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Short Form
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. 1545-1150

2012

Open to Public
Inspection

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning		, 2012, and ending		, 20	
B Check if applicable:		C Name of organization Baptist Benevolent Ministries of Irving		D Employer identification number 75-2497546	
Address change		Number & street (or P O. box, if mail is not delivered to street addr.) 114 E Second Street		E Telephone number (972) 254-0973	
Name change		City or town, state or country, and ZIP + 4 Irving TX 75060		F Group Exemption Number ►	
Initial return					
Terminated					
Amended return					
Application pending					
G Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____	
I Website:		► N/A			
J Tax-exempt status (check only one)		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)() (insert no.)	<input type="checkbox"/> 4947(a)(1) or	527
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 33,330					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
Check if the organization used Schedule O to respond to any question in this Part I ► <input checked="" type="checkbox"/>					
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	33,220		
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3			
	4 Investment income	4	110		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	c Less direct expenses from gaming and fundraising events	6c			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less. cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8 Other revenue (describe in Schedule O)	8			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	33,330		
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O)	10	17,042		
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			
	13 Professional fees and other payments to independent contractors	13			
	14 Occupancy, rent, utilities, and maintenance	14	16,306		
	15 Printing, publications, postage, and shipping	15			
	16 Other expenses (describe in Schedule O)	16	6,734		
	17 Total expenses. Add lines 10 through 16	17	40,082		
A N N E X E S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,752		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	117,423		
	20 Other changes in net assets or fund balances (explain in Schedule O)	20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	110,671		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

g 20

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	56,330	53,352
23 Land and buildings.....	58,435	56,316
24 Other assets (describe in Schedule O).....	2,658	1,003
25 Total assets.....	117,423	110,671
26 Total liabilities (describe in Schedule O).....	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,423	110,671

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 See attachment #2

(Grants \$) If this amount includes foreign grants, check here ► 28a 33,348

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a).

30a

33, 348

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.....

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
See attachment #3				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	X
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	X
39 Section 501(c)(7) organizations. Enter	39a	X
a Initiation fees and capital contributions included on line 9	39b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____	40a	X
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► _____	40c	X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____	40d	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ► NONE	41	X
42a The organization's books are in care of ► See attachment #4 Telephone no. ► _____ Located at ► _____	42a	X
b 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)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here. ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year	43	X
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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.

Sign Here	► <i>Pauline King</i>		Date <i>07-23-13</i>
	► <i>Pauline King</i>		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name John Leonard SHELTON	Preparer's signature <i>John Leonard SHELTON</i>	Date <i>7/17/13</i>
	Firm's name ► JOHN SHELTON CPA PC		Check <input type="checkbox"/> if self-employed
	Firm's address ► 3208 NORTH OCONNOR		Firm's EIN ►
			Phone no. 972-254-2800

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Baptist Benevolent Ministries of Irving

Employer identification number

75-2497546

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization 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.?	(vii) Amount of monetary support
				Yes	No		
Total							

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

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE O
(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 990-EZ 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 organization

Baptist Benevolent Ministries of Irving

Employer identification number

75-2497546

Form 990 EZ Page 1 Part 1 Line 10

Cash Amount Given 17,042

Form 990 EZ Page 1 Part 1 Line 16

Bank Charges	33
Maintenance	3235
Miscellaneous	57
PO Box Rental	141
Telephone	818
Volunteer Dinner	1236
Office Expense	365
Bibles	849
	<hr/>
	6,734

Form 990 EZ Page 2 Part II Line 24

	12/31/2011	12/31/2012
Machinery and Equipment	2,658	1,003

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Baptist Benevolent Ministries DO NOT CARRY

Identifying number
75-2497546**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	500,000
6 (a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	3,774
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	18	

Section B -- Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	3,774
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning _____, and ending _____	Employer Identification Number 75-2497546
Name of Organization Baptist Benevolent Ministries of Irving		
Primary Purpose <p>This ministry, operated entirely by volunteers, provided food and religious instruction for the needy for a standard period of four days each with referrals for needs which may be met by appropriate agencies. This is a cooperative ministry of southern baptist churches in support of the Bible principle of Matthew 25:42.</p>		

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
Baptist Benevolent Ministries of Irving	75-2497546	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		
None		

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2012 or tax period beginning _____, and ending _____			
Name of Organization Baptist Benevolent Ministries of Irving		Employer Identification Number 75-2497546		
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Pauline King Treasurer	2.00			
Ken Melton Board Member	1.00			
Randy Randle Board Member	1.00			
Jim Prater Board Member	1.00			
Allen Lewis Food Coordinator	12.00			
Gary Leatherman P/U Del Coordinator	3.00			
Bettie Smith Volunteer Coordinator	3.00			
Kevin Hadley Secretary	3.00			
John Silverwise Chairman	5.00			
Wayne Weaver Board Member	10.00			
Vinny Hart Board Member	3.00			
Ken Reinhardt Vice Chairman	3.00			
Ruby Sevcik Director	12.00			

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2012 or tax period beginning _____, and ending _____	
Name of Organization	Employer Identification Number	
Baptist Benevolent Ministries of Irving	75-2497546	
Part V - Line 42a		

Individual Name Pauline King
or

Business Name:

Street Address 114 E. SECOND ST.

U.S. Address:

Zip code 75060 City Irving State TX

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (972) 254-0973

Fax Number

2012 DETAIL STATEMENTS

Baptist Benevolent Ministries
75-2497546

Page 1

STATEMENT #1 - Grants and similar amts paid (990-EZ PG 1 Line 10)

Cash Amount Given

TOTAL CARRIED TO 990-EZ PG 1 Line 10

STATEMENT #2 - Other expenses (EOEZ Pg 1 Line 16)

Bank Charges.....	33
Maintenance.....	3,235
Miscellaneous Expense.....	57
PO Box Rental.....	141
Telephone.....	818
Volunteer Dinner.....	1,236
Bibles.....	849
Office Expenses.....	365
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	6,734

STATEMENT #3 - Other assets beg yr (EOEZ PG 2 Line 24)

Machinery and Equipment.....	2,658
TOTAL CARRIED TO EOEZ PG 2 Line 24.....	2,658

STATEMENT #4 - Other assets end yr (EOEZ PG 2 Line 24)

Machinery and Equipment.....	1,003
TOTAL CARRIED TO EOEZ PG 2 Line 24.....	1,003

2012 Federal Depreciation Schedule

Baptist Benevolent Ministries of Irving
75-2497546

Description	Date	Method	Cost	Prior	Current	Pr Spec	Curr Spec	Basis	Prior	Current	Accum	Adj
		- Life	179	179	Allow	Allow	Allow	Allow	Depr	Depr	Depr	Basis
UNASSIGNED												
Bldg	114 E 2nd	01-01-01 S/L-39	82636	0	0	0	0	82636	39201	2119	41320	41316
Land	114 E 2nd	01-01-01 Land-0	15000	0	0	0	0	0	0	0	0	0
1-Frzzr 2 Refrig	01-19-06	S/LHY-7	1600	0	0	0	0	1600	1257	229	1486	114
Carpet	01-24-06	S/LHY-7	300	0	0	0	0	300	236	43	279	21
1 Refrigerator	01-25-06	S/LHY-7	500	0	0	0	0	500	391	71	462	38
New Heating Uni	02-12-06	S/LHY-7	2000	0	0	0	0	2000	1573	286	1859	141
Carpet	04-18-06	S/LHY-7	866	0	0	0	0	866	682	124	806	60
Shelving	04-18-06	S/LHY-7	2312	0	0	0	0	2312	1815	330	2145	167
New Air Conditi	04-25-06	S/LHY-7	2550	0	0	0	0	2550	2002	364	2366	184
2 Freezers	06-21-06	S/LHY-7	1041	0	0	0	0	1041	819	149	968	73
Lowes Freezer	07-03-09	S/LHY-7	411	0	0	0	0	411	147	59	206	205
11 Assets	Totals:		109216	0	0	0	0	94216	48123	3774	51897	42319

11 Assets	Grand Totals:	109216	0	0	0	0	94216	48123	3774	51897	42319
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2012 Federal AMT Depreciation Schedule

Baptist Benevolent Ministries of Irving
75-2497546

Description	Date	Method	Cost	Prior 179	Current 179	Pr Spec Allow	Curr Spec Allow	Basis	Prior Depr	Current Depr	Accum Depr	Adj Basis
UNASSIGNED												
Bldg 114 E 2nd	01-01-01	S/L-39	82636	0	0	0	0	82636	2119	2119	4238	78398
Land 114 E 2nd	01-01-01	Land-0	15000	0	0	0	0	0	0	0	0	0
1-Frzzr 2 Refrig	01-19-06	S/LHY-7	1600	0	0	0	0	1600	228	229	457	1143
Carpet	01-24-06	S/LHY-7	300	0	0	0	0	300	43	43	86	214
1 Refrigerator	01-25-06	S/LHY-7	500	0	0	0	0	500	71	71	142	358
New Heating Uni	02-02-06	S/LHY-7	2000	0	0	0	0	2000	286	286	572	1428
Carpet	04-18-06	S/LHY-7	866	0	0	0	0	866	124	124	248	618
Shelving	04-18-06	S/LHY-7	2312	0	0	0	0	2312	330	330	660	1652
New Air Conditi	04-25-06	S/LHY-7	2550	0	0	0	0	2550	364	364	728	1822
2 Freezers	06-21-06	S/LHY-7	1041	0	0	0	0	1041	149	149	298	743
Lowes Freezer	07-03-09	S/LHY-7	411	0	0	0	0	411	59	59	118	293
11 Assets	Totals:		109216	0	0	0	0	94216	3773	3773	7547	86669

11 Assets	Grand Totals:	109216	0	0	0	0	94216	3773	3774	7547	86669
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Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only. ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see Instructions

Type or print	Name of exempt organization or other filer, see instructions. Baptist Benevolent Ministries of Irving	Employer identification number (EIN) or <input checked="" type="checkbox"/> 75-2497546
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 114 E Second Street	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Irving TX 75060	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► See attachment #4

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 12 or
► tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **3a** \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **3b** \$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c** \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2013)