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Department of the Treasury

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

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable CHRIST FOR HUMANITY INC Address change 73-1421083 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 6314 E 13TH STREET Terminated (918) 836-2424 City or town, state or country, and ZIP + 4 TULSA, OK 74112 _____Amended return Application pending **G** Gross receipts \$ 6,604,823 Name and address of principal officer **H(a)** Is this a group return for ┌ Yes 🗸 No affiliates? **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Group exemption number 🕨 Website: ► CHRISTFORHUMANITY COM L Year of formation 1992 M State of legal domicile OK Part I Summary Briefly describe the organization's mission or most significant activities HUMANITARIAN AID AND EVANGELISM Activities & Governance 2 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) . 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 6 **6** Total number of volunteers (estimate if necessary) . . 25 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7а 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 4,845,376 6.593.999 Program service revenue (Part VIII, line 2g) . . . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9.006 5.152 10 11 Other revenue (Part VIII, column (A), lines 5,6d,8c,9c,10c,and 11e)49,410 5,672 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 4,903,792 6,604,823 13 3,511,777 3,811,033 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 515 Expenses 201,277 203,372 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 29,246$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 261,970 124,986 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,975,024 4,139,391 19 Revenue less expenses Subtract line 18 from line 12 928,768 2,465,432 (Assets or id Balances **Beginning of Current End of Year** Year 4,688,554 20 Total assets (Part X, line 16) . 2,220,984 Total liabilities (Part X, line 26) . . 21 2,138 22 Net assets or fund balances Subtract line 21 from line 20 2,220,984 4,686,416 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-05-10 Signature of officer Sign Here ROBERT ASHINHURST Secretary

Preparer's signature

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

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name Theresa Berry

Firm's name > 360I PLLC

Firm's address PO BOX 470165

Check

self-employed

Phone no (918) 872-8621

Firm's EIN

P00876158

✓ Yes No

Form	1990 (2012)				Page 2
Par			ce Accomplishments onse to any question in this Part II		
1	Briefly describe t	he organization's mission			
ним	ANITARIAN AID	AND EVANGELISM			
2			ant program services during the yea		
	If "Yes," describe	these new services on Sc	hedule O		
3			nake significant changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	ıle O		
4	expenses Section	n 501(c)(3) and 501(c)(4	e accomplishments for each of its th) organizations are required to repor each program service reported		
4a	(Code) (Expenses \$	4,080,809 including grants of \$) (Revenue \$)
	CLOTHING, MEDICAL VARIOUS OTHER BEI	L SUPPLIES & EQUIPMENT THE	NIZATIONS IN THE UNITED STATES AND ABI ORGANIZATION ALSO PROVIDED FINANCIAL IS THROUGHOUT 2012 THE ORGANIZATION E YEAR	ASSISTANCE BY HELPING FUND WATER	WELL PROJECTS AND
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
<u>,</u>	0.41.		4.1.0.)		
4d	Other program s (Expenses \$	ervices (Describe in Sche incl	dule O) uding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses 🟲	4,080,809		

Part IV	Checklist	of	Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νο
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2012)

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1 c		Νo
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	<u>;</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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		No
ь				
_	If "Yes," enter the name of the foreign country - See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit] _		NI -
e	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
h	required?	7g		NO
	Form 1098-C?	7h		Νo
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?			NI -
_		8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		N o
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	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	-		
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	į į	No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

heck if Schedule O contains a response to any question in this Part VI	

30	ection A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Did the organization have members or stockholders?	6		Νo
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		Νο
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
		evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule 0 the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule 0 how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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 ►KASEY CARRADINI 6314 E 13TH STREET TULSA, OK (918) 855-7111

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any plotted	more pers and	than on is	one bot	not box h ar or/tr	ustee	ess er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BRUCE RANDALL	1 00	х						0	0	(
BOARD MEMBER	0 00	^						Ŭ	o de la companya de	,
(2) LERON WEST BOARD MEMBER	1 00 0 00	х						0	0	(
(3) BOB HUDSPETH	1 00									
Chairman	0 00	Х		Х				0	0	C
(4) JERRY LEDFORD	1 00									
BOARD MEMBER	0 00	Х						0	0	(
(5) ROBERT ASHINHURST	40 00									
Secretary	0 00	Х		Х				65,433	0	(
(6) CAMILLE WELLNITZ	40 00									
COO/TREASURER	0 00	Х		Х				45,760	0	(
(7) CHRISTINA ROLLINS	40 00									
Executive Dir	0 00	Х		Х				0	0	(
(8) MARK ROLLINS	1 00									
BOARD MEMBER	0 00	Х						0	0	C
BOARD HEITER										
			<u> </u>							Form 990 (2012

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t	han o	ne l both	oox, an c	officer stee) o		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	-	(F) Estimat amount of compensa from th organizatio	
		organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-M15C)	2/1099-MISC)		relati organiza	e d
1b	Sub-Total			<u> </u>	<u>. </u>	<u> </u>		<u></u>						
c	Total from continuation shee		ect ion	Α.				Þ				+		
d	Total (add lines 1b and 1c)							►		111,193				
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f						emplo	yee	, or highes	t compen	sated employee			
	on line 1a? If "Yes," complete							•				3		No
4	For any individual listed on lir organization and related organ													
5	Individual	1 a receive or acc	rue co	 mnen	e atu	• on fr	 om an	• • !!!!!	· ·	· · ·	or individual for	4		No
3	services rendered to the orga											5		No
Se	ection B. Independent Co	nntractors												
1	Complete this table for your fi compensation from the organi	ve highest comp											tax vear	
		(A) Name and business	-								(B) cription of services		(C Comper)
													- · · · F 2·	
												\blacksquare		
2	Total number of independent co	ontractors (inclu	dına bu	t not	lımıt	ed to	those	e list	ted above)	who rece	ıved more than			

\$100,000 of compensation from the organization 🗝

art V		Statement of Revenue Check if Schedule O contains a response to any qu	estion in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a				
ant Juni	Ь	Membership dues 1b				
ا يِقْ نَ	c	Fundraising events 1c				
iffs ar /	d	Related organizations 1d				
ω,e Hiil	e	Government grants (contributions) 1e				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	3,999			
를 돌	g	Noncash contributions included in lines 6,27	3,343			
	h	Total. Add lines 1a-1f	6,593,999			
		Business C	ode			
) nue	2a					
Re	ь					
93	c					
Z.	d					
Program Service Revenue	e f	All other program service revenue				
<u>&</u>	g	Total. Add lines 2a-2f	▶ 0			
	3	Investment income (including dividends, interest,				E 153
	4	and other similar amounts)	5,152			5,152
	4 5	Royalties	• 0			
		(i) Real (ii) Perso	nal			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	0			
		(I) Securities (II) Othe	r			
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and				
		sales expenses				
	c d	Sain or (loss) Net gain or (loss)				
άυ		Gross income from fundraising events (not including	•••			
Other Revenue		\$of contributions reported on line 1c) See Part IV, line 18				
<u>ب</u> س		a				
₽	b	Less direct expenses b				
•	c	Net income or (loss) from fundraising events	▶ 0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	с	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b	 			
		Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business C				
	11a	REFUNDS & REIMBURSEMENTS	4,230	4,230		
	b	MISCELLA NEO US INCO ME	1,442	1,442		
	c					
	d e	All other revenue	•			
		Total. Add lines 11a-11d	5,672			
	12	Total revenue. See Instructions	6,604,823	5,672		5,152

orm	990 (2012)				Page 10
	t IX Statement of Functional Expenses				
ecti	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			lete column (A)	
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	312,611	312,611		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	367,595	367,595		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,130,827	3,130,827		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	111,192	88,955	11,119	11,118
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			
7	Other salaries and wages	77,712	62,170	7,771	7,771
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	14,468	11,574	1,447	1,447
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	2,553	2,043	255	255
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	466	373	46	47
13	Office expenses	3,567	2,853	357	357
14	Information technology	0	,		
15	Royalties	0			
16	Occupancy	0			
L7	Travel	20	16	2	2
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,758	16,606	2,076	2,076
23	Insurance	15,482	12,386	1,548	1,548
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	AUTO EXPENSES	7,217	5,774	722	722
ь	UTILITIES	8,629	6,903	863	863
c	PROGRAM EXPENSE FOOD	11,899	11,899		
d	MISSIONS	11,905	11,905		
e	All other expenses	42,490	36,319	3,130	3,040
25	Total functional expenses. Add lines 1 through 24e	4,139,391	4,080,809	29,336	29,246
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

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			176,894	1	145,016
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former officers, directly completes, and highest compensated employees. Complete Part Schedule L	ectors :II of	, trustees, key		_	
4ssets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L	ing employers		6	0	
φ 92	7	Notes and loans receivable, net				7	0
₹ .	8	Inventories for sale or use			1,852,461	8	3,354,876
	9	Prepaid expenses and deferred charges			1,032,401	9	3,334,676
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	• • 673,548		9	
	ь	Less accumulated depreciation	10b	524,795	167,634	10c	148,753
	11	Investments—publicly traded securities		23,995		1,039,909	
	12	Investments—other securities See Part IV, line 11		·	12	0	
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets		_		14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,220,984		4,688,554
	17	Accounts payable and accrued expenses			2,220,001	17	1,000,001
	18	Grants payable	• •	•		18	
	19	Deferred revenue	•	• •		19	
	20	Tax-exempt bond liabilities				20	
_	21	Escrow or custodial account liability Complete Part IV of Sched				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trus				
Liabilit I		persons Complete Part II of Schedule L				22	
Ξ	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 relate and other liabilities not included on lines 17-24) Complete Part		•		25	2 138
	26	D		•	0	26	2,138
	20	Organizations that follow SFAS 117 (ASC 958), check here			, , ,	20	2,130
A D		lines 27 through 29, and lines 33 and 34.	and C	ompiete			
=	27	Unrestricted net assets		27			
프 항	28	Temporarily restricted net assets			28		
<u>-</u>	29	Permanently restricted net assets				29	
sets of Fund balances		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.					
) /	30	Capital stock or trust principal, or current funds				30	
Ď	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
î	32	Retained earnings, endowment, accumulated income, or other fur			2,220,984	32	4,686,416
- -	33	Total net assets or fund balances			2,220,984	33	4,686,416
Z	34	Total liabilities and net assets/fund balances			2.220.984	34	4.688.554

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,6	504,823
2	Total expenses (must equal Part IX, column (A), line 25)	2		4.	139,391
3	Revenue less expenses Subtract line 2 from line 1	3			_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				165,432
5	Net unrealized gains (losses) on investments	5		2,2	220,984
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,6	586,416
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ו			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b		

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DLN: 93493130025293

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

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.

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)

Open to Public

Inspection

Name of the organization CHRIST FOR HUMANITY INC

Employer identification number

Total													
				instructions))	Yes	No	Yes	No	Yes	No			
or	ganiza	ation		(described on lines 1- 9 above or IRC section (see	col (i) lis [:] your gove docume	rnıng	ın col (i) o suppor	•	col (i) org ın the U		su	pport	
-) Nam		(ii) EIN	(iii) Type of organization	(iv) Is to		(v) Did you the organi	•	(vi) Is organizat		1 ' '	mount of netary	
h				lled entity of a persoing information about						[1	l1g(iii)		
			•	er of a person descri	• •					⊢	L1g(ii)		
			•	governing body of th		_	n?			⊢	11g(i)		
y		followin	g persons?	rectly or indirectly o				·		_	Yes	s No	
g		check t	his box	:006, has the organi							5 5	广	
e f	1	other th	nan foundatı 509(a)(2)	ox, I certify that the on managers and otl received a written de	ner than one	or more pub	olicly support	ed organiza	tions describ	ed in sec	tion 509 (a)(1) or	
	, _	one or i the box	nore publici that descri Type I	y supported organize bes the type of supp Type II c	ations descr orting organ Type II	ibed in sect ization and (I - Function	ion 509(a)(1 complete line ally integrate	or section s 11e throu d d	509(a)(2) S gh 11h Type III - No	ee sectio on-functi	on 509(a)(3 onally integ). Check rated	
10 11	<u> </u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										osas of	
4.0	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
			_	oss investment inco				•		tax) from	n businesse	S	
		receipt	s from activ	ities related to its ex	kempt functi	ons—subjec	t to certain e	xceptions, a	and (2) no mo	re than 3	331/3% of		
9	Γ	An orga	nızatıon tha	at normally receives	(1) more th	an 331/3% c	of its support	from contrib	outions, mem	bership f	ees, and gr	oss	
8	Г			n 170(b)(1)(A)(vi). described in sectior		•	nplete Part II	:)					
7	<u> </u>	Anorga	nization tha	at normally receives	a substantia	al part of its	support from	a governme	ental unit or fi	rom the g	general pub	lıc	
6	Γ			local government or	•	al unit desc	rıbed ın secti	on 170(b)(:	1)(A)(v).				
	'			A)(iv). (Complete P		. or amvers	ty owned or o	perated by	a government	ar ame a	esembed iii		
5	Г			ty, and state erated for the benefit	t of a college	oruniversi	ty owned or o	nerated hy	a dovernment	tal unit di	escribed in		
4	Γ			organization operat	ed ın conjun	ction with a	hospital des	cribed in se	ction 170(b)(1)(A)(iii	i). Enter the		
3	Γ	A hosp	tal or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1))(A)(iii).				
2	\sqcap	A scho	ol described	ın section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)						
1		A churc	:h, conventı	on of churches, or as	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	tion rano to qui	amy and the		in prodes com	p. 0 . 0		
	endar year (or fiscal year beginning							
-	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and							
_	membership fees received (Do not	4,505,797	4,774,818	3,790,061	4,845,376	6	5,593,999	24,510,051
	ınclude any "unusual	4,303,737	4,774,010	3,750,001	7,073,370		1,333,333	24,510,051
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							0
	paid to or expended on its							·
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							0
	the organization without charge							
4	Total. Add lines 1 through 3	4,505,797	4,774,818	3,790,061	4,845,376		5,593,999	24,510,051
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							0
	supported organization) included							0
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
_	(f)						-+	
6	Public support. Subtract line 5 from							24,510,051
	line 4							
	ection B. Total Support		-					
Cale	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	012	(f) Total
_	beginning in)	4,505,797	4,774,818	3,790,061	4,845,376		5,593,999	24,510,051
7	A mounts from line 4	4,505,797	4,774,818	3,790,061	4,845,376		,593,999	24,510,051
8	Gross income from interest,							
	dividends, payments received on	4,752	2 902	1 940	1 506		E 153	16 151
	securities loans, rents, royalties	4,732	2,892	1,849	1,506		5,152	16,151
	and income from similar							
_	sources							
9	Net income from unrelated							
	business activities, whether or							0
	not the business is regularly carried on							
10	Other income Do not include						$\overline{}$	
10	gain or loss from the sale of							
	capital assets (Explain in Part	1,339	150	834	1,152		5,672	9,147
	IV)							
11	Total support (Add lines 7							24,535,349
	through 10)							24,535,349
12	Gross receipts from related activiti	es, etc (see insti	ructions)			12		70,195
13	First five years. If the Form 990 is	for the organizati	on's first second	third fourth or f	ifth tay year as a		3) organi:	
13	this box and stop here	_					C organiz	Lation, Check
-54	ection C. Computation of Pub						<u>'</u>	
14	Public support percentage for 2012			1.1 column (f))		1		
14			•	II, Column (1))		14		99 900 %
15	Public support percentage for 2011	. Schedule A, Par	t II, line 14			15		99 900 %
16a	33 1/3% support test—2012. If the	organization did r	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more,	check th	ıs box
	and stop here. The organization qua	alıfıes as a publıcl	ly supported orgai	nization				► ▼
Ь	33 1/3% support test-2011. If the	organization did i	not check a box oi	n line 13 or 16a,	and line 15 is 33	1/3% or	more, che	ck this
	box and stop here. The organization	n qualifies as a pu	ıblıcly supported (organization				► □
17a	10%-facts-and-circumstances test	–2012. If the orga	anızatıon dıd not c	heck a box on lin	e 13, 16a, or 16l	b, and lin	e 14	
	ıs 10% or more, and ıf the organıza	tion meets the "fa	acts-and-circums	tances" test, che	ck this box and s	top here	. Explain	
	ın Part IV how the organization mee	ets the "facts-and	l-cırcumstances"	test The organiz	ation qualifies as	a public	ly suppor	
	organization							► □
b	10%-facts-and-circumstances test	_						
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza	tion meets the "fa	acts-and-circums	tances" test The	e organization qua	alıfıes as	a publicl	
	supported organization							► □
18	Private foundation. If the organizat	tion did not check	a box on line 13,	16a, 16b, 17a, c	or 17b, check this	box and	see	. .

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 The value of services or facilities		_				
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
Ь	A mounts 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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
Sa	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning					l	
Caic	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is	for the organizati	on's first, second	d, third, fourth, or	fifth tax year as	a 501(c)(3) orga	·
<u> </u>	check this box and stop here	lia Summant D	orconto a a				<u>► </u>
	ction C. Computation of Pub Public support percentage for 2012			12 column (f))		14-1	
15				: 13, COIUIIII (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(4)		
17	Investment income percentage for	2012 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2011 Schedule	A, Part III, line	17		18	
					1 4 E	h 22 + 120/	d line 17 is not
19a	33 1/3% support tests—2012. If the	_		•		· ·	d line 17 is not

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

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

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493130025293

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

lame	ot	t he	orgai	nıza	ıt ıor
CHRIST	FO	R HU	JMANI	ГΥΙ	NC

Employer identification number

Organizations Maintaining Donor Advised Funds or Other Similar Funorganization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any conferring impermissible private benefit? STATII Conservation Easements. Complete if the organization answered "Yes" to 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 natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year Total number of conservation easements Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated the tax year Number of states where property subject to conservation easement is located Important to the conservation have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements.	(b) Funds and other accounts Tadvised Tyes N Tyes N
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds oused only for charitable purposes and not for the benefit of the donor or donor advisor, or for any conferring impermissible private benefit? STATI Conservation Easements. Complete if the organization answered "Yes" to 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 open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated the tax year Mumber of conservation have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds?	(b) Funds and other accounts Tadvised Tyes N Tyes N
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Number of conservation easements modified, transferred, released, extinguished, or terminated the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds?	
Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds?	by the organization during
Number of states where property subject to conservation easement is located - Does the organization have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds?	_
Does the organization have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds?	_
Does the organization have a written policy regarding the periodic monitoring, inspection, handle enforcement of the conservation easements it holds?	-
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeme	ng of violations, and Yes N
F	nts during the year
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements (during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section $170(h)(4)(B)(H)^{2}$	on 170 (h)(4)(B)(ı)
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 financial sthe organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historical Treasures, o Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	r Other Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenu works of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide, in Part XIII, the text of the footnote to its financial statements that describes	research in furtherance of public
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st works of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
If the organization received or held works of art, historical treasures, or other similar assets for 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

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	stor	ical 1	<u> Treasu</u>	res, or O	the	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	neck	any o	f the follo	wing that a	re a	sıgnıfıcant use o	fits	
а	Public exhibition		d	Γ	Loai	n or exch	ange progr	ams			
b	Scholarly research		e	Γ	Oth	er					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	aın ho	w the	y furtl	her the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit o	or receive donation	s of ar	rt, his	torica	al treasu	res or othe	rsım			_
	assets to be sold to raise funds rather than t									Yes	│ No
Par	Part IV, line 9, or reported an an						answere	d "Y	es" to Form 99 ———————————————————————————————————	O, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					outions o	r other ass	ets r		Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	table		_				
								_	A mo	unt	
с	Beginning balance							1c			
d	Additions during the year						-	1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ne 21?						Г	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	s been pr	ovided in P	art X	III		
Pa	rt V Endowment Funds. Complete										
4_	Darwey of warmhalance	(a)Current year	(b) Prior	year	b (c) Tv	vo years back	(d)	Three years back (e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr	ent year end balan	ice (lir	ne 1 g	, colu	mn (a)) h	ield as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	that	are he	eld and a	dministered	d for	the 	Yes	No
	(i) unrelated organizations		•		•				3a(i)		<u> </u>
	(ii) related organizations								3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of th	•				· · ·		•	3b		<u> </u>
	t VI Land, Buildings, and Equipme					10.					
	Description of property		<u>/</u>	(a) Cost	or other restment)	(b)Cost or o basis (oth		(c) Accumulated depreciation	(d) B	ook value
	Land			\top						1	
b	Buildings						396	,155	279,589		116,566
c	Leasehold improvements						13	,709	2,627	1	11,082
d	Equipment						164	,256	143,215		21,041
e	Other		•				99	,428	99,364		64
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	ımn (B), lın	e 10(c).)	<u> </u>		►		148,753

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	<u> </u>	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	-		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990 Part X line	13	
(a) Description of investment type	(b) Book value		d of valuation
(2) 5 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) 2001. 14.40		-year market value
	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(IA) Descharation
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. tion .) , line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. tion .) , line 25. (b) Book value		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	.) , line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	.) , line 25. (b) Book value	, , , , , , ,	(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes Rounding	.) , line 25. (b) Book value		(b) Book value

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Identifier

	Reconciliation of Revenue per Audited Financial Statements With Revenue p	ei keu	41 11
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn
	Tatal annual and large and and district formal at the same		
L	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
	·	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
a	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	-	
a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	-	
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
2 a b c d e 3	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
b c d e 3 4 a	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e 3	

Return Reference

Explanation

DLN: 93493130025293

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Internal Revenue Service

Department of the Treasury

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CHRIST FOR HUMANITY INC **Employer identification number**

73-1421083

Pa	rt I General Information "Yes" to Form 990, Par	n on Activition rt IV, line 14b	es Outside th	ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the	organization m	naıntaın record	s to substantiate the a	amount of the grants o	or
	assistance, the grantees' elig					
	the grants or assistance?					✓ Yes
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ving Part I, line 3	3 table can be di	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3a	Sub-total					
b	Total from continuation sheets					

c Totals (add lines 3a and 3b)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		SOUTH ASIA	CHARITABLE	17,229	CHECK	4,996	MEDICAL EQUIP	FMV
		NORTH AMERICA	CHARITABLE	4,473	CHECK	1,457,308	MEDS & EQUIP	FMV
		MIDDLE EAST	CHARITABLE	5,100	CHECK	10,064	MEDS & EQUIP	FMV
		EUROPE	CHARITABLE	7,000	CHECK	294	MED EQUIPMENT	FMV
		CENTRAL AMERICA	CHARITABLE			509,190	MEDS & EQUIP	FMV
		AFRICA	CHARITABLE	14,583	CHECK	1,099,390	MEDS & EQUIP	FMV

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Pait III Call De	e duplicateu ii additi	oliai space is ii	eeueu.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CASH GIVEN FOR TIRES FOR VEHICLE	NORTH AMERICA	1	1,200	CHECK			FMV
<u></u>							
							COO\ 2012

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, "the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Yes Νo Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Yes Νo Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Yes Νo Corporations. (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Yes Νo Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. Yes Νo (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Νo Yes 5713).

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation

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General Information on Grants and Assistance

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493130025293

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHRIST FOR HUMANITY INC Employer identification number

				the United States. (0. Part II can be duplic			d "Yes" to
a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
) JOHN 316 5 E PINE ST STE 103 LSA,OK 74106	73-0744834	501 (c)(3)	0	6,050 FM1	V	HOME ITEMS	CHARITABLE
HERE COME THE IDE MINISTRIE BOX 701596 LSA,OK 74170	26-0710448	501 (c)(3)	0	9,412 FM	V	MEDICINE/MEDICAL EQUIPMENT	CHARITABLE
GOOD SAMARITAN ALTH SVCS 00 S LEWIS AVE LSA,OK 74104	73-1559561	501 (c)(3)	0	219,888 FM ¹	V	MEDICINE	CHARITABLE
) BETHESDA MEDICAL INIC BOX 202 NGLEY,OK 74350			0	12,100 FM	V	MEDICAL EQUIPMENT	CHARITABLE
AGAPE LOVE NISTRIES 23 E 11TH LSA,OK 74112			0	42,777 FM'	V	HOMEITEMS	CHARITABLE

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1) FINANCIAL & IN-KIND DONATION ASSIST	11205	13,591	354,004		MEDICINE/MEDICAL EQUIP/BENEVOLENCE
Part IV Supplemental Informa implete this part to provide the information		ne 2, Part III, column (b), an	ı ıd any other addıtıonal ıı	nformation	

DLN: 93493130025293

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization CHRIST FOR HUMANITY INC

Employer identification number

Pa	rt I	Types of Property							
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contro	determin	-	s
1	A rt—Wo	orks of art							
2	Art—His	storical treasures .							
3	Art—Fra	actional interests							
4	Books a	and publications							
5	Clothing	g and household							
	-		Х		83,673				
		d other vehicles	Х	1	2,825	FMV			
		nd planes							
		tual property							
		es—Publicly traded .	Х	2	1,026,959	FMV			
		es—Closely held stock							
11		es—Partnership, LLC, interests							
12	Securiti	es—Miscellaneous							
13	contrib	d conservation ution—Historic res							
14		d conservation							
15		tate—Residential .							
16	Reales	tate—Commercial							
17	Reales	tate—Other							
18	Collecti	bles							
19	Food in	ventory	Х	36	50,698	FMV			
20	Drugs a	nd medical supplies .	Х	271	5,109,188	FMV			
21	Taxıder	my							
22	Historia	al artıfacts							
23	Scientif	ic specimens							
24	Archeol	logical artifacts							
25	O ther ▶	()							
26	O ther 🕨	()							
27	O ther 🕨	()							
	O ther 🕨	·							
29				nization during the tax year 283, Part IV, Donee Ackno		29			
					_			Yes	No
30a	During	the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must h	old for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exe	mpt purposes for the entir	e holding p	eriod?			30a		No
Ь	If"Yes	," describe the arrangeme	ent in Part I	I					
31	Does t	he organization have a gif	tacceptano	e policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does t	he organization hire or use	third parti	es or related organizations	to solicit, process, or sell i	noncash			
	contrib	utions?					32a		Νο
b	If"Yes	," describe in Part II							
33	If the c	organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,			
	describ	oe in Part II							

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the				
number of items received, or a combination of both. Also complete this part for any additional information.				
Identifier Return Reference		Explanation		

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493130025293

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name	of the	organiz	ation
CHRIST	FOR F	IUMANITY	INC

Employer identification number

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	DOCUMENTS ARE MADE AVAILABLE ON CHRIST FOR HUMANITY'S WEBSITE, AS WELL AS VIA LINKS FROM OTHER WEBSITES DOCUMENTS WILL ALSO BE PROVIDED TO INDIVIDUALS OR ORGANIZATIONS UPON REQUEST
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	OFFICERS AND OTHER KEY EMPLOYEES ARE COMPENSATED BASED UPON THE RECOMMENDATION OF A COMMITTEE WHICH REPORTS TO THE BOARD OF DIRECTORS
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE ORGANIZATION'S TOP MANAGEMENT RECEIVES REASONABLE COMPENSATION, AS DETERMINED BY THE BOARD, AND UPON RECOMMENDATION OF A COMMITTEE ORGANIZED FOR THIS PURPOSE AND COMPRISED OF DISINTERESTED PERSONS
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEETING REVIEW, AND ANY ACTION TAKEN AS NECESSARY
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	BOARD MEMBERS REVIEW FORM 990 PRIOR TO FILING
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	MARK & TINA ROLLINS, FOUNDERS OF THE ORGANIZATION, ARE HUSBAND AND WIFE