	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Total. (Column	Other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1.	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal	Other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	, Part X, line 15. (a) Description X, col. (B) line 15.)	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	other Assets. See Form 990 umn (b) must equal Form 990, Part 2 Other Liabilities. See Form 9 (a) Description of liability	X, col. (B) line 15.) (a) Description X, col. (B) line 15.) (b) Book value	

	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Keturn_	
	Total revenue, gains, and other support per audited financial statements	1	
	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.)	<u> </u>	
е	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	j	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
art	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
1	Total expenses and losses per audited financial statements	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	1	
С	Other losses	1	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information		

Page 5		n 990) 2012	Schedule D (Form
	ued)	Supplemental Information (continued	Part XIII
	·		
•			
······································			
	•		
•			
			····
•••••			
	•••••••••••••••••••••••••••••••••••••••		
			
			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV. line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

With Love From Jesus Ministries 56-2271441 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .. ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, (f) Total expenditures for (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is a program service, describe specific type of service(s) in region offices in the region employees, agents, and and investments in region independent contractors grants to recipients located in the region) in region (1) (2) (3) (4) (5) (6)(7) (8) (9) (10) (11) (12)(13) (14)(15) (16)(17)Sub-total Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV line 15 for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed Part II

l	ran iv,	IINE 15, 10r a	Fart IV, line 15, for any recipient who received	eceived more than \$	5,000. Part II car	more man \$5,000. Part II can be duplicated if additional space is needed.	dditional space is	needed.	
₩	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			South Asia	General Support	22,500	22,500 Wire Transfer			•
(2)									
(6)									
(4)									
(2)									
9									
ε									
<u>®</u>									
6									
(10)									
<u> </u>									
(12)									
(13)									
(14)									
(15)									
(16)									
•						•	· • •	· · · · · · · · · · · · · · · · · · ·	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

3 Enter total number of other organizations or entities . .

Schedule F (Form 890) 2012

Page 3

Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (12) (0 (13) Ξ <u>N</u> ල **£** 6 E (15) (18) (2) 9 3 <u>®</u> (14) (16) (17)

Schedule F (Form 990) 2012

Part	V	Foreign Forms		
1	the d	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Ye	s 🗹 No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Ye	s ☑ No
3	the d	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	☐ Ye	s ☑ No
4	qual Info	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d. (see Instructions for Form 8621)	☐ Ye	s 🗹 No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)	☐ Ye	s 🗹 No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	☐ Ye	s 🗹 No
			Schedul	e F (Form 990) 2012

		_
Part	w	i .

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)
(accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III
(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to
provide any additional information (see instructions).

In part II above, With Love From Jesus Ministries tithes our cash donations. This tithe goes to support Raja Kumar Orphanage in
Dilsukhnagar, Hyderabad, India. These funds go toward supporting some fifty (50) ophans with food, clothing, medical care, and
educational resources.

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection 2012

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** ⊡ (h) Purpose of grant or assistance Employer identification number □Yes 56-2271441 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization or government With Love From Jesus Ministries Name of the organization Part 1 Part II (12) E 5 9 (11) € 0 9 Ø ල ®

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

Schedule I (F	Schedule I (Form 990) (2012) 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.	ividuals in the U	nited States. Con	nplete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Food,	1 Food, clothing, household items, furniture	000'09	0		1,939,744 Estimated value	food, clothing, household items
2						
က						
4						
ນ						
9						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	te this part to pro	vide the informatic	on required in Part I,	line 2, Part III, column (b), and any other additional
With Love	With Love From Jesus Ministries provides food, clothing, household items, and furniture freely to those in need with love from Jesus. Our honored guests who are receiving these	, household items, a	and furniture freely to	those in need with love	from Jesus. Our honored g	luests who are receiving these
services a	services are not asked to provide any type of eligibility and no selection criteria is used. Everyone who comes for assistance is welcomed in Hıs name and their needs are freely met with	nd no selection crite	ria is used. Everyone	who comes for assista	ince is welcomed in His nam	ne and their needs are freely met with
all the iten	all the items which have been donated. We serve approximately 1,200 honored guests per week, so an approximate figure of 60,000 was used (1,200 times 50 weeks).	imately 1,200 honore	ed guests per week, s	o an approximate figur	e of 60,000 was used (1,200	times 50 weeks).
						Schedule I (Form 990) (2012

SCHEDUĽE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

56-2271441

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

With Love From Jesus Ministries

Employer identification number

Part	Questions Regarding Compensation				
				Yes	No
1a		ovided any of the following to or for a person listed in Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			
	☐ Travel for companions	☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did th	he organization follow a written policy regarding payment			,
		penses described above? If "No," complete Part III to			
	explain		1b		
2	Did the organization require substantiation prior to	reimbursing or allowing expenses incurred by all officers,			
		r, regarding the items checked in line 1a?	2		
3		anization used to establish the compensation of the nat apply. Do not check any boxes for methods used by a he CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract			
	☐ Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, organization or a related organization:	Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	l payment?	4a		1
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-b		4c		✓
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organization	s must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of:	line 1a, did the organization pay or accrue any			
а	The organization?		5a	✓	
b	Any related organization?		5b		✓
_	If "Yes" to line 5a or 5b, describe in Part III.				1
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of:	line 1a, did the organization pay or accrue any			
а	The organization?		6a		1
b	Any related organization?		6b		1
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes." of the section of the sec	n A, line 1a, did the organization provide any non-fixed describe in Part III	7		1
8		paid or accrued pursuant to a contract that was subject	-		
-		Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III		8		✓
9	If "Yes" to line 8, did the organization also foll	ow the rebuttable presumption procedure described in			-
_	Regulations section 53.4958-6(c)?		9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(F) Compensation reported as deferred in prior Form 990 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation 56,256 42,532 29,144 (E) Total of columns (B)(i)–(D) 0 0 0 (D) Nontaxable benefits 0 0 0 (C) Retirement and other deferred compensation 0 0 0 (iii) Other reportable compensation instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. 0 0 0 (ii) Bonus & incentive compensation 56,256 42,532 29,144 (i) Base compensation ≘ ≘ EE \equiv ≘≘ EE EE € € ≘ € € E€ 3 Troy Cardin, Director of Outreach Linda Williams, Executive 1 Director Greg Flowers, Director of 2 Community Reltions (A) Name and Title S ø œ O 4

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Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Part III Supplemental Information

	Part	
	nation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part	
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attempted to pay our Executive Director a reasonable salary for all her duties and responsibilities. We have examined the	xecutive	eeds of	e for fut	willing										
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We responded in the affirmative to Question 5a, above. We have	public record of similar non-profit organizations and this continues to confirm that our Executive Director is minimally paid for her service. However, the desire of our Executive Director	as well as the Board is to focus the absolute maximum amount of our resources on the needs of our honored guests that we serve in the name of Jesus Christ. At the same time, the	Boards' desire is to provide a salary base for our Executive Director that will help provide for future organizational continuity plans in this vital area. Our Executive Director has continued	to maintain that if WLFJ revenues do not support her salary in a given time period she is willing to delay some of these costs until sufficient revenues are recognized.										
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(8)(9) (10) or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization **Employer identification number** With Love From Jesus Ministries 56-2271441 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5) (6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (a) Name of interested person (c) Purpose of (d) Loan to or (e) Onginal (f) Balance due (g) in default? (h) Approved (i) Written agreement? with organization loan from the principal amount by board or organization? committee? To From Yes No Yes Yes No (1) (2)(3)(4)(5)(6)(7)(8)(9)(10)**Total** Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?		
40		-		Yes	No	
(1) Leah Bowman	family of Exec. Direct		bookkeeping duties		1	
(2) Michael Bowman	family of Exec. Direct	7,124	pikup manager (food, etc.)		✓	
(3)			, ,	_		
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

With Love From Jesus Ministries

Employer identification number

56-2271441

Part	Types of Property				_			
	· · · · · · · · · · · · · · · · · · ·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art-Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods	✓		166,317	ERA\/			
6	Cars and other vehicles		2	9,471				
7	Boats and planes		2	9,471	FIVIV			
	•							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .	_						
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures	<u></u>					_	
14	Qualified conservation							
	contribution—Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Orugs and medical supplies							
21	Taxidermy							•
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			·-· ·				
25	Other ► (BEDDING)	—	1	61,300	FMV			_
26	Other ► (ELECTRONICS)	· /	250	66,402	1			
27	Other ► (FURNITURE)	<u> </u>	40	5,787				
28	Other ► (VARIOUS)	<u> </u>		53,369				
29	Number of Forms 8283 received		ganization during the tax v		1 1010			
	which the organization completed				29			
	o. and organization completes		, , , , , , , , , , , , , , , , , , , ,	-g			Yes	No
20-	During the year, did the organiza	tion rooms	by contribution any prop	orby reported in Bort I lines	1_20 that			-
Sua	it must hold for at least three year							
	used for exempt purposes for the					200	ļ	1
						30a		-
	If "Yes," describe the arrangemen			a the remain of any	n otondord			
31	Does the organization have a	-				<u> </u>	<u> </u>	<u> </u>
						31	<u> </u>	/
32a	Does the organization hire or us	-	=					
						32a	<u> </u>	✓
b	If "Yes," describe in Part II.							
33	If the organization did not report a describe in Part II	n amount ır	n column (c) for a type of pro	operty for which column (a)	is checked,		:	1

Schedule M (I	Form 990) (2012) Page 2
Part II	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.
	number of items received, or a combination of both. Also complete this part for any additional information.
	·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

With Love From Jesus Ministries 56-2271441 From Form 990, Part VI, line 11A - electronic copies of the Form 990 and applicable supplemental schedules are provided to each of our Board of Directors for review and comment prior to submission. From Form 990, Part VI, lines 12c, 15a, and 15b - the With Love From Jesus Ministries Board of Directors meets normally on a bi-monthly basis to review all necessary business of the ministry including any conflict of interest issues and matters dealing with the compensation of top management, key employees, and other employees of the ministry. The full Board votes on any such issues and appropriate action is taken as a result of these votes. From Form 990, Part VI, line19 - WLFJ makes our governing documents, conflict of interest policy, and financial statements available to the public upon request. From Form 990, Part III, line 4d - the \$55,114 in Other Program Service Expenses includes: \$22,500 in tithes on our cash donations to support the Raja Kumar Orphanage in Dilsukhnagar, Hyderabad, India for the food, clothing, medical care and educational resources of 50+ orphans; \$6,586 in conference costs to help ensure we are current with professional standards; \$11,973 in meat and canned food purchases; and \$14,055 in a variety of other program service expenses. From Form 990, Part IX, line 24e - an independent CPA review identified an overstatement in management and general expenses in the amount of \$5,675 and this amount is reflected in this section.