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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Ā	For t		, and ending		, 20
В	Check ri		RIST D Employe	r identifi	cation number
		change Doing Business As		2-138	
Н	Name c	Room/Si	E Telephor	e numbe	<u> </u>
Н	Initial re	TO TIME AS IN THE RIGHT OF THE PARTY OF THE			2-6014
Н	Termina	City town or part office state and ZID and	G Gross	\$	419448.
Н		Tage 10 7171	2 G receipts		
Н	Applicat				Yes 🛛 No
Ш	pending	r Name and address of principal officer SCO11 PICDOWELLE		ffiliates?	
_			H(b) Are al	l affiliates inc ', attach a lis	
_		empt status 501(c)(3) 501(c)β) (insert no) 4947(a)(1) or	· ·	nstructions)	` ∐ Yes ∐ No
		te: ▶		exemption r	·
_			Year of formation	M Sta	ate of legal domicile
Ŀ	art l				
	1	Briefly describe the organization's mission or most significant activities	OUD TOM		
Ð		MINISTRY AND SPREADING THE GOSPIL OF JESUS	CHRIST		
anc anc					
Activities & Governance					
Š	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed of m	ore than 25% of its r	et assets	
(Ö	3	Number of voting members of the governing body (Part VI, line 1a) \dots . \dots		3	2
SS	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	
Ę	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	
Ę	6	Total number of volunteers (estimate if necessary)		6	
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	
			Prior Yea	ır	Current Year
a	8	Contributions and grants (Part VIII, line 1h)			
'n	9	Program service revenue (Part VIII, line 2g)	. 421	975.	419448.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add_lines 8 through 11 (must equal Part VIII, column (A), line 12)	421	975.	419448.
	13	DE CONTRACTOR (A)		592.	241243.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
s	15	. (01	21	622.	21622.
JSe	16a	Professional fundraising fees (Part X) column (A) Ime 11e)			
Expenses		Total fundraising expenses, (Part IX, column (D), line 25)▶			
Щ		Other expenses (Part IX County (5) Fines 1 12711d, 11f-24e)	23	023.	21578.
		Total expenses Add lines 13-17 (must equal Part-IX, column (A), line 25)		237.	284443.
	19	Revenue less expenses. Subtract line 18 from line 12		738.	135005.
			Beginning of C		End of Year
Net Assets or	20	Total assets (Part X, line 16)		259.	355264.
Asse Pak	21	Total liabilities (Part X, line 26)			
Net 7	22	Net assets or fund balances Subtract line 21 from line 20	220	259.	355264.
	art II	Signature Block			
		ties of penury, I declare that I have examined this return, including accompanying schedules and statements, and t	o the best of my knowledge		
		is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer			
		Scott M-Darl		04/29	/2013
Si	gn	Signature of officer		Date	
	ere	SCOTT MCDOWELL MINIST			
• • • •		Type or print name and title			
Pa	id		ate Che	ck X ıf	PTIN
	epare	TOWER D. STANGARD	/29/2013 self		
	e Only	DONALD GENOMO ACCOUNTERING	Firm's E		
US	e Om	Firm's address PO BOX 1438	Phone n		
		JENA LA 71342-		。 992-0	700
NA-	w the	IRS discuss this return with the preparer shown above? (See instructions)		<u>-</u>	. X Yes No
_		erwork Reduction Act Notice, see the separate instructions.			Form 990 (2012)

US990\$\$1

Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in			
	effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		i
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			ì
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			ì
	services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			ì
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			ì
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			i
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ì
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			i
	Schedule D, Parts XI, and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if			ī
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15		X
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, Part III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	150.00
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Form 990 (2012)

Page 4 Part IV 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 Х 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х 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," Χ complete Schedule J 23 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 Χ 24a 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction Χ with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a b 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 Χ Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

BCA

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.....

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Χ 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... 4a **b** If "Yes." enter the name of the foreign country. See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, Χ Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?...... Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a 7b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Χ at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 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?...... 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Did the organization have a written conflict of interest policy? If "No", go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15a X Other officers or key employees of the organization. 15b 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 X with a taxable entity during the year? 16a 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website | Another's website | Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶SCOTT MCDOWELL PO BOX 43 LA 71363 318-992-6014 RHINEHART

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 nor any related organizations compensated any current officer, director, or trustee

Check this box if heither the organization	Jir flor ally fela	(C)						d any current onice	, director, or trustee	
		Position								
		(do not check more than one								
(A)	(B)							(D)	(E)	(F)
Name and Title	Average	box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated
, tame and the	hours per	0 =						compensation	compensation	amount of
	week	₽₩	nstit	Officer	ey	필호	Former	from	from related	other
	(list any	Individual trustee or director	Institutional trustee	4	Key employee	Highest compensated employee	重	the	organizations	compensation
	hours for related	익별	nal		ğ	e 8		organization	(W-2/1099-MISC)	from the
	organiza-	uste	trus		8	pe		(W-2/1099-MISC)	· ·	organization
	tions below)	ď	stee			nsa		,		and related
	, Delow,					e d				organizations
(1)SCOTT MCDOWELL										
MINISTER	40			X				21622.	0	0
(2)										
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										Form 990 (2012)

Page 8

Part VII Section A. Officers, Directors, (A) Name and title	(B) Average	(do no box, u office	ot che unless er and	(C Positeck manager period) tion nore son recto	than dis both	one n an tee)	(D) Reportable	(E) Reportable	(F) Estimated amount of
	hours per week (list any hours for related organiza- tions below)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)	! 									:
(16)							-			-
(17)										
(18)				-						
(19)										
(20)							<u> </u>			
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	21622.	0	0
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c) Total number of individuals (including but in	/II, Sectio	n A		•••			>	0 21622. eived more than \$10	0 0 0,000 of reportable	0 0 compensation
from the organization						·				
3 Did the organization list any former officer employee on line 1a? If "Yes," complete S				-		-				Yes No X
4 For any individual listed on line 1a, is the sithe organization and related organizations individual	•									4 X
5 Did any person listed on line 1a receive or services rendered to the organization? If "		•						=		5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. Report 										vear
(A) Name and busines			10	<u> </u>		u. you		(B) Description of		(C) Compensation
Total number of independent contractors (\$100,000 in compensation from the organi		out not	limite	d to	thos	se liste	d al	bove) who received r	nore than	

		Check if Schedule O contains a response to any que	stion in this Part VIII			<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above				
ਰ ਨ	h	Total. Add lines 1a-1f ▶				
Program Service Revenue	2a _ b _ c	CONTRIBUTIONS Business Code	419448.			419448.
gram ?even	d _					
Po	e _	All other program service revenue				
	f g	Total. Add lines 2a-2f	419448.	1		<u> </u>
	3 4 5 6a b	Investment income (including dividends, interest, and other similar amounts)				
	c d 7a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses (i) Securities (ii) Other				, none ()
	1	Gain or (loss)				
Other Revenue	8a	Net gain or (loss)				
ᅙ	C	Net income or (loss) from fundraising events ▶		}		
	ь	Gross income from gaming activities See Part IV, line 19a Less direct expensesb Net income or (loss) from gaming activities		,		
	10a b	Gross sales of inventory, less returns and allowancesa Less cost of goods soldb Net income or (loss) from sales of inventory	1			
	<u> </u>	Miscellaneous Revenue Business Code		[
	12	Total revenue	419448			419448.

Sect	ion 501(c)(3) and 501(c)(4) organizations must complet				
	Check if Schedule O contains a response to a			(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
/b, 8	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
2	Organizations in the US. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to individuals in	241243.	241243.		
3	the United States See Part IV, line 22	241243.	241243.		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors,			·	
3	trustees, and key employees	21622.	21622.		
6	Compensation not included above, to disqualified	21022.			
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Prof fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	col (A) amount, list line 11g expenses on Sch O).				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		·		
15	Royalties				
16	Occupancy				
17	Travel				
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	1			
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O.)	21578.	21570	t	
а	OTHER EXP	213/8.	21578.		
b					-
C					
d	All all as a second as a secon				
e	All other expenses	284443.	284443.		
25	Total functional expenses. Add lines 1 through 24e	204443.	204443.		
	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 I following SOP 98-2 (ASC 958-720)	<u> </u>			

		Check if Schedule O contains a response to any question in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	220259.	1	355264.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans & other receivables from current and former officers, directors, trustees,	-	i	
		key employees, and highest compensated employees. Complete Part II of	j		
1		Schedule L		5	<u> </u>
	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			1
		contributing employers and sponsoring organizations of section 501(c)(9)			
		voluntary employees' beneficiary organizations (see instructions) Complete			,
		Part II of Schedule L		6	· · · · · · · · · · · · · · · · · · ·
,,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	- 1		}
	IVa	basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	`
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	220259.	16	355264.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	···-··
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
(0	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,		1	
iq		trustees, key employees, highest compensated employees, and			
Ľ		disqualified persons Complete Part II of Schedule L		22	
	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	İ		
		of Schedule D		25	
	26	Total liabilities Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 📗 and	-	1 1	-
es		complete lines 27 through 29, and lines 33 and 34.			
JUE .	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	·
힏	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 📋			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	000050	31	255064
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	220259.	32	355264.
~	33	Total net assets or fund balances	220259.	33	355264.
	34	Total liabilities and net assets/fund balances	220259.	34	355264.

Χ

Form 990 (2012)

3a

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

Schedule O

the Single Audit Act and OMB Circular A-133?

3a

BCA

US990\$12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

Employer identification number

	Τħ	TERNATIONAL	EDIFYING	CHRIST MINIS		12	<u>-1387066</u>			
F	art	Reason for	r Public Charity	Status (All organizations	s must complete t	this part) See ins	structions			
The	e org	janization is not a priva	te foundation becaus	se it is. (For lines 1 through 1	1, check only one	box)				
1	X	A church, convention	of churches, or associ	ciation of churches described	ın section 170(b)(1)(A)(i).				
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	П	A hospital or a cooper	ative hospital service	e organization described in se	ction 170(b)(1)(/	A)(iii)				
4		A medical research or	ganization operated	in conjunction with a hospital	described in sect	tion 170(b)(1)(A	(iii) Enter the ho	spital's	name,	,
	_	city, and state:								
5	П	An organization opera	ted for the benefit of	a college or university owner	f or operated by a	governmental u	ınıt described in s	ection		
		170(b)(1)(A)(iv). (Com	plete Part II)							
6	П	A federal, state, or loc	al government or go	vernmental unit described in s	section 170(b)(1)	(A)(v).				
7	П	An organization that n	ormally receives a si	ubstantial part of its support for	om a governmen	ital unit or from th	ne general public			
		described in section 1	70(b)(1)(A)(vi) (Co	mplete Part II)	-					
8	П	A community trust des	cribed in section 17	'0(b)(1)(A)(vi). (Complete Par	t II)					
9	П			more than 33 1/3 % of its su		utions, members	ship fees, and gro	ss		
		-		ot functions - subject to certain			· -			
		support from gross inv	estment income and	d unrelated business taxable i	ncome (less secti	ion 511 tax) from	businesses			
		acquired by the organi	zation after June 30	, 1975 See section 509(a)(2). (Complete Part	III)				
10	П			xclusively to test for public sa						
11	П			xclusively for the benefit of, to			rry out the			
		purposes of one or mo	ore publicly supporte	d organizations described in s	section 509(a)(1)	or section 509(a)	(2) See section			
		509(a)(3). Check the b	ox that describes the	e type of supporting organiza	tion and complete	e lines 11e throug	gh 11h			
		a Type I	b Type II	c Type III - Fund	tionally integrated	d T	ype III - Non-fund	tionally	integra	ated
е	П	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified								
		persons other than for	indation managers a	and other than one or more pu	blicly supported	organizations de:	scribed in section			
		509(a)(1) or section 50	09(a)(2).							
f		If the organization rec	eived a written deter	mination from the IRS that it i	s a Type I, Type					
		organization, check th	ıs box							Γ
g		•		on accepted any gift or contril		f the following pe				
g		Since August 17, 2006	6, has the organization		oution from any o				Yes	No
g		Since August 17, 2006 (i) A person who dire	6, has the organization	on accepted any gift or contril	oution from any owith persons des	cribed in (ii)	ersons?	11g(i)	Yes	No
g		Since August 17, 2006 (i) A person who dire and (iii) below, the	6, has the organization of the strain of the	on accepted any gift or contributions, either alone or together	oution from any or with persons des	cribed in (ii)	ersons?	11g(i) 11g(ii)	Yes	No
g		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii)	6, has the organization of the control of the contr	on accepted any gift or contril trols, either alone or together the supported organization?	oution from any owith persons des	cribed in (ii)	ersons?			No
g h		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled (iii) A 35% controlled (iii)	6, has the organization of the control of the contr	on accepted any gift or contril trols, either alone or together the supported organization? d in (i) above?	oution from any owith persons des	cribed in (ii)	ersons?	11g(ii)		No
	(i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled (iii) A 35% controlled (iii)	6, has the organization of the control of the contr	on accepted any gift or contributions, either alone or together the supported organization?d in (i) above?scribed in (i) or (ii) above?	oution from any owith persons des	cribed in (ii)	ersons?	11g(ii) 11g(iii)		
	(i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in	b, has the organization of the control of the contr	on accepted any gift or contributions, either alone or together the supported organization? d in (i) above?	oution from any o with persons des	cribed in (ii)	ersons?	11g(ii) 11g(iii) (vii)		nt of
	(i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	on accepted any gift or contributions, either alone or together the supported organization?d in (i) above?	oution from any of with persons des	(v) Did you	(vi) Is the	11g(ii) 11g(iii) (vii)	Amour	nt of
	(i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	oution from any or with persons des	(V) Did you notify the	(vi) Is the organization in	11g(ii) 11g(iii) (vii)	Amour	nt of
	(i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	oution from any or with persons des (iv) is the organ- ization in col	(V) Did you notify the organization in	(vi) Is the organization in col. (i)	11g(ii) 11g(iii) (vii)	Amour	nt of
	(i)	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organization in col	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col. (i) organized	11g(ii) 11g(iii) (vii)	Amour	nt of
		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
<u>h</u>		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
<u>h</u>		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
<u>h</u> (A)		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
<u>h</u> (A)		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
(A)		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
(A)	1	Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
(A) (B) (C)		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
(A) (B)		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	b, has the organization of the control of the contr	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of
(A) (B) (C)		Since August 17, 2006 (i) A person who dire and (iii) below, the (ii) A family member (iii) A 35% controlled Provide the following in Name of supported	6, has the organization ctly or indirectly contended to governing body of the formation of a person described the contended to the contended t	trols, either alone or together the supported organization? d in (i) above?	(iv) Is the organ- ization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	11g(ii) 11g(iii) (vii)	Amour	nt of

SCHEDULE (Form 990)

Department of the Treasury nternal Revenue Service

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

OMB No. 1545-0047 2012

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

Open to Public Inspection

Employer identification number 72-1387066

▶ Attach to Form 990. INTERNATIONAL Name of the organization

EDIFYING CHRIST MINIS

☐ Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance used to award the grants or assistance? Part 1

≗ ⊠

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Part II

1 (a) Name and address of	(a)	(c) IRC	(d) Amount of cash	(d) Amount of cash (e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section if applicable	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	i01(c)(3) and governr janizations listed in th	ment organizations listec	In the line 1 table			A A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instruct	ions for Form 990.				Sched	Schedule I (Form 990) (2012)

BCA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2012)
Part III Grants and (

	(f) Description of non-cash assistance										-					Schedule I (Form 990) (2012)
	(e) Method of valuation (book, FMV, appraisal, other)								er additional information							
	(d) Amount of non-cash assistance								art I, line 2, and any othe		:					
	(c) Amount of cash grant								nformation required in Pa							
2000	(b) Number of recipients								Complete this part to provide the information required in Part I, line 2, and any other additional information							
rait iii can be oublicated ii additional space is ne	(a) Type of grant or assistance								Part IV Supplemental Information. Complete					:		
		-	2	m	4	2	9	~	Part							

International Edifying Christ Ministries, Inc.



"And I, if I be lifted up from the earth will draw all men unto me." John 12:32 Scotty McDowell • 1145 Blade Loop • Jena, Louisiana 71342 • (318) 992-6014 IECM: 2012 Financial Report

Opening Balance: 1-1-2012	\$220,259.26
Amar Joyti	\$35,001.57
IECM	\$90,090.83
Rainbow	\$65,089.37
Scott McDowell	\$16,384.68
Tarver	\$11,364.14
Medical	\$2,328.67
Total	\$220,259.26
Income:	
Amar Joyti	\$33,370.00
IECM	\$234,170.13
Rainbow	\$98,278.04
Scott McDowell	\$51,829.97
Tarver	\$0
Medical	\$1800.00
Total	\$419,448.14
Transactions:	
Amar Joyti	\$8330.00
IECM	\$168,241.74
Rainbow	\$56,681.99
Scott McDowell	\$43,200.00
Tarver	\$6,200.00
Medical	\$1,789.00
Total:	\$284,442.73
Ending Balance:	
Amar Joyti	\$60,041.57
IECM	\$156,019.22
Rainbow	\$106,685.42
Scott McDowell	\$25,014.65
Tarver	\$5,164.14
Medical	\$2,339.67
Outstanding	\$1,032.55

Total Ending Balance: 12/31/12 \$356,297.22

¥355.264.67