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SCANNED JUN 0 3 2013

Department of the Treasury Internal Revenue Service

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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0047

Open to Public Inspection

<u>~</u>	For the	2012 Cale	ndar year, or tax year beginning 01/01 , 2012, and ending	12	731	, 20 12					
В	Check if	applicable	C Name of organization FRONTIER LABOURERS FOR CHRIST		D Employer identification number						
	Address	change	Doing Business As	58-1495078							
	Name ch	hange		E Telephone number							
	Initial ret	turn									
	Terminat	ted	City, town or post office, state, and ZIP code	·							
	Amende	d return	Highlands Ranch, CO 80163		G Gross re	eceipts \$ 346,450					
	Applicat	ion pending		H(a) is this a	a aroup return	for affiliates? Yes V No					
	• •		4 Mourning Dove Lane, Littleton, CO 80127	1		ncluded? Yes No					
$\overline{}$	Tax-exe	mpt status	√ 501(c)(3)			(see instructions)					
J	Website		o://frontierlabourersforchrist.org/	H(c) Groun	o exemptioi	number ▶					
J Website: ► http://frontierlabourersforchrist.org/ H(c) Group exemption numbe K Form of organization											
_	art I	Summ		1070	1 0	of legal domicile CO					
	1		escribe the organization's mission or most significant activities: Spreading	an the Gos	nel of les	cue Chriet to the					
	'		riangle region of Southeast Asia	ig the dos	per of se	ous Offitst to the					
Activities & Governance		Golden	Hangle region of Southeast Asia								
nar		•••••									
Ver	2	Chook th	is box ▶ ☐ If the organization discontinued its operations or disposed of	more then	0E0/ of	ito not accord					
Ĝ	3		·		1	1					
≪ 5			of voting members of the governing body (Part VI, line 1a)			10					
ties	4		of independent voting members of the governing body (Part VI, line 1b)			10					
ξ	5		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	0					
Ac	6		nber of volunteers (estimate if necessary)		6	20					
	7a	Total unr	elated business revenue from Part VIII, column (6), line 12		7a	96					
	b	Net unre	ated business taxable income from Form 990 Uine 34 L.D.	<u> </u>	7b	0					
Revenue			Prior Ye	ear	Current Year						
	8		tions and grants (Part VIII, line 1h) . O MAY 1 · 3 · 2013		421,519	334,488					
	9	_	service revenue (Part VIII, line 2g) \(\omega \)			11,866					
Şe.	10		nt income (Part VIII, column (A), lines 3,4, and 7d).			96					
_	11		/enue (Part VIII, column (A), lines 5, dd, 8c,優G.@,極向d 1 de) [0					
_	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		421,519	346,450					
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		325,162	352,767					
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0					
ç	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			0					
nse	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		_	6,150					
Expenses	b		draising expenses (Part IX, column (D), line 25) ▶ 16,095			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Ω	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,742	29,660					
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		367,904	388,577					
	19	· · ·	less expenses. Subtract line 18 from line 12		53,615	-42,127					
- s			· · · · · · · · · · · · · · · · · · ·	ginning of Cu		End of Year					
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	 	132,780	90,653					
Ass J Ba	21		ilities (Part X, line 26)		0	00,000					
훒	22		ts or fund balances. Subtract line 21 from line 20		132,780	90,653					
	art II		ture Block		132,760	30,033					
Un	der pena	Ities of perju	ry, I declare that I have examined this return, including accompanying schedules and stateme			my knowledge and belief, it is					
tru	e, correct	t, and comp	ete Deparation of preparer (other than officer) is based on all information of which preparer ha	as any knowl	edge	1 /					
		 	Dray Uns		3	19/13					
Sig	gn	Sign	ature of officer	Da	te /						
He	re	Dou	g Lins, Treasurer		·						
_		Туре	or print name and title								
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date		Check	PTIN					
		ا بر			self-em						
	epare		ame •	Firm	n's EIN ▶						
US	e Onl		ddress >	_	пе по						
Ma	y the IF		s this return with the preparer shown above? (see instructions)			. Yes No					
	-										

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Form 99	90 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u> U</u>
1	Briefly describe the organization's mission: Spreading the Gospel of Jesus Christ to the Golden Triangle region of Southeast Asia	
	Spreading the Gosper of Jesus Chirist to the Golden Thangle region of Southeast Asia	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		☐ Yes ☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
J		☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ 167,554 including grants of \$ 182,582) (Revenue \$	<u>o</u>)
	Support for Evangelists and Education programs that equips the current and future Evangelists	
41-	(Code) \(\(\subseteq \) \(\supseteq \) \(\subseteq \) \(\supseteq \) \(\supseteq \) \(\supseteq \) \(\s	
4b	(Code:) (Expenses \$ 65,532 including grants of \$ 44,627) (Revenue \$ Building Development & Maintenance - Construction of a residence hall and other building and property enhancement	nte
4c	(Code:) (Expenses \$ 39,339 including grants of \$ 31,759) (Revenue \$	0)
	Support Medical related ministry including support for the Barefoot Doctors program where evangelists are trained by	
	doctors and dentists to perform basic medical and dental services for the tribal people.	
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1	
4-	(Expenses \$ 80,342 including grants of \$ 75,472) (Revenue \$ 9,750)	

Part I	V Checklist of Required Schedules			
			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	<u> </u>
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		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the appropriate and the appropriate for lead buildings and environment in Dark V. line 400 /f #Von."	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Part	Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 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		~
b c	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		✓
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling 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	√	✓
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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	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? If "Yes," complete Schedule R, Part VI	27		1
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	37	√	•
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Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
,	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	ŀ		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 "	 	<u> </u>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	<	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		 -
C	required to file Form 8282?	7.		
	· ·	7c	<i></i>	<u> </u>
d	, , , , , , , , , , , , , , , , , , , ,			
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		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:	ľ	İ	ľ
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	ľ		,
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		٠.	40
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			×
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	,		13.7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-

Doct	· · · · · · · · · · · · · · · · · · ·	000		"No"
Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<u> </u>	Check if Schedule O contains a response to any question in this Part VI		•	. 🗸
Secti	on A. Governing Body and Management		Yes	No
4-	Fater the number of voting members of the reversing hadrest the end of the toy year.		162	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	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.			1 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	_	\vdash
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
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		1
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			<u> </u>
	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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
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	L.,	✓_
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		- ✓
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?	406		
44-		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	s \$	<u>-</u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	1	
b		120	V	+
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		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		\[\langle \]
b	Other officers or key employees of the organization	15b	_	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		\$	
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			/
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	L		1
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CO, NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	r inte	rest p	olicy,
00	and financial statements available to the public during the tax year.	-4 AL-		
20	State the name, physical address, and telephone number of the person who possesses the books and records	or the	;	
	organization: ▶ Doug Lins, (303)596-7497			

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Pa	'n	e	4

Form	agn	1201	เว

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	nt officer, director	r, or trustee.
-					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any hours for	익호	ŭ	ç	8	육포	75	from the	related organizations	other compensation
	related	물통	th.	Officer	y er	曹	Former	organization	(W-2/1099-MISC)	from the
	organizations	[중 년	ğ		μğί	8 2	٦	(W-2/1099-MISC)		organization and related
	below dotted line)	Individual trustee or director	al tr		Key employee	Ě				organizations
		8	Institutional trustee		"	Highest compensated employee				
			ď	<u>L</u>		ated				
Neil Parrett	2	1								
Director / Board Member	 	-		-	┝		┢	0	0	0
Sandy Glasser	2	,								
Director / Board Member		<u> </u>	_				 	0	0	0
Larry Glasser	2			١.				_		
Director / Board Member		/		ŀ	┝		⊢	0	0	0
Bob Astone	2			1		Ì		_	_	_
Director / Board Member		<u> </u>	<u> </u>	├	_		_	0	0	0
Barbara Cloud	2								i	
Director / Board Member		✓		ļ		<u> </u>		0	0	0
Paul Ferraro	20									
Chairman		/	ļ	┞			_	0	0	0
Frank Johns	5			l						
Vice Chairman		✓	<u> </u>	<u> </u>			_	0	0	0
Mary Lois Ferraro	2		ŀ							1
Secretary	ļ	✓	L	$oxed{oxed}$			L_	0	0	0
Doug Lins	5									
Treasurer		✓	<u> </u>	L	_		<u> </u>	0	0	0
Andy Hawker	2									
Director / Board Member		✓	<u> </u>				L	0	0	0
			_			<u></u>	_			
							L.	<u> </u>		
							1			
	1				l		1			

Part	VI Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	<u>ontınu</u>	ed)	
•	(A) Name and title	(B) Average			Pos neck		e than e		(D) Reportable	(E) Reportable	,	(F) Estimated	
		hours per week (list any hours for related organizations below dotted line)	office Individua				or/trus Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-MI	ıs	amount of other compensation from the organization and related organizations	
							_						
		1											
					 -								
													
							-						
]			
1b c	Sub-total	 VII, Section	 on A					>	0		0	***	_0
d _2	Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th					e) w	/ho received m	J	<u>o </u> 0,000) of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, o					emp	oloyee, or high	nest comper	sated	Yes N	
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization										vidua 	5	
Section	on B. Independent Contractors		•						<u> </u>	-			_
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ed in	depon for	end or tl	lent he c	contralend	ract dar	ors that receive year ending wa	ed more thar th or within t	1 \$100 he org	0,000 of ganization's tax	
	(A) Name and business add	dress							(B) Description of s	services		(C) Compensation	
								_					_
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			

Part	VIII	Statement of Rever	nue		 	-		
		Check if Schedule O c	ontains a respo	nse to any ques	tion in this Part Vi	III		🗆
	•			-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts 1ts	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0			i	1
s, G Am	С	Fundraising events .	1c	0				
Olft lar,	d	Related organizations	1d	0		İ		· ·
ıs, (e	Government grants (cont	nbutions) 1e	0				1
tior r S	f	All other contributions, gif						,
the		and similar amounts not incl	uded above 1f	334,488				i
a di	g	Noncash contributions include	ed in lines 1a-1f: \$	0				i
을 들	h	Total. Add lines 1a-1f	<u> </u>		334,488			
Program Service Revenue				Business Code				
340	2a					· · · · · · · · · · · · · · · · · · ·		····
Æ	b					<u> </u>		,
NC AC	С							
38	d							
aB	е							
ogr	f	All other program serv			11,866	11,866	0	0
<u>-</u>	9	Total. Add lines 2a-2f			11,866	· · · · · · · · · · · · · · · · · · ·		,
	3	Investment income (i				į		
		and other similar amou	•		96	0	96	0
	4	Income from investment	•	•	0	0	0	0
	5	Royalties	(i) Real		0	0	0	0
			(I) Heal	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses				-		
	C	Rental income or (loss)	. 0	. 0				
	d	Net rental income or ()	OSS) (i) Securities					· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other		ļ		
	b	Less: cost or other basis				į		
	U	and sales expenses .						
	_	·	0					
	C	Gain or (loss) L Net gain or (loss) .		0 >				
0	d	•					 	
enne	8a	Gross income from fur	naraising		Į.			
ě		events (not including \$	0			ļ		
æ		of contributions reported See Part IV, line 18						
Other Rev	_		_			}		
Õ		Less: direct expenses Net income or (loss) fro				1		
		Gross income from gar		events .			.	
	34	See Part IV, line 19 .			}			
	h	Less: direct expenses	-	1				
		Net income or (loss) from		vities ▶		·		
		Gross sales of inv		71.100				
	.04	returns and allowance						
	b	Less: cost of goods so	-					
	C	Net income or (loss) from						
		Miscellaneous Re		Business Code				
	11a							
	b							
	C			· · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	d	All other revenue .			 -			
	e	Total. Add lines 11a-1			0			
	12	Total revenue See in			246.450	11 000	06	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX		
	Check if Schedule O contains a respon tinclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	352,767	352,767		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management	7,150		7,150	
C	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	6,150	, , 4'/		6,150
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	7,777			7,777
14	Information technology	162		162	
15	Royalties				
16	Occupancy				
17	Travel	8,696		8,696	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	^	<i>></i>		,
	(A) amount, list line 24e expenses on Schedule O.)	3 334	* a/ 32/20		1 1 1 2 2
-		2,347	,	2,347	
a b	Bank Fees	2,347		2,347	
C					
d		-			
e	All other expenses	3,528		1,360	2,168
25	Total functional expenses. Add lines 1 through 24e	388,577	352,767	19,715	16,095
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	, , , , , , , , , , , , , , , , , , , ,			<u> </u>	Form 990 (2012)

ľ	art X	Balance Sneet			
		Check if Schedule O contains a response to any question in this Part >	·		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	124,252	1	88,669
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	680	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ś		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	
As	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	7,000	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	1,984
	12	Investments—other securities. See Part IV, line 11		12	·
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	848	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	132,780	16	90,653
	17	Accounts payable and accrued expenses	•	17	,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,	,		;
≝		trustees, key employees, highest compensated employees, and			3
Liabilities		disqualified persons. Complete Part II of Schedule L	r personal designation of the second section of the second section of the second section of the second section	22	promotes and a supposed service and a supple
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Š		complete lines 27 through 29, and lines 33 and 34.			528.2
ā	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets	_	28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and			,
5	1	complete lines 30 through 34.	A Comment of the comm		Andreas S. L.
ţ	30	Capital stock or trust principal, or current funds	0	30	0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	132,780	32	90,653
Š	33	Total net assets or fund balances	132,780	33	90,653
_	34	Total liabilities and net assets/fund balances	132,780	34	90,653

orm 99	90 (2012)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,450
2	Total expenses (must equal Part IX, column (A), line 25)	2		38	B,577
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	2,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13	2,780
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				
	33, column (B))	10		9	0,653
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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," ex	plain ir	n `	^	`
	Schedule O.				
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 com	oiled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a	K	1
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		4		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versigh	it		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n		
	Schedule O.		مند	الم المحسودة	اا
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ii	n		1

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 58-1495078 FRONTIER LABOURERS FOR CHRIST Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 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. c Type III-Functionally integrated d Type II-Non-functionally integrated b Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 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). (ii) EIN (iii) Type of organization (Iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary (i) Name of supported organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support col (i) of your (i) organized in the governing document? above or IRC section support? (see instructions)) Yes Yes Yes (A) (B) (C)

(D)

(E)

Total

18

	<u> </u>						
Part							
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality undi	er the tests is	ited below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(6) 2003	(0) 2010	(4) 2011	(6) 2012	(i) rotar
	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		- 3				
	governmental unit or publicly supported organization) included on		, 1				
	line 1 that exceeds 2% of the amount	,	2.1	•		,	
	shown on line 11, column (f)	, ,		* *			
_6	Public support. Subtract line 5 from line 4.	russumind	3. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 · · ·			
	on B. Total Support						
	dar 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						
9	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		\$5 234 S				
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						🏲 🛄
	on C. Computation of Public Suppor		·	1 and man (6)		144	0/
14	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch		•			15	<u>%</u>
15 16a	33 ¹ / ₃ % support test—2012. If the organization						
	box and stop here. The organization qua						
b	331/3% support test-2011. If the organ						
	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test - 20	012. If the ora	anızatıon did n	ot check a box	c on line 13, 16	a. or 16b. and	line 14 is
	10% or more, and if the organization med	_					
	Part IV how the organization meets the "f	acts-and-circ	umstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m				-		a publicly
	supported organization						

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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				1		
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3					1	_
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			İ		1	_
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			1			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		14, 18	\$1.50			
	line 6.)	10 10 10 10 10 10 10 10 10 10 10 10 10 1			, "c ,	, " \ _{\0} \ ² '	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	·					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u> </u>	
12	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part IV.)				L		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization					
	riist live years. If the Form 330 is for th						▶ □
	organization, check this box and stop he		· · · · ·	· · · · ·			
Secti		re					
Secti 15	organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2012 (line 8)	re t Percentag 3, column (f) di	e vided by line 1			15	%
15 16	organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2012 (line & Public support percentage from 2011 Sch	re t Percentag 3, column (f) di nedule A, Part	e vided by line 1 III, line 15				% %
15 16 Secti	organization, check this box and stop heron C. Computation of Public Support Public support percentage for 2012 (line & Public support percentage from 2011 Schon D. Computation of Investment Inc.	re t Percentag B, column (f) di nedule A, Part come Perce	e vided by line 1 III, line 15 ntage	3, column (f))		15	
15 16	organization, check this box and stop heron C. Computation of Public Support Public support percentage for 2012 (line 8 Public support percentage from 2011 Schon D. Computation of Investment Inc. Investment income percentage for 2012 (t Percentago B, column (f) di nedule A, Part come Percel line 10c, colum	e_vided by line 1 III, line 15 ntage nn (f) divided b	3, column (f))		15	%
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15 16 Secti 17 18	organization, check this box and stop heron C. Computation of Public Support Public support percentage for 2012 (line & Public support percentage from 2011 Schon D. Computation of Investment Income percentage for 2012 (Investment income percentage from 2011 331/3% support tests—2012. If the organization is not more than 331/3%, check this box 331/3% support tests—2011. If the organization is not more than 331/3%, check this box 331/3% support tests—2011. If the organization is not more than 331/3%, check this box 331/3% support tests—2011. If the organization is not more than 331/3%, check this box 331/3% support tests—2011. If the organization is not more than 331/3%, check this box 331/3% support tests—2011.	t Percentage B, column (f) di nedule A, Part come Percel line 10c, colum I Schedule A, I ization did not and stop here. eation did not c	e vided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17 check the box The organizati	3, column (f)) y line 13, colum on line 14, a on qualifies as line 14 or line	mn (f))	15 16 17 18 nore than 331/39 orted organization is more than 3	% % % 6, and line on . ► □ 31/3%, and
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Page 4
10; See
See

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

2012 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization FRONTIER LABOURERS FOR CHRIST 58-1495078 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. 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 ☐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.) (f) Total expenditures for and investments (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is offices in the region employees, agents, and region (by type) (e g, fundraising, program services, a program service, describe specific type of service(s) in region independent investments, grants to recipients in region in region located in the region) (1) (2) (3) (4) (5) (6)(7) (8)(9) (10)(11)(12)(13) (14) (15)(16)(17)Sub-total . Total from continuation

11/201 15

sheets to Part I

11

Schedule F (Form 990) 2012

Par	Grants Part IV.	and Other A	ssistance to Org	anizations or Entitieceived more than \$	es Outside the	United States. Cor	mplete if the organ	ization answered "Ye	es" to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN	(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)
(1) 🐺			East Asia and the	Funding of FLC Mis	257,845	Wire Transfer	0	-	Cash
(2)		21. Z.							
*** [*] \$** (3)*/;		3.4%4, //							
(4)		※ 1.2%)							
(5)		À SA							
(6) 🔌									
(7).	7								
(8)									
(9)									
(10)									
(11) ²									
(12)	(1888 s. 27 1889 s. 600 s.								
(13)*	84. 1. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.								
(14)									
(15)									
44.61	AND CAL				.				

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

Enter total number of other organizations or entities

Page 3

Part III 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.

Part III can be dupli	cated if additional space	e is needed.					,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book FMV, appraisal, other)
(1) Cash assistance to persona	East Asia and the Pac	3	94,900	Wire & ACH	0		Cash
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
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(12)							
(13)							
(14)							
(15)							
(16)						<u></u>	
(17)							
							
(18)	1	1 1		.1	<u> </u>		

Schedule F (Form 990) 2012

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Part	IV	Foreign Forms		
1	the c	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 oration (see Instructions for Form 926)	☐ Yes	✓ 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 eipt 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)	☐ Yes	☑ No
3	the o	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)	☐ Yes	✓ No
4	qualı <i>Infon</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a fied 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 I. (see Instructions for Form 8621)	☐ Yes	☑ No
5	the c	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 ign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	he organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713)	☐ Yes	✓ No

Part V	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).
- 	
••••	

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 2012

Open To Public Inspection

Name of the organization

Employer identification number

FROM	NTIER LABOURERS FO	OR CHRIST								58-1	4950	78		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3) s" on	and sect Form 990	ion 501(c)(4 0, Part IV, I	1) orga ine 25	anizations only) a or 25b, or Fo	rm 990	D-EZ,	Part \	V, line	40b.	
4 (23)			(b) Relationship between disqualified person and				(d				(d) Con	d) Corrected?		
1 (a) Name of disqualified person		person	organization				(c) Description of trans.			sacuoi	action		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)			_											
(6)											_			
2	Enter the amount under section 4958	3									\$	<u> </u>		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	oursed by	the organi	izatio	1		!	▶ \$	<u> </u>		
Par	Complete if the	l/or From Interne organization reported an am	answered "Ye	s" on	Form 99	0-EZ, Part ' e 5, 6, or 2	V, line 2.	38a or Form 9	90, Pa	rt IV,	line 2	6; or i	f the	
		(b) Relationship with organization			oan to or om the inization?	(e) Onginal principal amount		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				То	From	•			Yes	No	Yes	No	Yes	No
(1)			 											
(2)										 				
(3)				<u> </u>					1	<u> </u>				
(4)		<u> </u>								 				
(5)		† · · · · · · · ·		1						<u> </u>				
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(8)			<u> </u>											
(9)														
(10)														Ĺ
Total							.▶	\$					Ĺ	
Part		sistance Bene ne organization				0, Part IV, I	ine 27	7.						
			cionship between interested (c) Amount of assistar on and the organization			t of assistance	(d) Type of assistance			(е	(e) Purpose of assistance			
(1)														
(2)		1												
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		1			1		1			1				

Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Ves" on Form 990 Part

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	(e) Sharing of organization revenues?	
		organization				Yes No	
(1) JP Fer	rraro	Son of Board President	28.600	Program Management, Fundraising	! 		
)		OUT OF BOARD TYPESIAGIN		Togram management, remaining			
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rt V	Supplemental Information	1				<u> </u>	
	Complete this part to provide	e additional information for res	sponses to question	ns on Schedule L (see instructions	5).		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

0MB No 1545-0047 20**12**

Department of the Treasury Internal Revenue Service 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

Name of the organization Employer identification number FRONTIER LABOURERS FOR CHRIST 58-1495078 Form 990, Part VI, Section A, Line 2 - Some of the board members are married. Form 990, Part VI, Section B, Line 11b - A copy of the form 990 was presented to the board for approval prior to filing with the IRS. Form 990, Part VI, Section C, Line 19 - PDF Copies will be provided upon request.

Schedule O, Statement 1

Form 990

Page 2

Line Number: Part III Line 4d

FRONTIER LABOURERS FOR CHRIST

58-1495078

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other programs including memorial funds, bible handouts, other workers, etc	80,342	75,472	9,750
Total:		80,342	75,472	9,750