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Department of the Treasury

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

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.

Internal Revenue Service 2012, and ending 20 For the 2012 calendar year, or tax year beginning D Employer Identification number C Name of organization Christian Services, Inc. of America Check if applicable 64-0730835 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/surte E Telephone number Name change 601-582-5683 Initial return P. O. Box 1994 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return Hattiesburg, MS 39403 1006190 Application pending F Name and address of principal officer Rev. William L. Prout H(a) Is this a group return for affiliates? Yes No 2907 Prince George Road, Hattiesburg, MS 39402 If "No," attach a list. (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or 501(c)(3) ☐ 501(c) ( Tax-exempt status H(c) Group exemption number ▶ Website: ▶ www.christianserve.org M State of legal domicile Form of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation MS Part I Summary Briefly describe the organization's mission or most significant activities: The mission of Christian Services is to break chains of bondage, bring hope, and change lives through the practical demonstration of God's love - through feeding programs, Activities & Governance emergency financial assistance, residential homeless and recovery program, low-cost thrift store, grocery distribution, and special community events. 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) . . . . . . . 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 17 (A) Total number of volunteers (estimate if necessary) . . . . . . 6 6 400 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 904003 882151 9 Program service revenue (Part VIII, line 2g) 115850 109983 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 24039 2550 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 10086 11506 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1053978 1006190 Grants and similar amounts paid (Part IX, column (A), lines it 3). 13 107244 122836 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), tines 57 10)
Professional fundraising fees (Part IX, column (A), Jine 1 16) 15 325165 379344 16a Total fundraising expenses (Part IX, column (D), line 25)-> Other expenses (Part IX, column (A), lines 11a-101 (1) - 44e) 17 329358 344244 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 761767 846424 19 Revenue less expenses. Subtract line 18 from line 12 292211 159766 **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 930075 1103759 21 Total liabilities (Part X, line 26) . 43172 57090 22 Net assets or fund balances. Subtract line 21 from line 20 886903 1046669 Signature Block Part II 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 (other than officer) is based on all information of which preparer has any knowledge .ookie Sian Signature of officer Date Here Type or print name and title Preparer's signature Date Print/Type preparer's name Paid Check | If self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Cat No. 11282Y

Other program services (Describe in Schedule O.) (Expenses \$ 337406 including grants of \$ 58500 ) (Revenue \$ 190155) Total program service expenses ▶ 802970

Part	IV 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>▼</b>	├─
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	· ·	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	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>			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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		<b>✓</b>
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
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	✓	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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		<b>✓</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
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	/	-
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		<b>-</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del></del>
	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	✓	
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</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		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		<b>→</b>
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		<b>√</b>
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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>\</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
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? 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	✓	<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			<u> </u>
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	32		<u>√</u> √
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	33		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	$\dashv$	<u>✓</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>√</u>
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		<b>✓</b>
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,	30		
20	Part VI	37		<u>✓</u>
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
		Form	990	(2012)

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	·		
4	5. "		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	ł	Ì	
C	reportable gaming (gambling) winnings to prize winners?	10	1	ļ
2a		10	<b>V</b>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	-
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<del></del> -	<del>'</del>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	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			
	account)?	4a		<b>✓</b>
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.		ļ	ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<b>✓</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
-	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	-	Ť	
	gifts were not tax deductible?	6b	✓	
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?	7a	<b>✓</b>	
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?			١,
_		7c		<b>√</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<b>▼</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	<b>-</b>
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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
ь	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			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		!
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
n	in itea, nas il media comi izono redon mese pavinenis <i>cii, no - diovide an exdianandi</i> in achedine D	4000		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.						
Sect	Check if Schedule O contains a response to any question in this Part VI	<del></del>	<u> </u>	<u>. [7]</u>						
	and the state of t		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
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 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	5		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>✓</b>						
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a b	The governing body?	8a 8b	1							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1						
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		1						
40-	Did the agreement on house level characters, bronches, or officiated?	100	Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a		_						
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 b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓							
13 14	Did the organization have a written whistleblower policy?	13 14	<b>√</b>							
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 b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
b	with a taxable entity during the year?	16a		✓						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed ► Mississippi  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.	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 o and financial statements available to the public during the tax year.	f inter	est p	olicy,						
20	State the name, physical address, and telephone number of the person who possesses the books and records									

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

Check	if Schedul	еОс	ontai	ns a r	espo	onse te	o any	questic	on in thi	s Part V	'n.			•					
 						-						_				 			

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	n nor any relate	d org	anız	atic	оп с	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
	(C)									
(A)	(B)	/4			ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per	office		d a director/trus				compensation	compensation from	amount of
	week (list any hours for	익코	5	Ş	~ ~	g, F	F	from the	related organizations	other compensation
	related	Individual trustee or director	₹	Officer	Key employee	l place	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	cto	ğ	`	호	88	~	(W-2/1099-MISC)		organization and related
	line)	`ts	al to		š	ğ				organizations
		🕏	Institutional trustee		"	Highest compensated employee				_
			•			ē	<u> </u>			
(1) Rev. William L. Prout										
President, Executive Director	50	1		1	1	1		32040		961
(2) Stella Prout							Ì			
Vice-President, Treasurer & Co-Director	50	1		1	1		i	13000		390
(3) Dr. George Azar										
Member, Board of Directors		1		ĺ						
(4) Dr. Debbie Azar										
Member, Board of Directors		✓				1				
(5) Tom Callahan										
Member, Board of Directors		✓								
(6) Connie Callahan										
Member, Board of Directors		✓								
(7) Milan Hoze										
Member, Board of Directors		✓							_	
(8) Stephanie Hoze										
Member, Board of Directors		✓								
(9) Tom Montgomery										
Member, Board of Directors		✓								
(10) Linda Montgomery										
Member, Board of Directors		✓								
(11) Debi Myrick									•	
Member, Board of Directors		✓					L			
(12) Roy Peters										
Member, Board of Directors		✓								
(13) Victoria Peters										
Member, Board of Directors		✓								
(14) Bill Prout II										
Member, Board of Directors		✓	l							

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	rson Irect	than on the state of the state	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) timated nount o other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensati om the anizatio i relate inizatio	on d
	abbatha Prout												
	er, Board of Directors		<b>✓</b>										-
(18)											-		
(19)													
(20)													
<u>(21)</u>													
(22)													·
(23)													
(24)													
(25)													
1b	Sub-total							<b>•</b>	45040	0			1351
C	Total from continuation sheets to Part	-						•	0	0			0
d 2	Total (add lines 1b and 1c)	not limited						e) w	ho received mo	ore than \$100,00	00 of		<u> 1351</u>
	reportable compensation from the organi	zation ► 0					<del></del>		<del></del>		<u> </u>	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$										ed 3	ļ	1
4	For any individual listed on line 1a, is the organization and related organizations										ne 📗		<u> </u>
_	individual										4	<b> </b>	1
5	Did any person listed on line 1a receive of for services rendered to the organization?										aı	<u> </u>	1
	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Rep year.												ax
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compen		
				•									
											_		
2	Total number of independent contracto							the	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<u> </u>		0	L	For	m <b>99</b> 0	(2012)

Par	VIII	Statement of Reve	enue						
		Check if Schedule O	contains a	respo	onse to any ques				<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
nts nts	1a	Federated campaigns	s	1a	80142	1			
E IS	b	Membership dues .		1b		Ì			
S, A	С	Fundraising events .		1c	24071				
ia g	d	Related organizations		1d					
ns, Sim	е	Government grants (cor		1e		1			
utio	f	All other contributions, g and similar amounts not in		مدا					
중물	_	Noncash contributions include			777938 328946	1 1			
Contributions, Gifts, Grants and Other Similar Amounts	g   h	Total. Add lines 1a-1				882151			
	<del>- ''-</del>	Total. Add lines 14-1	<u>' ' ' ' '</u>	<del></del>	Business Code	602131	<u> </u>		
en.	2a	Fees from Liberty Stud	dents		623990	12770	12770		
æ	b	Sale of Donated Items			453310	96473	96473	•	
<u>.§</u>	С	Sale of OneHarvest Fo	od Boxes		445100	740	740		
Ş	d								
Ē	е	••••							
Program Service Revenue	f	All other program ser							
<u>-</u>	g	Total. Add lines 2a-2				109983		<del></del>	
	3	Investment income			ends, interest, [				
		and other similar amount income from investmen	•		1	436			436
	4 5			•		0			0
	<b>.</b>	noyalles	(i) Real	<del></del>	(ii) Personal	·		<del></del>	<u> </u>
	6a	Gross rents		5600			1		
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or	(loss) .		🕨	5600			5600
	7a	Gross amount from sales of	(i) Securit	ies	(II) Other				
		assets other than inventory			20800		[		
	b	Less: cost or other basis							
		and sales expenses .			18686				)
	С	Gain or (loss)			2114			<del>-</del>	
	d	Net gain or (loss) .			<u> ▶</u>	2114			2114
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	240 ed on line 1	c).	15520				
돛	b	Less: direct expenses	8	. b	9614				<u> </u>
-		Net income or (loss) f		_	events . ►	5906			5906
		Gross income from ga See Part IV, line 19 .		· a					
		Less: direct expenses							
	-	Net income or (loss) for	_	_	vities	0		· · · · · · · · · · · · · · · · · · ·	0
	าบล	Gross sales of in returns and allowance							
	_	Less: cost of goods s		-					
ŀ	Ü	Miscellaneous R			Business Code		-		1
ŀ	11a							·····	· · · · · · · · · · · · · · · · · · ·
	b	•••••	-						
	c								
	d	All other revenue .							
	е	Total. Add lines 11a-	11d	'	▶	0			
-	12	Total revenue. See in			P	1006190	109983		14056

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX		🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	63500	63500		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	59336	59336		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			}	
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	42000	36500	5000	500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	274920	269831	3589	1500
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	7342	6600	742	0
9	Other employee benefits	34310	30364	3431	515
10	Payroll taxes	20772	20388	271	113
11	Fees for services (non-employees):		i		
a	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	4500	3900	600	0
d	Lobbying	0	0	0	0
<b>0</b>	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
9	(A) amount, list line 11g expenses on Schedule O.)				_
12		0	0	0	0
13	Advertising and promotion	13268	4399	1178	7691
14	Office expenses	87489	83820	3189	480
15	Royalties	1989	1790	199	0
16	Occupancy	<del>`</del>	102500	0	0
17	Travel	106688 81324	102599 75228	4089 6096	<u>0</u> 0
18	Payments of travel or entertainment expenses	01324	75226	6096	<u>_</u> <u>U</u>
	for any federal, state, or local public officials	o	٥	٥	0
19	Conferences, conventions, and meetings .	1255	1255	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	47456	43185	4271	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	İ			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Staff Trainins	275	275	0	0
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	846424	802970	32655	10799
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part 3			🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	14424	1	25032
	2	Savings and temporary cash investments	271736	2	186548
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		ļ <u>.</u>	
	1	· •	0	5	0
	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		ł	
		sponsoring organizations of section 501(c)(9) voluntary employees beneficiary		Ì	
s		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	<del></del>	0
As	8	Inventories for sale or use	5373	<b></b>	4970
	9	Prepaid expenses and deferred charges	90		90
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1273923			
	ь	Less: accumulated depreciation 10b 614804	638452	10c	659119
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		228000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	930075		1103759
	17	Accounts payable and accrued expenses	43172		57090
	18	Grants payable	0	_	0
	19	Deferred revenue	0		0
	20 21	Tax-exempt bond liabilities	0	_	0
<b>/</b> 0	22	Loans and other payables to current and former officers, directors,		21	0
tie	22	trustees, key employees, highest compensated employees, and			
bili		disqualified persons. Complete Part II of Schedule L	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	_	0
	24	Unsecured notes and loans payable to unrelated third parties	0		
	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	0	25	o
	26	Total liabilities. Add lines 17 through 25	43172	26	57090
ß		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
č		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	733344		969459
Ba	28	Temporarily restricted net assets	153559		77210
ng l	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
35	30	Capital stock or trust principal, or current funds	0	30	0
še	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
S	33	Total net assets or fund balances	886903	_	1046669
	34	Total liabilities and net assets/fund balances	930075	34	1103759
					Form <b>990</b> (2012)

orm 9	90 (2012)			Pε	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			10	06189
2	Total expenses (must equal Part IX, column (A), line 25)	!		8	46423
3	Revenue less expenses. Subtract line 2 from line 1			1	59766
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			8	86903
5	Net unrealized gains (losses) on investments	;			0
6	Donated services and use of facilities	;			
7	Investment expenses	,			
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain in Schedule O)	,			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			·	
	33, column (B))	D_		10	46669
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," explain	n in			
	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 compiled	d or	·		
	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 audited of	ona [			
	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 overs	_ ,			
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explai	in in			
	Schedule O.			i	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forti	thin ∫			
	the Single Audit Act and OMB Circular A-133?		3a		✓
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	s	3b		

Form **990** (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Christian Services, Inc. of America 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.) 3 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). 7 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 III–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, 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(l) (ii) A family member of a person described in (i) above? . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (ii) EIN (iii) Type of organization (i) Name of supported (v) Did you notify (vi) is the (vii) Amount of monetary in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes Yes Yes (A) (B) (C) (D) (E)

**Total** 

	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	(-) 0000	(h) 0000	(=) 0010	(4) 0011	(a) 2012	(f) Total
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2008 552037	(b) 2009 595399	(c) 2010 608172	(d) 2011 588639	(e) 2012 616953	(f) Total 2961200
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	552037	292388	000172	200033	010933	2981200
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	552037	595399	608172	588639	616953	2961200
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)						7360
6	Public support. Subtract line 5 from line 4.		-				2953840
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	552037	595399	608172	588639	616953	2961200
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1957	1004	610	809	436	4816
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						2966016
12	Gross receipts from related activities, etc.	•	•		[	12	640613
13	First five years. If the Form 990 is for the	_			-		n 501(c)(3)
	organization, check this box and stop he						<u>· · ▶ □</u>
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	99.6 %
15	Public support percentage from 2011 Sch	nedule A, Part I	II, line 14 .		[	15	99.5 %
16a	331/3% support test—2012. If the organization qual						
_	33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organ			_			
	check this box and stop here. The organi	ization qualifies	s as a publicly	supported orga	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumstar mstances" tes	nces" test, che t. The organiza	ck this box an ition qualifies a	d <b>stop here.</b> E as a publicly su	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means apported organization in supported organization in the control organization in the co	tion meets the leets the "facts	facts-and-cir: and-circumst-	cumstances" ances" test. Th	test, check th ne organization	is box and sto	op here.
18	Private foundation. If the organization di					this box and	see . ▶ □

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

### 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						
	idar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 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						
	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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		1				
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
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						
	acquired after June 30, 1975						
C	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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		L				
14	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop he			· · · · ·			▶ 📙
	on C. Computation of Public Suppor					T .= 1	
15	Public support percentage for 2012 (line 8					15	<u>%</u>
16	Public support percentage from 2011 Sch				· · · · ·	16	<u>%</u>
	on D. Computation of Investment In			ulina 10	(6)	147	
17	Investment income percentage for 2012 (					17	<u>%</u>
18	Investment income percentage from 2011					18	<u>%</u>
19a	331/3% support tests – 2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331x9%, check this i	<del>-</del>	-	· ·	· · · · · ·		_

Part IV	Suppleme Part II, line instruction	17a or 17b; and F	Complete this par Part III, line 12. Also	t to provide the explanations required by Part II, line 10; complete this part for any additional information. (See
Schedul	A, Part II: Unus	sual Grants not includ	led in Line 1:	
Year	Donor	Date of Grant	Amount of Grant	Purpose of Grant
2008	Foundation	February 2008	\$ 25000.00	Grant to complete installation of emergency generator
2010	Foundation	December 2010	\$ 25000.00	Holiday Grant - Use Unrestricted
2011	Foundation	October 2011	\$ 295000.00	Grant for Purchase & Renovation of campground for Liberty Ministries
2011	Foundation	December 2011	\$ 25000.00	Holiday Grant - Use Unrestricted
2012	Corporation	April-Nov 2012	\$ 18604.00	Utility Grants for Emergency Assistance to individuals
2012	Foundation	December 2012	\$ 25000.00	Holiday Grant - Use Unrestricted
2012	Individual	December 2012	\$ 205000.00	Donation of house & land to be sold - Use Unrestricted
2012	Individual	December 2012	\$ 22500.00	Donation of land to be sold - Use Unrestricted
•••••				
•				
				······································

#### SCHEDÙLE D (Form 990)

# **Supplemental Financial Statements**

► 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.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Christ	ian Services, Inc. of America	64-0730835
Pai	+ · J · · · · · · · · · · · · · · · · ·	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
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 i	
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	· · · · · · · Yes · No
Par	Conservation Easements. Complete if the organization answered "Yes" to Fe	orm 990, Part IV, line 7.
1	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 I	
		ertified historic structure
_	Preservation of open space	the form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year.	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total averbas of access of access of	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
d	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	
3	tax year ►	led by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	on handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
	h	smeme damig me year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	ts during the year
•	<b>▶</b> \$	are year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educate	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever	
	works of art, historical treasures, or other similar assets held for public exhibition, educat	tion, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	· · · <b>\$</b>
2	If the organization received or held works of art, historical treasures, or other similar asset	
	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	
Þ	Assets included in Form 990, Part X	<b>-</b> 8

Part	Organizations Maintaining Col				
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of the	ne following that are a	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	Scholarly research	е	Other		
C	Preservation for future generations				
4	Provide a description of the organization's	s collections and exp	ain how they further	the organization's exe	empt purpose in Part
	XIII.	·	•	-	
5	During the year, did the organization solid	cit or receive donation	ns of art, historical to	reasures, or other simi	ilar
_	assets to be sold to raise funds rather than				
Part					
	line 9, or reported an amount on is the organization an agent, trustee, cus	Form 990, Part X,	ine 21.		
1a	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the f	ollowing table:		
				•	Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on	Form 990, Part X, lin	e 21?		. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in Part X	III. Check here if the e	explanation has been	provided in Part XIII	<u> </u>
Par	V Endowment Funds. Complete i				
	(a)	Current year (b) Pi	nor year (c) Two yea	rs back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance			<del></del>	
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses			-	
g	End of year balance				
2	Provide the estimated percentage of the ci	urrent year end baland	ce (line 1g. column (a	n)) held as:	
a	Board designated or quasi-endowment ▶		, , , , , , , , , , , , , , , , , , ,	,,	
b	Permanent endowment ►%				
c	Temporarily restricted endowment ▶				
·	The percentages in lines 2a, 2b, and 2c sh				
За	Are there endowment funds not in the pos		ization that are held	and administered for t	he
-	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
_	If "Yes" to 3a(II), are the related organization				3b
b	Describe in Part XIII the intended uses of the				301
4 Post					
Part				(a) Assumulated	(d) Seek value
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		69500		69500
b	Buildings		882647	386594	496053.
C	Leasehold improvements				
d	Equipment		247796	228210	19586
е	Other		73980		73980
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	O(c).) ▶	659119

Part VII Investments—Other Securities	s. See Form 990, Part >	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			<del></del>
(A)			
(B)	-		<del> </del>
(C) (D)			
(E)			
	·		
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)		<del></del>	<del>****</del>
(3)	<u> </u>		
<u>(4)</u>			
(5) (6)			
(7)			
(8)	<u> </u>		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part IX			
<del></del>	(a) Description		(b) Book value
(1) Donated land to be sold for ministry support			22500
(2) Donated house and land to be sold for ministry		×	<u>205000</u> 500
(3) Donated Automobile to be sold for ministry sup	ррогт		301
(5)			·
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, o		<b>.</b>	228000
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Book value	_	
(1) Federal income taxes		┥	
(2)		-	
(4)		<del> </del>	
(5)		╡	
(6)			
(7)		7	
(8)			
(9)			
(10)			
(11)		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )		L Constitution of the second o	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the liability for uncertain tax positions under FIN 48 (ASC	text of the foothore to the 0 740). Check here if the text	organization's financial statements that of the footnote has been provided in P	reports the organization start XIII

Pac	30	4

Schedule D	(Form	990	2012

Par	XI Reconciliation of Revenue per Audited Financial Statement	ents	With Revenue	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements				1006190
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			]
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			. 2e	ĺ
3	Subtract line 2e from line 1			. 3	1006190
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			ł
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			. 4c	1 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				1006190
Part					
1	Total expenses and losses per audited financial statements				846424
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			. 2е	1 0
3	Subtract line 2e from line 1			. 3	846424
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		+		
c	Add lines 4a and 4b		<u> </u>	. 4c	^
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines)			<u> </u>	846424
	XIII Supplemental Information			-   •	1 070727
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				
		· <b></b>			
		<del>-</del>			

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		•••••••••••••••••••••••••••••••••••••••

#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Chris	uan Services, Inc. of America	0 1 1 11 11			1 (1) (1 1) 1		0/30835
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to I	orm 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds	through any	of the follo	owing activities. C	Check all that apply.	
а	✓ Mail solicitations		е 🗹	Solicitat	ion of non-goverr	ment grants	
b	Internet and email solicitatio	ns	f [	Solicitati	on of governmen	t grants	
c			g 🗹		fundraising event	=	
d	✓ In-person solicitations		9 -	_ opeo.a.	and along orone	•	
2a	Did the organization have a write	ton or oral agra	omont with	any indivi	dual (including of	ficere directore true	tooc
40	or key employees listed in Form						
	• •		•		-	<del>-</del>	
Ь	If "Yes," list the ten highest paid compensated at least \$5,000 by			oraisers) p	ursuant to agreen	nents under wnich tr	ie fundraiser is to be
			(III) To 1.5		T	(v) Amount paid to	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
			ļ				
2			1				<u> </u>
3							
4							
5							
		***	<u> </u>				
			ļ				
7							
8							
9		-					
10						<del> </del>	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
Total 3	List all states in which the organiegistration or licensing.						
Missis	sippi						
	••••••						

L¥	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross receipts greater tha	(a) Event #1 Banquet (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	39591			
Œ	2	Less: Contributions Gross income (line 1 minus	24071			
	4	Cash prizes	15520			15520
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	7609			7609
Direc	8	Entertainment	2005			2005
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb <b>Gaming.</b> Complete if the	ine line 3, column (d), a e organization answer	nd line 10		( 9614 ) 5906 eported more
Revenue		than \$15,000 on Form 99	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u></u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		<del> </del>		
_	5	Other direct expenses .	□ Vas %	□ Ves %	□ Ves %	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	•	( )
	8	Net gaming income summary	/. Combine line 1, colun	nn d, and line 7		
g	a Is		perate gaming activities	in each of these states	s?	Yes No
10		ere any of the organization's g	aming licenses revoked	l, suspended or termina		. 🗌 Yes 🗌 No

schedu	le G (Form 990 or 990-EZ) 2012			Page 3
11 12	Does the organization operate gaming activities with nonmembers?	. [	] Yes [	No
12	formed to administer charitable gaming?		] Yes [	□ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			<u>%</u>
b	Throughout the state of the sta	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name ►			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gar revenue?		T Vac [	¬ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		_ 165 [	_ 110
	amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party:			
	Name ▶		•••••	
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			··
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?	. [	] Yes [	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Pacolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als part to provide any additional information (see instructions).	art I, lir o com	ne 2b, plete thi	s
• • • • • • • • • • • • • • • • • • • •				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

**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.

2012

OMB No. 1545-0047

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Employer identification number √
Yes 64-0730835 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Christian Services, Inc. of America Part 1

**%**□

					amandan an ima ii	,	addition of the control of the contr	
1 (a	1 (a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash orant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
	or government			3		other)		oo moon o
(E)	(1) Greater Historic Bethel Church							
Е	Ellisville, MS	52-1334922	501(c)3		5880	5880 Est.\$.12 per lb	Salvage Food	Feeding Clients
(2) L	(2) Laurel Housing Authority							
1	Laurel, MS	64-9000582	501(c)3		9840	9840 Est.\$.12 per lb	Salvage Food	Feeding Clients
(6)	(3) Mission at the Cross							
	Laurel, MS	20-8368510	501(c)3		6240	6240 Est.\$.12 per lb	Salvage Food	Feeding Clients
<b>4</b>	(4) Petal Children's Task Force							
	Petal, MS	64-0897384	501(c)3		10680	10680 Est.\$.12 per lb	Salvage Food	Feeding Clients
(S)	(5) Righteous Oaks Recovery							
S	Chunky, MS	16-1657900	501(c)3		5040	5040 Est.\$.12 per lb	Salvage Food	Feeding Clients
S (9)	St. Mark's AME Church							
5	Waveland, MS	church	501(c)3		5280	5280 Est.\$.12 per lb	Salvage Food	Feeding Clients
Ε								
							:	
<u>@</u>								
6)								
(10)								
<b>E</b>								
3								
(21)								
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the li	ine 1 table			9
က	Enter total number of other organizations listed in the line 1	rganizations listed	In the line 1 table					0 ▲

Schedule I (Form 990) (2012)

Cat. No. 50055P

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

Schedule I (F	Schedule I (Form 990) (2012)	500
Part III	art III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	1
	Part III can be duplicated if additional space is needed.	

	I alt III call be deplicated II additional space is needed.	space is inceded	_			
	(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 Utility	1 Utility Assistance	2793	47250			
2 Medici	2 Medicine & Special Needs	30	812			
3 Food Boxes	3oxes	650		11274.	11274. Est. \$.12 per lb.	Donated Food Items
4						
S.						
9						
7						
Part IV	<b>Supplemental Information.</b> Complete this part information.	e this part to pro	vide the information	n required in Part I,	line 2, Part III, column (b	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

Part I, Line 2: Donated Salvage Food is shared with other 501(c)3 organizations similar to Christian Services. An application is received from each of these organizations, and reports are received as to the use of the donated items.

Part III, Column (b): Records are kept on a daily basis of the numbers receiving each type of assistance.

#### SCHEDULE M (Porm 990)

#### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

Employer identification number

Christian Services, Inc. of America 64-0730835 Part I Types of Property (c) (d) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g Art-Works of art . . . . 1 2 Art-Historical treasures . . . 3 Art - Fractional interests . . . Books and publications . 4 5 Clothing and household goods . . . . . . . . . 0 Value-Cost of Good Sold 6 Cars and other vehicles . . . 3 3700 Used Car Guide 7 Boats and planes . . . . . 8 Intellectual property . . . . 9 Securities-Publicly traded . . 10 Securities-Closely held stock . Securities-Partnership, LLC. 11 or trust interests . . . . . 12 Securities-Miscellaneous . . Qualified conservation 13 contribution - Historic structures . . . . . . . 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . . . 1 205000 Certified Appraisal 16 Real estate—Commercial Real estate-Other . . . . 17 1 22500 Certified Appraisal 18 Collectibles . . . . . . 93246 Est. \$.12 per lb. 19 Food inventory . . . . . . 20 Drugs and medical supplies . . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 Other ► ( New Toys ) 450 4500 450 new toys est. \$10 ea. Other ► ( \_\_\_\_\_) 26 27 Other ► ( \_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

Schedule M (	Form 990) (2012) Page <b>2</b>
Fart II	<b>Supplemental Information.</b> 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.
Part 1, Line	5: The value of clothing & household items donated for sale in Bargains & Blessins is reduced by the sale value as cost of
goods sold	resulting in a net revenue of -0
••••	

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Inspection Employer identification number

Christian Services, Inc. of America	64-0730835	
Part III, Line 2: ONEHARVEST, a new program which provides high-quality, low-cost frozen food to families in our area began distribution		
in June of 2012.		
Part III, Line 4d Other Program Expenses:		
1. BARGAINS & BLESSINGS: (Expenses\$132671including grants of \$0) (Revenue \$96473)		
Donated clothing, furniture, appliances and miscellaneous items are sold at low prices in a loving envi	ronment so that families with low or	
modest incomes can stretch their available dollars by purchasing nice, needed items that are within the		
shoppers received free or greatly reduced items. Job interview outfits were provided for 22 women loc	oking forremployment. The thrift store	
is manned by volunteers, Liberty Ministry students, and 2 staff members. Revenue from the sale of do	nateditems helps to offset expenses.	
2. TEACHING/SPECIAL EVENTS: (Expenses \$57713including grants of \$0) (Revenue \$0)		
Bible studies are held daily. Devotion books, tracts, and Bibles are provided for Liberty students and	others in need. Special Events	
include a Back-to School Rally and special programs for Thanksgiving, Chrismas, and Easter .		
3. FOOD DISTRIBUTION: (Expenses \$120032including grants of \$58500) (Revenue \$93246 no	n-cash)	
In 2012, 777050 lbs of donated food & supplies were received and sorted for use in The Soup Kitchen,	Loving Hands, or by other agencies.	
Costs include grants of \$58500 (the estimated value of 487500 lbs. food & supplies which were redistri	buted to 32 other ministries/agencies.)	
4. ONEHARVEST: (Expenses \$26990including grants of \$0) (Revenue\$436)		
During June through December of 2012, 746 boxes of high-quality, low-cost food were distributed to fa	milies in our area. Net revenue of	
\$426 helped to ofset expense.		
Part IV, Line 38: Part VI, Line 11b - Befoe filing the Form 990, it is presented and fully explained to the c	poverning body by the CFO. All	
questions are discussed, and changes, if any are needed, are made	prior to filing.	
Part VI, Line 19 - The governing documents, conflict of interest policy, and financial st	tatements of Christian Services Inc.	
are made available to the public by request at our central office and	through www.guidestar.org	
Part VI, Line 12c - The Board of Directors is made aware by the Executive Director of any possible conf		
possibility of conflict, it is disclosed, discussed, and approved by the Board prior to proceeding with a		
Part VI, Line 15a and 15b: Compensation for the CEO, Executive Director, top management officials, a		
the Administrative Board and compared to salaries known to be paid by other similar non-profit organi	zations. Decisions regarding	
compensation are also based on expected available funds and have always been lower than the indust	ry standard.	

Schedule O (Form 990 or 990-EZ) (2012)	Page Z
Nåme of the organization	Employer identification number