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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 2012, and ending For the 2012 calendar year, or tax year beginning , 20 D Employer identification number Check if applicable: C Name of organization Voice for Christ Ministries, Inc. Doing Business As I-AM Radio Network and Radio Stations KIAM, KAGV, and KYKD Address change 92-0085008 Name change Number and street (or P.O box if mail is not delivered to street address) E Telephone number Initial return 907-832-5426 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return Nenana, AK 99760-0474 382,771 F Name and address of principal officer H(a) Is this a group return for affiliates? ☐ Yes ☑ No Application pending **Gregory Pippin** H(b) Are all affiliates included? ☐ Yes ☐ No 665 Cranberry Ridge Drive, Fairbanks, AK 99712 501(c)(3) If "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c) (Tax-exempt status Website: ▶ www.vfcm.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile: 1983 ΑK Part I Summary Briefly describe the organization's mission or most significant activities: Religious radio ministry. Broadcasts religious programming through the I-AM radio network consisting of four full radio stations plus 17 translator stations in rural Alaska. Activities & Governance 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) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, column (C), line I 7a Net unrelated business taxable income from Form 990-1 Fine 34. U 7b Prior Year Current Year ิงัง MAY . 2.2.2013 Contributions and grants (Part VIII, line 1h) 235,942 279,752 Program service revenue (Part VIII, line 2g) 12 34,389 46,815 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,849 30,722 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the) 11 11.278 3,879 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 285,458 361,169 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 97<u>,756</u> 130,384 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 177,077 245,392 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 343,148 307,461 19 Revenue less expenses. Subtract line 18 from line 12 (22003)18,021 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,627,790 831,789 21 Total liabilities (Part X, line 26) 3,799 734 Net assets or fund balances. Subtract line 21 from line 20 1,623,991 831,055 Part II Signature Block Under penalties of penury, 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 Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I If self-employed **Preparer** F<u>irm's name</u> Firm's EIN ▶ **Use Only**

Phone no

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

Firm's address ▶

Part	
1	Check If Schedule O contains a response to any question in this Part III
'	Religious radio ministry broadcasting the good news of the Gospel of Christ to native and rural Alaskans
	Rengious radio ministry broadcasting the good news of the Gosper of Chirist to flative and fural Alaskans
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Radio station KIAM AM and FM and its 17 remote translator station provided 24 hour per day, 7 day per week Christian radio
	broadcasting to villages in the central interior of Alaska and via satellite to villages all across the state. That program stream was
	also used in part by other broadcasters including the other two stations in the I-AM network listed below.
	(Codes \(\sigma\) (Formand \(\frac{1}{2}\)
4b	(Code:) (Expenses \$52,184 including grants of \$0) (Revenue \$29,318) Radio station KYKD FM provided 24 hour per day 7 day per week Christian radio broadcasting to villages on the Yukon-Kuskokwim
	Delta in far western Alaska.
	Deta in fai western Alaska.
4c	(Code:) (Expenses \$
	Radio station KAGV AM provided 24 hour per day 7 day per week Christian radio broadcasting to the Matanuska-Susitna Valley and
	the surrounding areas.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 216.571

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓_	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	_	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11_	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1.0		•
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
	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		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-

Part	Checklist of Required Schedules (continued)'			Page 4
. GIV	Oncokiist of frequired ochequies (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	_	✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27 -	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		· 1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		<i>y</i>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V ✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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,	33		
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance		'	ago (
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a	_	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	-	\vdash
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			H
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ļ	<u></u>
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	_	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\vdash	▼
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\vdash	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	•		
b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
n	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	446		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	iee ins	tructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	_✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		√
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		 -	
а	The organization's CEO, Executive Director, or top management official	15a		/
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			•
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other <i>(explain in Schedule O)</i> Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Palmer Bailey, 409 E. 1st Street, Nenana, Alaska 99760 907-832-5426	of the)	

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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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if noither the organization per any related organization componented any ourset officer director, as twice-

Check this box if neither the organization no	r any relate	d org	aniz	zatic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(C)										
(A)	(B)	(B) Position					(D)	(E)	(F)	
Name and Title	Average	(do not check more than box, unless person is bot					Reportable	Reportable	Estimated	
	hours per	office	officer and a director/trustee)					compensation	compensation from	amount of
	week (list any hours for	유물	ī	Q	8	육포	Б	from the	related organizations	other compensation
	related	dred	曹	Officer	Yer	ples	Former	organization	(W-2/1099-MISC)	from the
•	organizations below dotted	용트	ğ	`	Key employee	8 8		(W-2/1099-MISC)	_	organization and related
	line)	l trus	3		y 8	를				organizations
		Individual trustee or director	Institutional trustee	ľ		Highest compensated employee				
			l °	_	_	<u>ā</u>				
_(1) GregoryPippin	14									
Chairman and Secretary of the Board		✓						0	o	C
(2) David Chausse	3									
Vice Chairman and Treasurer of the Board		✓		<u>. </u>				0	o	
(3) Thomas Arena	5									
Board Member		✓						0	0	
(4) Richard Redmond	6			l	1					
Board Member		✓	L		<u></u>		L	0	0	
(5) Robert Ellsworth	4									
Board Member (after May 4th)		✓					_	0	0	0
(6) John E. Lynn	1									
Board Member (until May 4th)		✓	<u> </u>	_	<u> </u>			0	0	
(7) Dennis Onchuck	1									
Board Member (until May 4th)		✓		<u> </u>	_		<u> </u>	0	0	0
(8)	ļ			ŀ						
(9)							_			
					<u> </u>					
(10)										
(11)										
(12)				-						
(42)										
(13)										
(14)										

Part	Section A. Officers, Directors, Trust	ees, Key E	mplo	<u>/ees</u>	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ntinue	(d)		
	(A) Name and title		box,	unles er and	Pos leck is pe	rson	than on the state of the state	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	om	Estir amo ot	F) mated unt of her ensation	
		related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	organ and r	n the ization related izations	
(15)														
(16)														
<u>(17)</u>			<u> </u> 											
(18)														
(19)												-		
(20)														
(21)														
(22)					<u> </u>				-					
(23)														
(24)														
(25)										-				
1b	Sub-total				<u> </u>	<u> </u>			0		0			C
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•	>	0		0			<u>C</u>
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	 	ore than \$100		of		`
							•						Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> \$							•		est compens	ated	3		√
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual											4		✓
	for services rendered to the organization?											5		√
	on B. Independent Contractors	<u> </u>									*	000 (
1	Complete this table for your five highest compensation from the organization. Repyear.													ĸ
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) compens	ation	
None														
2	Total number of independent contracto							th	nose listed ab	ove) who				-

Par	t VIII	Statement of Reve	enue	•				
		Check if Schedule O	contains a respo	onse to any quest			<u> </u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		0				
Gra	b	Membership dues .		0				
ts, An	С	Fundraising events .		0				
를 를	d	Related organizations		0	:			
ns, Sin	e	Government grants (cor		0				
Ltio	f	All other contributions, g and similar amounts not in						
ë ŧ				279,752				
ou Ind	9	Noncash contributions include						
	h	Total. Add lines 1a-1	<u> </u>	Business Code	279,752			
Program Service Revenue	2a	Radio Advertising & U	ndenwiting		44 100	44 100		
æ	ь	Radio Downlink Reimb		515100 515100	44,190 2,625	44,190 2,625	0	
8	c			313100	2,023	2,623		
ē	ď							
E	e	***************************************						
gra	f	All other program ser	vice revenue .					
P	g	Total. Add lines 2a-2	ef	▶	46,815		•	
	3	Investment income		ends, interest,				
		and other similar amo	•	L	2,624	2,624	0	C
	4	Income from investmen	it of tax-exempt b	ond proceeds ►	0	0	0	_ 0
_	5	Royalties	<u> </u>	<u></u> . ▶	0	0	0	(
			(ī) Real	(ii) Personal				
	6a	Gross rents	25,482		į		-	
	b	Less: rental expenses	21,603					
	C .	Rental income or (loss)		0				
	d	Net rental income or			3,879	3,879	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	 	1			
	b	Less: cost or other basis	0	94,000	1			
	J	and sales expenses .		05.000		- 1		
		Gain or (loss)	0					
	d	Net gain or (loss)		28,098	28,098	28,098	0	0
nue		Gross income from fu	undraising		20,030	20,030	Ū	
Other Revenue		events (not including \$ of contributions reporte						
her		See Part IV, line 18 .	_					
ಕ		Less: direct expenses						
		Net income or (loss) f		events . >	0		0	0
	9a	Gross income from gasee Part IV, line 19 .		1	-			
	L		=-					
		Less: direct expenses Net income or (loss) fr						
		Gross sales of in		Villes	0	0	0	0
	.00	returns and allowance						
	h	Less: cost of goods s	_					
		Net income or (loss) fi			0			
		Miscellaneous R		Business Code		0		
	11a			-				
	b			 	-	·		
	c			 				
	d	All other revenue .						
	e	Total. Add lines 11a-		•	0	+		
	12	Total revenue See in						

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	s must complete col	umn (A).			
Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0					
4 5	Benefits paid to or for members	0	0					
6	trustees, and key employees	0	0	0	0			
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0			
7 8	Other salaries and wages	80,484	80,484	0	0			
9	Other employee benefits	0	0	0	0			
10	Payroll taxes	11,082	11,082		0			
11	Fees for services (non-employees):	6,190	6,190	0	0			
a	Management	0	0	0	0			
b	Legal	100	0	100	0			
C	Accounting	313	0	313	0			
q	Lobbying	0	0	0	0			
е	Professional fundraising services. See Part IV, line 17	0			0			
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	0	0	0	0			
	(A) amount, list line 11g expenses on Schedule O.)	1,704	0	1,704	0			
12	Advertising and promotion	348	73	275	0			
13	Office expenses	12,401	8,752	3,649	0			
14	Information technology	1,759	1,759	0	0			
15	Royalties	15,460	15,460	0	0			
16	Occupancy	93,180	89,892	3,288	0			
17	Travel	9,480	8,389	1,091	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings .	0	0	0	0			
20	Interest	0	0	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	45,726	37,944	7,782	0			
23	Insurance	12,689	11,513	1,176	0			
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	Radio broadcast station maintenance	20,134	20,134	0	0			
b	Satellite downlink costs	22,924	22,924	0				
c	Broadcast licenses and fees	1,975	1,975	0	0			
d	Bad Debt	7,199	0	7,199	0			
e	All other expenses	0	0	0	0			
25	Total functional expenses. Add lines 1 through 24e	343,148	316,571	26,577				
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 following SOP 98-2 (ASC 958-720) if		3.5,5.1	==,5:				

		Oncol in Contraction Contraction a respective to	, <u>u.i.</u> , q	1	· · · · · · · · · · · · · · · · · · ·	i i	(2)
			_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			35,097	1	58,075
	2	Savings and temporary cash investments		[7,953		52,851
	3	Pledges and grants receivable, net	0		0		
	4	Accounts receivable, net	0	 	0		
	5	Loans and other receivables from current and trustees, key employees, and highest co Complete Part II of Schedule L	officers, directors,	0	5	0	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoning organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	buting employers and inployees' beneficiary	0		0	
Assets	7	Notes and loans receivable, net			0		65,907
Ą	8	Inventories for sale or use			17,279	-	0
	9	Prepaid expenses and deferred charges			0		0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<u>_</u>				
	ь	Less: accumulated depreciation	10a 10b	1,442,541 787,584	1,567,460	10c	654,956
	11				0	1	004,000
	12	Investments—other securities. See Part IV, line			0	-	0
	13	Investments—program-related. See Part IV, line			0	1	0
	14	Intangible assets			0	t	0
-	15	Other assets. See Part IV, line 11			0	_	0
	16	Total assets. Add lines 1 through 15 (must equa) ~-	1,627,790	-	831,789
	17	Accounts payable and accrued expenses			799	 	734
	18	Grants payable		-	0		0
	19	Deferred revenue	3000		0		
	20	Tax-exempt bond liabilities	_	0		0	
	21	Escrow or custodial account liability. Complete		0		0	
S	22	Loans and other payables to current and for		_			<u> </u>
Liabilities		trustees, key employees, highest compen					
pii		disqualified persons. Complete Part II of Schedu			0	22	0
Lia	23	Secured mortgages and notes payable to unrela		⊢	0		0
	24	Unsecured notes and loans payable to unrelated		· •	0		0
	25	Other liabilities (including federal income tax,		<u> </u>	<u>_</u>	27	<u> </u>
		parties, and other liabilities not included on lines				l	
- 1		of Schedule D		•	0	25	0
	26	Total liabilities. Add lines 17 through 25			3799		734
_		Organizations that follow SFAS 117 (ASC 958			0.00		
š		complete lines 27 through 29, and lines 33 and	d 34.				
aŭ	27	Unrestricted net assets			1,623,991	27	803,704
Bal	28	Temporarily restricted net assets		[0		27,351
ᅙ	29	Permanently restricted net assets			0		0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), che	ck here ► 🔲 and			
ا <u>ت</u> ا	30	Capital stock or trust principal, or current funds	<i>.</i> 1	0	30	0	
Se	31	Paid-in or capital surplus, or land, building, or ed			0	_	0
As	32	Retained earnings, endowment, accumulated in		0		0	
ē	33	Total net assets or fund balances			1,623,991		831,055
-	34	Total liabilities and net assets/fund balances .			1,627,790		831,789
					-,,		

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36	1,169
2	Total expenses (must equal Part IX, column (A), line 25)	2		343	<u>3,148</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		18	8,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,62	<u>3,991</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	investment expenses	7			0
8	Prior period adjustments	8		(810	<u>,956)</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		83	<u>1,055</u>
Part	XII Financial Statements and Reporting				
_	Check if Schedule O contains a response to any question in this Part XII		<u></u>		<u> </u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	n I	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:				✓
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a 📰		
-	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		n 3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
			Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

	for Christ Ministri		- <u> </u>						92-00			_
Par		_	rity Status (All orga		-				nstructio	ns.		
The c 1 2 3 4	A church, con A school desc A hospital or a A medical reschospital's nan	vention of churc cribed in section a cooperative ho earch organizatione, city, and state		churches ch Sched ation desc ction with	s describe ule E.) cribed in s	ed in sec section 1 al descril	tion 170(170(b)(1)(ped in se	(b)(1)(A)(i (A)(iii). ection 170	D(b)(1)(A)(
5	section 170(b)(1)(A)(iv). (Com	•	_	•		·		vernment	al unit d	lescnbed i	in
6 7	☐ An organization	on that normally	nment or government receives a substantia ((A)(vi). (Complete Par	al part of					nit or from	n the ge	neral publ	ic
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se	ions-sul lated bus	bject to o	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 3	31/3% of i	ts
10 11	An organization	on organized ar one or more pub	d operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th nizations supportir	ne benefit described ng organiz	t of, to post of in sect zation and	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	ions of, ection 509	9(a)(2). S gh 11h.	See sectio	
	By checking to other than four or section 509	his box, I certify Indation manage (a)(2).	that the organization ers and other than one	is not co e or more	ntrolled d e publicly	lirectly or supporte	indirectled organ	y by one izations o	or more of described	disqualifi in section	ied persor on 509(a)(
f	organization,	check this box	a written determination							e III sup 	oporting	J
g	following pers	ons?	he organization acce	-	-			-				
	(iii) below,	the governing be	ndirectly controls, eithody of the supported of	organizat	ion?					11g(ī	+ + -	_
h	(iii) A 35% co	ntrolled entity of	on described in (i) abo a person described in ion about the support	ı (i) or (ii) a	above?.					11g(ii 11g(iii	1 1	_
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	ization in organization in col. of your (i) organized in the			int of moneta upport	ry
			, "	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)						·						
(D)												
(E)												

	(Complete only if you checked the Part III. If the organization fails to						ality under
	on A. Public Support				<u> </u>	1	
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			:			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instructi	ions)			12	
13	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop her						▶ 🗀
<u>Secti</u>	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2012 (line 6		-			14	<u>%</u>
15	Public support percentage from 2011 Sch					15	<u>%</u>
16a	331/3% support test—2012. If the organiz						
L	box and stop here. The organization qual	•		_			
b	33 ¹ /3% support test—2011. If the organicheck this box and stop here. The organic						or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circ	-and-circumsta	inces" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me	ion meets the	e "facts-and-ci	ircumstances"	test, check the	nis box and st	op here.
	copposite organization in the second						. ▶ 🗀
18	Private foundation. If the organization did instructions		box on line 13			k this box and	see . ▶ □

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			_			
	received (Do not include any "unusual grants.")	327,207	264,182	269,848	235,942	279,752	1,376,931
2	Gross receipts from admissions, merchandise					-	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	61,943	29,675	31,788	34,389	46,815	204,610
3	Gross receipts from activities that are not an	-	,		•		
	unrelated trade or business under section 513	o	29,405	18,844	15,100	28,098	91,447
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	o	o	0	ol	0
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge	0	0	0	0	o	0
6	Total. Add lines 1 through 5	389,150	323,262	320,480	285,431	354,665	1,672,988
7a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	4,417	4,417
	Add lines 7a and 7b	0	0	0	0	4,417	4,417
8	Public support (Subtract line 7c from line 6.)						
Sacti	on B. Total Support			l			1,668,571
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	389,150	323,262	320,480	285,431	354,665	1,672,988
10a	Gross income from interest, dividends,	303,130	323,202	320,460	200,431	334,003	1,072,300
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,749	57	18	27	6,503	8,354
b	Unrelated business taxable income (less						,
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	0	0	. 0
C	Add lines 10a and 10b	1,749	57	18	27	6,503	8,354
11	Net income from unrelated business						
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on	0	0	O	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	390,899	323,319		285,458	361,168	1,681,342
14	organization, check this box and stop he				, or militax ye	ear as a sectio	II 301(c)(3)
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8	<u>~</u>		3, column (f))		15	99.24 %
16	Public support percentage from 2011 Sch		•			16	99.55 %
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (y line 13, colun	nn (f))	17	0.50 %
18	Investment income percentage from 2011					18	0.44 %
19a	331/3% support tests-2012. If the organi						
	17 is not more than 331/3%, check this box		_			_	
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this l	-	_	· · · · · · · · · · · · · · · · · · ·			_
20	Private foundation. If the organization di	d not check a t	oox on line 14,	, 19a, or 19b, c	neck this box	and see instru	ctions 🕨 🗌

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

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······································		
		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Inspection

Employer identification number

Voice (or Christ Ministries, Inc.		92-0085008
Par		r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal cont	trol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	rant funds can be used
	only for charitable purposes and not for the		
		<u> </u>	
Part	Conservation Easements, Comp	lete if the organization answered "Yes	" to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held to		
•	☐ Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	- Teservation	or a certified flistoric structure
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
~	easement on the last day of the tax year.	non neid a quaimed conservation continud	tion in the form of a conservation
	-		Held at the End of the Tax Year
_	Total months of a managed in a second		
a			
þ	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer	•	*****
d	Number of conservation easements includ		
•	historic structure listed in the National Regis		
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written pol		·
	violations, and enforcement of the conservat	ion easements it holds?	· · · · · · · 🗌 Yes 🔲 No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
	>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🔲 No
9	In Part XIII, describe how the organization re	ports conservation easements in its reveni	ue and expense statement, and
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e	asements.	
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other	•	
	public service, provide, in Part XIII, the text of	•	
b	If the organization elected, as permitted ur	der SEAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
_	works of art, historical treasures, or other		
	public service, provide the following amount	•	
	(i) Revenues included in Form 990, Part VIII,	<u> </u>	• ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works		
2	following amounts required to be reported up		_ · · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, lin	81	· · · · • • • • • • • • • • • • • • • •

Part	Organizations Maintaining	Collections of	Art, His	torical 1	Freasures	, or O	ther Similar 🖊	Assets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		d	☐ Loan	or exchang	ae prod	rams	
b	☐ Scholarly research				r			
С	Preservation for future generations		-		***************************************			
4	Provide a description of the organizati		and expla	ain how t	hev further	the or	ranization's ex	empt purpose in Part
_	XIII.		a a . a . a . a . a . a . a . a . a		,		ga24.10.11 0 0x	omp. parpoco m r arc
5	During the year, did the organization	solicit or receive	donation	e of art	historical t	roacura	e or other eim	ilar
•	assets to be sold to raise funds rather	than to be mainta	ained as	nart of the	e organizat	ion's co	ollection?	
Part	IV Escrow and Custodial Arra							
	line 9, or reported an amount				jailization	answe	ied les to	onn 330, raitiv,
	Is the organization an agent, trustee,				or contribut	tions o	r other assets	not
	included on Form 990, Part X?							
h	If "Yes," explain the arrangement in Pa					• •		· L res L No
b	ir res, explain the arrangement in Pa	irt XIII and compi	ete the ic	llowing to	abie:		1	Amount
_	Description to the						+	Amount
C	Beginning balance					10		
d	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance							
2a	Did the organization include an amoun	•	-					
	If "Yes," explain the arrangement in Pa							
Par	V Endowment Funds. Comple							
		(a) Current year	(b) Pn	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				 			
b	Contributions	-	-					
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	o current year on	d balanc	o (line 1e	L column /c	// bold	00:	
a	Board designated or quasi-endowmen		%	e (mie ig	, coluitii (c	ij) Heid	as.	
b	Permanent endowment		⁷⁰					
	Temporarily restricted endowment							
С	·	%	2004					
20	The percentages in lines 2a, 2b, and 2c				-4 11-1			Ala
3a	Are there endowment funds not in the organization by:	possession of th	ie organi	zation tha	at are neid	and ad	ministered for	
	•							Yes No
	(i) unrelated organizations							. 3a(i)
_	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organiz	ations listed as r	equired o	n Sched	ule R? .			. [3b]
4	Describe in Part XIII the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Form	n 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Book value
	Land				112,130			112,130
b	Buildings				746,586		257600	488,986
c	Leasehold improvements	×====			. 40,000		20,000	700,300
d	Equipment				583,824		529,985	53,840
e	Other				303,024		J£3,363	
	Add lines 1a through 1e. (Column (d) mi	ust equal Form 9	90 Part	Column	(R) line 10)(c) 1		·
			,	.,		17/1		

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-I	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)		·	
(I)			· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related	J. See Form 990. Part X	. line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	,-,, y		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			-
(8)	****		
(9)	· · · · · · · · · · · · · · · · · · ·		
(10)	· · · · · · · · · · · · · · · · · · ·		
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	
	(;	a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)		· · ·	
(5)		<u></u>	
(6)			
(7)		 	
(8)			
(9)			
(10)	ımn (b) must equal Form 990, Part X, c	ol (B) line 15.)	
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)			_
(9)			_
(10)			_[
(11)			_
	(b) must equal Form 990, Part X, col (B) line 25.)	L	
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the or	ganization's financial statements that reports the organization's
liability for ur	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text o	f the footnote has been provided in Part XIII

1	Reconciliation of Revenue per Audited Financial Statements Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		├	
а	Net unrealized gains on investments	.1		
b	Donated services and use of facilities		1	
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII.)		1	
e	Add lines 2a through 2d		2e	
}	Subtract line 2e from line 1		3	
ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	 	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	,		
b	Other (Describe in Part XIII.)	-	1	
С	Add lines 4a and 4b		4c	
;	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	 -
ırt	XII Reconciliation of Expenses per Audited Financial Statements		r Retu	ım
			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	ı l		
b	Prior year adjustments	,	1	
С	Other losses	;	1	
d	Other (Describe in Part XIII.)	ı	1	
	Add lines 2a through 2d	.	2e	
_	Add lines za through zd			
e	•		3	
е	Subtract line 2e from line 1		3	
е	Subtract line 2e from line 1		3	
e	Subtract line 2e from line 1		3	-
e	Subtract line 2e from line 1		3 4c	-
e a b	Subtract line 2e from line 1			-

Schedule D (For	n 990) 2012 · · · Pa	age 5
Part XIII	Supplemental Information (continued)	
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······································		
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Schedule D (Fon	m 990) 2012	Page 5
Part XIII	n 990) 2012 Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Voice for Christ Minsistries, Inc.	92-0085008
Port VI Cooking A Line C. Marshau of the company in the distance of the control o	
Part VI, Section A, Line 6 - Members of the corporation are directors, career missionaries, and associate	te missionaries who meet the specific
requirements as set forth in the organization's By-Laws.	
Part VI, Section A, Line 7b - Directors of the corporation are elected by the membership at the annual r	nembership meeting or at a special
meeting convened specifically for that purpose. Vacancies between annual meetings may be filled	by vote of the Board of Directors per
the provisions of the organization's By-Laws.	
the provisions of the organization's by-Laws.	
Part VI, Section B, Line 11b - Documents are prepared by the Business Manager, submitted to the Treat	surer of the Board of Directors for
review, informational copies sent to all Board members, and documents signed and sent to IRS by	Treasurer.
	-
Part VI, Section C, Line 19 - The organization's governing documents and financial statements are place	ed in a file in the reception area of the
headquarters building. That file is available for public inspection during normal office hours.	
Part XI, Line 8, Prior period adjustments - Change in accounting policy required posting of all previous	accumulated depreciation.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
	-