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Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

2012
Open to Public

witer.	nai neve	The organization may have to use a copy of this feturn to so	alisiy state	reporting requirements	The inspection with					
<u>A I</u>	For the	e 2012 calendar year, or tax year beginning $$ JAN 1 , 2013 $$ and	ending	<u>M</u> AR 31, 2013						
В	Check if	C Name of organization		D Employer identifi	cation number					
	Addre	ss E3 Domboon Ministry								
	Name chang			1 6-1	680978					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/surt							
	retum Termii ated		NUUIII/SUIL		440-1101					
	Amen		!	G Gross receipts \$	4,193,503.					
F	Apple									
_	tion pendi			H(a) is this a group return						
		F Name and address of principal officer Curtis Hail same as C above		for affiliates? H(b) Are all affiliates ind	Yes X No					
	Tay ay	empt status X 501(c)(3) 501(c) ()	or 52		list (see instructions)					
		te: > www.e3partners.org	01 32	- 	•					
		organization X Corporation Trust Association Other	Tı Vas	H(c) Group exemption	✓ State of legal domicile: TX					
		Summary	L Tea	ronomation 2003	N State of legal domicile; 1A					
>4/4	T		2d £h	o Cognol the	ough					
8	1	Briefly describe the organization's mission or most significant activities Spre								
Jan		evangelistic outreach & establishment of								
Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as						
ွှ်	3	Number of voting members of the governing body (Part VI, line 1a)		3	8					
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7					
<u>9</u>	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0					
Activities &	6	Total number of volunteers (estimate if necessary)		6	560					
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
			Ĺ	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		17,304,721.	3,951,648.					
Ē	9	Program service revenue (Part VIII, line 2g)		224,126.	41,990.					
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,548.	570.					
α	i .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		512,378.	98,872.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,043,773.	4,093,080.					
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		150,423.	47,500.					
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.					
"			⊢	7,097,480.	1,691,460.					
Expenses		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.					
<u> </u>		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 114,8	01 🗷							
ă			<u> </u>	10,843,793.	2,291,500.					
		Other expenses (Part-IX, column (A), lines 11a 11d, 11f-24e)		18,091,696.						
		Total expenses Add lines 13-17 (must equal Part X, column (A), line 25)	-		4,030,460.					
_ <u>S</u>	19	Revenue less ex Benses Subtract line 18 from line 12	- 	<47,923.						
Net Assets or Fund Balances			<u> </u>	eginning of Current Year	End of Year					
sse Bala	20	Total assets (Part X, line) 1630 EN. UT	 	4,142,028.	4,162,802.					
ᅙ	21	Total liabilities (Part X. line. 26)	⊢	252,504.	431,948.					
		Net assets or fund balances Subtract line 21 from line 20		3,889,524.	3,730,854.					
		Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer fother than officer) is based on all information of wi	hich prepare	r has any knowledge.						
		- William		1/1/0/	rf.					
Sig	n	Signature of officer		Date						
Her	е	Curtis Hail, President		,						
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	44	Date Check	PTIN					
Paid	d	David C. Moja	1/100	1/16/14 If self-employ	P00747006					
Pre	parer	Firm's name Capin Crouse LLP	7	Firm's EIN	36-3990892					
-	Only	Firm's address 2435 Research Parkway, STE 200		o c.m						
	•	Colorado Springs, CO 80920		Phone no. 7	19-528-6225					
Mex	/ the II	RS discuss this return with the preparer shown above? (see instructions)		I none no. 7	X Yes No					
	, וו									

28-6225 Yes No Form 990 (2012)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2012) E3 Partners Ministry	16-1680978	Page 2
Рa	rt III: Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	The organization endeavors to equip believers worldwide	with tools	and
	training designed to help evangelize their communities i		
	establish thriving churches.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Tye.	x X No
	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?	[Var	X No
•	If "Yes," describe these changes on Schedule O		S LEED INC
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managed by symana	
•			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported	is, the total expenses,	, and
4a	2 245 465	140	,121.)
₩a	E3 Partners Ministry spreads the Gospel of Jesus Christ	by equippir	
	Christians and mobilizing local churches to effectively		19
	their own communities with effective tools for evangelis		
	disciple-making, and prayer.	<u>, , , , , , , , , , , , , , , , , , , </u>	
	disciple making, and player.		
	R2 Danthone Ministry is also patient in supporting picking		
	E3 Partners Ministry is also active in supporting mission	naries, lea	ading
	conferences, and conducting mission trips to assist exis	ting church	ies
	in foreign countries in starting new churches and to tra	in pastors	to
	support the new churches.		
4b	(Code) (Expenses \$	e \$)
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
			
			
			
			
			····
			
4 -	Ottom many (December 10 to 11 to 1)		
40	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 3,346,465.		

Form **990** (2012)

Form 990 (2012) E3 Partners Ministry
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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		Х
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		Х
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		X
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Ì
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ŀ
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Pid the experience report on amount for land, buildings, and agrupment in Part V, line 100 ff "Vos." complete Schodulo D.	A. Tariba	HALL	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 15		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	170		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
ь	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (ついもつり

Form 990 (2012) E3 Partners Ministry

[Párt IV | Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			٠,,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Δ_
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			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	J. 475.	183.0 G
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	\$ 26 5 1.13	X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		x
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Part V	Statements Regarding	Other IRS Filings	and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable) 震震		
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		<u> </u>
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,	13		14
	filed for the calendar year ending with or within the year covered by this return)[//]		多金
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	C.E.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	L
b	If "Yes," enter the name of the foreign country ► Uganda, Ethiopia, Jordan			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			18
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 chantable contributions?	6a		X
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).		建筑	意题:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		J-4,11	
ө	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A		Lin	6.2
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	205-8-36-4	***
9	Sponsoring organizations maintaining donor advised funds.	453	事為	
а	Did the organization make any taxable distributions under section 4966? N/A	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	54 515 H	10 .24
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			12 to 16
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders N/A 11a			16.2
b	Gross income from other sources (Do not net amounts due or paid to other sources against			4. 数
	amounts due or received from them)	3246.2	4 - 14 - 1 4	Sandar Section
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year. N/A 12b	12a	- # 10 m de 18 m 18 m	1. Sec. 7. 1. 1.
	The first are already to the overly time of the first are			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	400	1	1967 BEST
а		13a	清 極。2	ار م _{ا ال} وا
1.	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		(1) (4)	腾盛
_	organization is licensed to issue qualified health plans 13b		多数	
C 140	Enter the amount of reserves on hand Did the ergovernments for indeer tenning convece during the tay year?	140	100	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	\vdash	ᢡ
D	ii res, has it lieu a rottii (20 to report these payments / ii No, provide an explanation iii ocheodie o	_	990	(2012

Form 990 (2012) E3 Partners Ministry 16-1680978 Page Part. VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to make only only and another the endamental seed, proceedings of only and the end and the			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion _' 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 8	·	3.00	質療
	If there are material differences in voting rights among members of the governing body, or if the governing	200	7-3-	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			夜光 安二
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	1.50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		2.75
	officer, director, trustee, or key employee?	2	1,130,110	X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۰		
•-	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a-		<u> </u>
	persons other than the governing body?	76		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
	The governing body?		X	在独居
		8a	X	
	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		i	v
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
10-	Did the appearance have been breaken because of the control of the		Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	5883 Section
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	大概		, 4. A
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	100		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	140 mg 440		125 . E. A.
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100	学验	in stand
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		202	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	3.50	造創	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			康·德斯 1942年
	exempt status with respect to such arrangements?	16b		
ec.	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MD, MN, MS, NH, TN, WA, WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨	•	
	Mark Lincoln, CFO - 214-440-1101			
	2001 W. Plano Pkwy., Plano, TX 75075			

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization ne	or any related	orga	anıza	ition	CO	nper	nsat	ted any current officer, o	director, or trustee	
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector			the	organizations	compensation			
	hours for	ib io	يو ا		}	ate		organization	(W-2/1099-MISC)	from the
	related	stee	퇄			Bells		(W-2/1099-MISC)	,	organization
	organizations	nal fri	la B		e de	E e		1	,	and related
	below (ine)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Curtis Hail	40.00	u	트	10	ž	Ξ 5	22			
President		х		х	İ			0.	0.	0.
(2) Charles Wilson	1.00									
Director		X						0.	0.	0.
(3) Christopher Harmon	1.00									
Director		X						0.	0.	0.
(4) Brett Flagg	1.00									
Director	1 00	X	_	L.	<u> </u>			0.	0.	0.
(5) Scott Crossman	1.00	v						0.	0	0
Director	1.00	X		-	<u> </u>	Ш		0.	0.	0.
(6) Robert Gunn	1.00	x						0.	0.	0
Director	1.00	₽	-	-	┢	<u> </u>		· ·	0.	0.
(7) Darrell Bevelhymer Director	1.00	x						0.	0.	0.
(8) Jarrell Prince	1.00	₽	├			H	_	0.	· ·	
Director	1.00	x						0.	0.	0.
(9) Dan Hitzhusen	40.00	Ë	┢			\vdash			<u> </u>	-
Vice President				x				0.	0.	0.
(10) Michael Jorgensen	40.00									
Vice President				х				0.	0.	0.
(11) Tom Doyle	40.00									
Vice President				Х				0.	0.	0.
(12) Nancy Potts	40.00							_	_	_
Executive Secretary		<u> </u>	<u> </u>	X				0.	0.	0.
(13) Donald See	40.00	ŀ		l						
C00	1.0.00	<u> </u>	<u> </u>	Х		_		0.	0.	0.
(14) Mark Lincoln	40.00	•		 						•
СРО		├	 	Х	-	 		0.	0.	0.
			ŀ							•
			\vdash		\vdash		\vdash			
		1								

Section A. Officers, Directors, Trus	nees, Key Em	pioy	005	, an	a H	igne	SIL	ompensated Employe	es (continuea)		
· (A)	(B)			((C)			(D)	(E)		(F)
Name and title	Average	(40	not c	Pos	rtion) than	one	Reportable	Reportable	e	Estimated
•	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensati	on	amount of
	week	-	cer an	dad	recto	or/trus	100)	from	from relate		other
	(list any	ecto				ŀ	1	the	organizatio		compensation
	hours for related	ρü			1	릁		organization	(W-2/1099-MI	SC)	from the
	organizations	ıstee	E Ste			Bells	i	(W-2/1099-MISC)			organization
	below	를	120		ge s	8 8				- 1	and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			- 1	Organizations
	 	=	=	0	*	Ξ =	-	 		-+	
		1									
		├	<u> </u>		_	ļ	\vdash				
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	<u></u>	l				Ļ		0.		0.	0.
1b Sub-total								0.		0.	0.
c Total from continuation sheets to Part V	II, Section A							0.		0.	0.
d Total (add lines 1b and 1c)						<u> </u>		<u> </u>			
2 Total number of individuals (including but r	of limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	J,UUU of reportat	эle	C
compensation from the organization											Yes No
3 Did the organization list any former officer,	director or tri	uste	e ke	v er	mple	ovee	or	highest compensated e	molovee on		
line 1a? If "Yes," complete Schedule J for s			0, 110	.,		,	,	mg.root oopor.oa.ou		[3	3 X
4 For any individual listed on line 1a, is the si			amo	ensa	atior	n and	d of	her compensation from	the organization	. G	
and related organizations greater than \$15	•							· · · · · · · · · · · · · · · · · · ·		,	4 X
5 Did any person listed on line 1a receive or									idual for service	s 🗓	The state of the s
rendered to the organization? If "Yes," com	•					•					5 X
Section B. Independent Contractors	•										
1 Complete this table for your five highest co										mpensa	tion from
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	<u>rithir</u>		year		
(A) Name and business	address	N	INC	ar				(B) Description of s	services	Cc	(C) Impensation
Traile and Besinese		14	2141				\dashv			-	
	****					-					
										<u> </u>	
2 Total number of independent contractors (including but r	not li	mrte	d to		_	stec	d above) who received n	nore than		
\$100,000 of compensation from the organ	zation					0				1-47	1、河滨湖(二)

	*Check if Schedule O contains a response to any question in this Part VIII										
T 20	5 TA-	The same to be suggested to			(A)	(B)	(C)	(D) Revenue excluded			
1		The state of the s			Total revenue	Related or exempt function	Unrelated business	l from tax under			
			er en	公司的一次高兴		revenue	revenue	sections 512, 513, or 514			
, Grants mounts	1 a	Federated campaigns	1a		第一个一个一个		医生物性性				
gra Iou	b	Membership dues	1b					1			
Arr	С	Fundraising events	1c								
Gifts, Illar An	d	Related organizations	1d								
Contributions, Gif and Other Similar	9	Government grants (contribute	ions) 1e					STATE STATES			
함	f	All other contributions, gifts, grant				THE PARTY OF THE					
호취		similar amounts not included abov	/e 1f 3 ,	951,648.							
d di	g	Noncash contributions included in lines	1a-1f \$	63,235.		Parties of the state of					
<u>0 8</u>	<u>h</u>	Total. Add lines 1a 1f			3,951,648.	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ではないできない。			
		B B		Business Code	21 077	21 077		. VELORED LEGISLA			
108		Program Revenue		900099	21,977.						
<u>8</u> 91	b	Freight Revenue	-	900099	20,013.	20,013.					
E S	C			<u> </u>	<u> </u>						
gra Re	d				<u> </u>						
Program Service Revenue	9	All All									
_	T -	f All other program service revenue			41,990.		BŘÍ ŠEPLÍNÁ PŘEŠÉ PO ŽE	1401111201101101101			
	3	Total. Add lines 2a-2f	drudonds intere	ost and	41,550.	County of the transfer of the same of the	During the second second	Legitaria ad tarinina ariandenan			
	3	Investment income (including other similar amounts)	dividends, intere	sst, and	570.			570.			
	4	Income from investment of tax	vevemnt bond r	roceeds				<u></u>			
	5	Royalties	revemble policie	Noceeds -	741.			741.			
		rioyaldes	(i) Real	(ıi) Personal	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Company of the State of the Sta					
	6 a	Gross rents	Wilde	(ii) i Giodriai							
		Less rental expenses				A CANADA SA					
		Rental income or (loss)									
		Net rental income or (loss)			, et. et., et. till, estilli, estillis			PROPERTY OF A CONTRACT OF A CO			
	ļ	Gross amount from sales of	(i) Securities	(ıí) Other							
		assets other than inventory									
	b	Less cost or other basis				FF4FVEYFE					
		and sales expenses									
	С	Gain or (loss)			The state of the s	and the state of the same		The same of			
	đ	Net gain or (loss)									
Θŗ	8 a	Gross income from fundraising	g events (not				THE PARTY OF THE P				
venue		including \$	of								
		contributions reported on line	1c) See		es de la contra del la contra del la contra del la contra de la contra de la contra de la contra de la contra del la contra del la contra de						
Other Re		Part IV, line 18	а		The state of the s						
횽		Less direct expenses	b								
		Net income or (loss) from fund	-	<u> </u>	والمنافزة	Stant Hannes on the same	-citize i modificação	المراجع المراج			
	9 a	Gross income from gaming ac									
		Part IV, line 19	а					And the second second			
		Less direct expenses	b								
		Net income or (loss) from gam			mariforestallastallastallastallas		AND THE PROPERTY OF	material of the state			
	10 a	Gross sales of inventory, less and allowances		198,554.							
	<u> </u>	Less cost of goods sold		100,423.							
		Net income or (loss) from sale		<u> </u>	98,131.	98,131.	والمستوال والمنطوعة المستواطية	وتراوي والمناقطة والأفاعة والأواجة			
	U	Miscellaneous Revenu		Business Code	and the second of the second o	enter tente.	THE THEFT	The sales of the sales			
	11 a			Dusiness Code	-122514425-1443-514526741	releveledeskerietene.					
	ii a				†						
	,				 			 			
	d	All other revenue				1		<u> </u>			
	9	Total. Add lines 11a-11d				The second second		Chile Figure 1991			
	12	Total revenue. See instructions.			4,093,080.	140,121.	0.	1,311.			
23200 12-10	9 -12							Form 990 (2012)			

Form 990 (2012) E3 Partners Ministry
Part IX Statement of Functional Expenses

<u></u>	on 501(c)(3) and 501(c)(4) organizations must com		her organizations must c	omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, 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				The Straight of
	organizations in the United States. See Part IV, line 21	7,500.	7,500.	and the second of the second of the	A STATE OF THE STA
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22		· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to governments,				FYFAR NEWS HE
	organizations, and individuals outside the	40.000	40.000		
	United States See Part IV, lines 15 and 16	40,000.	40,000.	The state of the s	The state of the s
4	Benefits paid to or for members			· 通数,《原本代数》	कुर्व होता चार्च परिचार के होती हैं। इस कि
5	Compensation of current officers, directors,	224 250	272 044	42 220	9,085.
_	trustees, and key employees	324,358.	272,944.	42,329.	3,003.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	28,032.	22,797.	4,423.	812.
7	Other salaries and wages	1,188,800.	963,965.	192,729.	812. 32,106.
8	Pension plan accruals and contributions (include	1,100,000	30373031		32,200
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	99,608.	69,074.	27,693.	2,841.
10	Payroll taxes	50,662.	34,734.	14,208.	1,720.
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,377.	11,377.		
С	Accounting	10,696.	535.	10,161.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		位于这些地位是一种的特征	Anticipal of Talegraphia	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,			40	0.4.400
	column (A) amount, list line 11g expenses on Sch O.)	278,945.	230,729.	13,777.	34,439. 525.
12	Advertising and promotion	136,889.	130,612.	5,752.	
13	Office expenses	566,575.	342,145.	212,220.	12,210.
14	Information technology	56,280.	55,292.	948.	40.
15	Royalties	50,100.	40,080.	5,010.	5,010.
16	Occupancy	576,236.	545,387.	12,484.	18,365.
17	Travel	370,230.	343,307.	12,404.	10,303.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	89,929.	85,019.	2,447.	2,463.
19 20	Interest	00,020.	00,019.		_,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,548.	42,513.	16,176.	1,859.
23	Insurance	11,038.	1,303.	9,735.	
24	Other expenses Itemize expenses not covered		A CONTRACTOR AND A CONT	CAMPACAGEM	AND THE RESIDENCE OF THE PARTY
	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 ()			ر العدة المراجعة في المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة والمراجعة المراجعة ا	The state of the s
а	Restricted Disbursement	315,842.	336,580.	<8,009.	> <12,729.
b	International Expense	158,694.	157,343.	811.	540.
С	Materials & Freight	49,559.	42,161.	3,269.	4,129.
d	Staff Development	19,215.	14,798.	3,031.	1,386.
Θ	All other expenses	<100,423.			1111000
25	Total functional expenses. Add lines 1 through 24e	4,030,460.	3,346,465.	569,194.	114,801.
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 rf following SOP 98-2 (ASC 958-720)		l	<u> </u>	L

Part X- Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 2,050,697. 2,288,245. Cash - non-interest-bearing 327,931. 2 2 Savings and temporary cash investments 41,722. 47,240. 3 3 Pledges and grants receivable, net 31,212. 45,166. Accounts receivable, net 运动性流流 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 178,008. 256,460. 8 Inventories for sale or use 111,804 636,505. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 2,441,438 basis Complete Part VI of Schedule D 10a 1,001,971 1,043,445. 1,397,993. b Less accumulated depreciation 10b 10c 83,289. 80,011. 11 11 Investments · publicly traded securities Investments - other securities See Part IV, line 11 12 13 Investments program-related See Part IV, line 11 13 14 14 Intangible assets 81,124. 15 15 Other assets See Part IV, line 11 4,142,028. 4,162,802. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 252,504. 431,948. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 252,504 431,948 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,516,100. 765,435. 27 Unrestricted net assets 27 1,373,424. 2,965,419. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 3,889,524. 3,730,854. 33 33 Total net assets or fund balances 4,142,028. 4,162,802. Total liabilities and net assets/fund balances

Form	1990 (2012) E3 Partners Ministry	16-16	30978	Pag	_{le} 12
Pa	rt XII Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1	4 000		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,093		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,030		
3	Revenue less expenses Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,889		
5	Net unrealized gains (losses) on investments	5	10	, 0	72.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<231	.,3(
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	3,730	, 8	<u>54.</u>
Pa	tiXIII Financial Statements and Reporting				
	Check If Schedule O contains a response to any question in this Part XII				<u>X</u>
				/es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		186	3. A	2 4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	300	1.3	
	separate basis, consolidated basis, or both				表情
	Separate basis Consolidated basis Both consolidated and separate basis		400	-1201	
ь	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both		生活 5	100	
	Separate basis Consolidated basis Both consolidated and separate basis			1000	- 3 4 1 - 7 3 4 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	第5页音	=*	535
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		E. C	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization Employer identification number E3 Partners Ministry 16-1680978 Part / 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 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 b Type II c ____ Type III - Functionally integrated d Type III - Non-functionally integrated 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S? (i) of your support? above or IRC section governing document? (see instructions)) Yes Yes Yes No No No P. Peter Pet 化生物

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 E3 Partners Ministry 16-16809 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sed	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not			1]			
	include any "unusual grants ")	17,107,792.	18,072,819.	16,828,088.	17,304,721.	3,951,648.	73,265,068.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to					ĺ			
	the organization without charge								
4	Total. Add lines 1 through 3	17,107,792.	18,072,819.	16,828,088.	17,304,721.	3,951,648.	73,265,068.		
5	The portion of total contributions	ا در در در از موجود از از موجود از از موجود از از از موجود از	Physical Property of the Party						
	by each person (other than a	与自己的 的对象。	A. 18 1 - 18 1 - 1						
	governmental unit or publicly	4 40 3 1 1 2 1 2 1 3 3	A. A						
	supported organization) included	The risk which to the second		And The State of t	come of the months of the second	THE WALLES			
	on line 1 that exceeds 2% of the								
	amount shown on line 11,	PARK IN	terminal in						
	column (f)		を見るなどの	學學學學學		ACTUAL TO AL	3,403,958.		
6	Public support. Subtract line 5 from line 4	第三条规范 第二		にはない。	对是实现不是的。	特別。其二	69,861,110.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	17,107,792.	18,072,819.	16,828,088.	17,304,721.	3,951,648.	73,265,068.		
8	Gross income from interest,								
	dividends, payments received on			•					
	securities loans, rents, royalties								
	and income from similar sources	46,201.	115.	24,456.	4,402.	570.	75,744.		
9	Net income from unrelated business				i				
	activities whether or not the								
	business is regularly carned on		2,830.				2,830.		
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)				10,076.		10,076.		
11	Total support. Add lines 7 through 10	是是是學問題	San		المراجعة ال المراجعة المراجعة ال		73,353,718.		
	Gross receipts from related activities,	•	•		-		561,819.		
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	·		
<u> </u>	organization, check this box and stor						▶ ∟		
	tion C. Computation of Publ						05 24		
	Public support percentage for 2012 (I		-	olumn (f))		14	95.24 <u>%</u> 95.99 %		
	Public support percentage from 2011	·	•			15			
16a	33 1/3% support test - 2012. If the c	•			14 is 33 1/3% or n	nore, check this bo	x and ►X		
	stop here. The organization qualifies		•				•		
b	33 1/3% support test - 2011. If the c	-			line 15 is 33 1/3%	or more, check th	s box		
	and stop here. The organization qual				40.40		. ▶∟		
17a	10% -facts-and-circumstances tes	_							
	and if the organization meets the "fac					rt IV how the organi	zation		
	meets the "facts-and-circumstances"	_	•		_		▶ □		
b	10% -facts-and-circumstances tes	-					U% or		
	more, and if the organization meets the		•		,		ـــا		
4.5	organization meets the "facts-and-circ		-	•			₽		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	•	nd see instructions			

Schedule A (Form 990 or 990-EZ) 2012 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 by	elow, please com	piete Part II)				
Section A. Public Support				1.0044	1 (10010	(f) T-4-I
Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					_	
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	式的特殊的现实	可可能是一种感觉的	in the property of the second	FOR SELECTION OF THE SE	and the second	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					ļ	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	ı İ					
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ration,
check this box and stop here	· ·					<u> </u>
Section C. Computation of Publ	ic Support Ρε	ercentage				
15 Public support percentage for 2012 (I			column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•		, , , , , ,		18	%
19a 33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2011. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, che						▶⊨
20 Private foundation. If the organization	n did not abook s	hoy on line 14 19	a or 19h check t	his hox and see in	structions	▶∟_

Schedule A (Form 990 or 990-EZ) 2012 E3 Partners Ministry	16-1680978 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, lin	e 10, Part II, line 17a or 17b,
artd Part III, line 12 Also complete this part for any additional information (See instructions)	
SHORT-YEAR PERIOD & COLUMN HEADINGS ON SCHEDULE A PART II	
This Form 990 is being filed for a short-year period, the t	three months
from January to March 2013. As a result the column headings	s on Schedule A
Part II are not for the 12 month periods indicated. Instead	columns
reflect the following periods:	
- or or or or or or or or or or or or or	
(a) 2008 reflects the 12 month period ended 12/31/2009	
(b) 2009 reflects the 12 month period ended 12/31/2010	
(c) 2010 reflects the 12 month period ended 12/31/2011	
(d) 2011 reflects the 12 month period ended 12/31/2012	
(e) 2012 reflects the 3 month period ended 3/31/2013	
	··· •
	•
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 14d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 Open to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number

	E3 Partners Minist:		16-1680978
Pa	 		s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Par	tili Conservation Easements. Complete if the org	ganization answered "Ves" to Form 990. F	
			-arriv, line /
1	Purpose(s) of conservation easements held by the organization		stancelly respectant land are a
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cen	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		564 + 5 T
			िर्देशी Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	till Organizations Maintaining Collections of	•	other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	ibes these items	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	easures, or other similar assets for financia	al gain, provide
-	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	· •	> \$
	Assets included in Form 990, Part X		> \$

Sche	The state of the s	ners Minist							Page 2	
Par	till Organizations Maintaining C	ollections of Art	, Historical Tr	easures, c	or Other	Similar	Asse	ts (continu	red)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	at are a sigi	nificant us	e of its	collection	ıtems	
	(check all that apply)									
а	Public exhibition	d	Loan or excl	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21									
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?						<u> </u>	Yes	└─ No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the folio	owing table							
							,	Amount		
¢	Beginning balance					1c				
d	Additions during the year					1d				
0	Distributions during the year					16				
f	Ending balance					1f	·· ₁ ··	1		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	17				L	」 Yes	∐ No	
	if "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete if		wered "Yes" to For							
		(a) Current year	(b) Prior year	(c) Two year) Three yea			ears back	
1a	Beginning of year balance	75,000.	75,000.	7	6,669.	87	7,699.		669,187.	
ь	Contributions			· · · · · · · · · · · · · · · · · · ·						
С	Net investment earnings, gains, and losses	10,072.	426.	<	1,669.	3	3,156.		11,167.	
ď	Grants or scholarships									
е	Other expenditures for facilities		_							
	and programs		426.			14	,186.		592,655.	
f	Administrative expenses									
g	End of year balance	85,072.	75,000.	7.	5,000.	76	,669.		87,699.	
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as						
а	Board designated or quasi-endowment	.00	. %							
	Permanent endowment ► .00	%								
С	Temporarily restricted endowment ▶ 100	0.00 %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ai	nd administe	ered for the	organizat	on	_		
	by								res No	
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)	X	
ь	If "Yes" to 3a(ii), are the related organizations	•						3b		
4	Describe in Part XIII the intended uses of the									
Pai	તું.આંું Land, Buildings, and Equipm		<u> </u>				- 1			
	Description of property	(a) Cost or oth	1 ' '			umulated	1	(d) Book	value	
		basis (investme				eciation	in the second	7 4 =	000	
	Land				<i>इ</i> न्तिक तुन्		_		<u>,000.</u>	
b	Buildings			0,000.		27,750			,250.	
C	Leasehold improvements	-		4,960.		88,069			,891.	
d	' '			9,375.		78,052			,323.	
	Other			2,103.	5(04,122			,981.	
Total	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X	, column (B), line 1	O(c)))	▶	⊥,∪4 3	,445.	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 E3 Partners Ministry		16-1680978 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	
1	Total revenue, gains, and other support per audited financial statements		T 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		39 a
	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recovenes of prior year grants		
d	Other (Describe in Part XIII)		
9	Add lines 2a through 2d	2d	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		- 4, 47, 4, -6, 50
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	t XII Reconciliation of Expenses per Audited Financial Statemen	ents With Expenses pe	
1	Total expenses and losses per audited financial statements		1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		\$\frac{1}{2}\tau_{1}^{2}\tau_{1}^{2}\tau_{2}^{2}
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
G	Other losses	2c	
ď	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d	24	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		on the Parks
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
_	tXIII Supplemental Information	···-	1. Ÿ.1
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	Lines 1a and A Part IV lines	1h and 2h Part V line 4 Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		
	et V, line 4: The organization's endowment		
сет	neral use of the ministry.		
901	iciai abe or one minibory		
Par	ct X, Line 2: The financial statement effec	ets of a tax po	sition
		P -	
tal	men or expected to be taken are recognized	in the financi	al statements
	ton or enperiod to be canon are recognized		
whe	en it is more likely than not, based on the	e technical mer	its, that the
ממ	sition will be sustained upon examination.	Interest and p	enalties. if
<u> </u>	The state of the s		
anv	, are included in expenses in the statemen	nt of activitie	s. As of March
	, === =================================		C-1

Schedule D (Form 990) 2012 E3 Partners Ministry	16-1680978 Page 5
Part XIII Supplemental Information (continued)	
31, 2013, e3 had no uncertain tax positions that qualify fo	r recognition
or disclosure in the financial statements.	
	
e3's federal Exempt Organization Business Income Tax Return	s (Form 990)
for the years ended December 31, 2011, 2010, and 2009 are s	ubject to
examination by the IRS, generally for three years after the	y were filed.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization

١

Employer identification number

To Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (Independent contractors) (c) Number of employees, agents, and independent contractors investments, grants to describe specific type investments of services, investments, grants to recipients located in the region) (b) Region (c) Number of employees, agents, and independent contractors investments, grants to recipients located in the region) (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe specific type investments) (e) If activity listed in (d) is a program service, describe specific type investments, grants to recipients located in the region)	ditures and ments
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices employees, agents, and independent independent services, investments, grants to describe specific type	otal ditures and ments
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices employees, agents, and in the region in the region independent services, investments, grants to describe specific type	otal ditures and ments
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices employees, agents, and in the region independent independent services, investments, grants to (e) If activity listed in (d) (f) To expend is a program service, describe specific type investments.	otal ditures and ments
United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices offices agents, and in the region in the region in the region of the following Part I, line 3 table can be duplicated if additional space is needed) (d) Activities conducted in region (by type) (e g , fundraising, program service, agents, and independent services, investments, grants to describe specific type	ditures and ments
(a) Region (b) Number of offices of offices agents, and in the region in the region offices of the region offices agents and on the region offices agents and on the region of the region offices agents and on the region of the	ditures and ments
offices employees, agents, and in the region in the region employees, agents, and independent services, investments, grants to describe specific type investments.	ditures and ments
contractors recipients located in the region) of service(s) in region in rec	
Europe (Including	
Iceland & Greenland) 0 1 Program services Mission & churches 5	5,658.
North America 0 0 Program services Mission & churches 1	1,582.
Sub-Saharan Africa 5 43 Program services Mission & churches 179	9,060.
To logical bolicos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Middle East and	
North Africa 2 25 Program services Mission & churches 90	0,607.
East Asia and the	
Pacific 0 0 Program services Mission & churches 18	8,553.
Central America and	
the Caribbean 0 4 Program services Mission & churches 14	4,807.
South America 2 4 Program services Mission & churches 190	0,828.
Dungs of the Marsha	
Russia & the Newly Independent States 0 6 Program services Mission & churches 30	0,662.
PACTER OF THE COLUMN TWO IN CALL THE CA	1,757.
b Total from continuation	,
sheets to Part I 0 6 98	8,896.
c Totals (add lines 3a and 3b) 9 89 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0,653.

			n.(Schedule F (Form 990), Part I, line 3	, 	T
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Program services	Mission & Churches	58,896
Russia & the Newly			Grants to recipients		40.000
Independent States	0	6	located in region		40,000
Totals		6			98,896

E3 Partners Ministry Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any Part II

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(I) Method of valuation (book, FMV, appraisal, other)		i				
(h) Description of non-cash assistance						
(g) Amount of non cash assistance	0	-				
(f) Manner of cash disbursement						
(e) Amount of cash grant	40,000.					
(d) Purpose of grant	Scholarshıp Support					
(c) Region	Russia & the Newly Independent States		·			
(b) IRS code section and EIN (if applicable)						
1 (a) Name of organization						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

Enter total number of other organizations or entities ၈

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012 E3 Partners Ministry 16-1680978

[Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

	 , ,	, ,	<u> </u>	ŧ	1	1	1	, .
(h) Method of valuation (book, FMV, appraisal, other)						:		
(g) Description of non cash assistance								
(f) Amount of non-cash assistance								
(e) Manner of cash disbursement								
(d) Amount of cash grant								
(c) Number of (d) Amount of recipients cash grant								
(b) Region								
(a) Type of grant or assistance (b) Region								

Schedule F (Form 990) 2012

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2012

X No

Yes

for Form 5713)

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

2 [Employer identification number 16-1680978 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable E3 Partners Ministry General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part L

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

16-1680978 Schedule I (Form 990) (2012) **B3 Partners Ministry**Part III. Grants and Other Assistance to Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Page 2

(f) Description of non cash assistance			formation					
(book, FMV, appraisal, other)			n (b), and any other additional in	request for	is done to			
(d) Amount of non cash assistance			lne 2, Part III, colum	Ø	follow up is			
(c) Amount of cash grant			n required in Part I,	organization receives	specified and	pient.		
(b) Number of recipients			e the informatio	the organ	be	ant reci		
(a) Type of grant or assistance			Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	Schedule I, Part I, Line 2: When tl	funds, the use of those funds must	confirm the use of funds by the grant recipient.		

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012 Open To Public Inspection

OMB No 1545-0047

Name of the organization

E3 Partners Ministry

Employer identification number

16-1680978

· -						section 501(c)(4) org			Part \/	lino Ai	3h				
			Relationship bet	ween	disqua	lified	IV, line 25a or 25b, or Form 990-EZ, Part V, line ed (c) Description of transaction					(d) Cd		orrected?	
		person and organization					(c) Soonpari of Balloaction					 Y	98	No	
													1		
												+	\perp		
												+	+		
								•							
2 Enter the amount of tax is section 4958	ncurred by	the o	rganization man	agers	or disc	qualified persons du	iring th	e year under		▶ \$					
3 Enter the amount of tax,	rf any, on li	ne 2,	above, reimburs	ed by	the or	ganization				> \$					
Part II Loans to and	/or Fron	n Int	erested Per	sons	· .								-		
<u> </u>	rganization	n ansv	vered "Yes" on I	Form	990-EZ	, Part V, line 38a or i	Form 9	90, Part IV, lii	ne 26,	or if th	ne orga	anızatı	on		
reported an amou	unt on Forr	n 990 nship			2 pan to or		T		7	\ 1 -	Th) AD	proved	L (2) 14/	(retto n	
(a) Name of interested person	with organiza		(c) Purpose of loan to or from the organization?		(e) Onginal principal amount	(f) Balance due		(g) In default?		(h) Approved by board or committee?		agree	(i) Written agreement?		
	<u> </u>			То	From				Yes	No	Yes	No	Yes	No	
				-	 		-							 	
<u></u>					 		-							 	
							 		 	 				 -	
					 		 		-		-			 	
Total Part III Grants or As	oiatanaa	Dor	ofiting Inter		d Day	▶ \$	_		作。			J. Page	.7.		
			-												
(a) Name of interested person		1	answered "Yes" on Form 990, Pa (b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance			·	
		+					\dashv								
		+								_					
		ļ	-				\Box			\Box					
		+				·	\dashv			+					

Schedule L (Form 990 or 990 EZ) 2012 E3 Partners Ministry
Part IV: Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on For	rm 990, Part IV	, line 2	28a, 2		r	T (a) Shi	ring of
(a) Name of interested person		iship between and the organ			(c) Amount of transaction	(d) Description of transaction	organiz	ring of ation's ues?
	Family member of C					Yes	No	
Amy Hail	Family	member	of	Cu	0.			X
JoAnn Doyle	Family	member	of	Th	0.			Х
Sarah Doyle	Familv	member	of	Th	0.			Х
Josh Doyle		member			0.			X
JOSH DOYLE	r amily	member						
							+	
	ļ						 	
· · · · · · · · · · · · · · · · · · ·							 	
	İ							
Part V: Supplemental Information								
Complete this part to provide additional	ıl ınformation	for responses	to que	estion	s on Schedule L (see	instructions)		
Complete this part to provide additions	a morniation	тог георопосо	to que	3011011	o on conocado E (cos	in ou double)		
Sch L, Part IV, Business T	man cac	tions T	2770	1 323	ng Interest	ed Persons		
Bell II, Part IV, Business I	Talisac	CIOIIS I	11401	L V I.	ng incerest	ed rersons.	<u> </u>	
()								
(a) Name of Person: Amy Ha	<u>.11</u>							
		_						
(b) Relationship Between I	nteres	ted Per	son	an	<u>d Organizat</u>	ion:		
Family member of Curtis Ha	il, Pr	esident						
(a) Name of Domanni John	Da1 a							
(a) Name of Person: JoAnn	родте				 			
/* \ _ # . !						1		
(b) Relationship Between I	nteres	ted Per	son	an	d Organizat	10n:		
Family member of Thomas Do	yle, V	ice Pre	side	ent				
(a) Name of Person: Sarah	Dorr1 o							
(a) Name of Person: Sarah	DOLLE							
(b) Relationship Between I	nteres	ted Per	son	an	d Organizat	lon:		
Family member of Thomas Do	yle, V	ice Pre	side	ent				
 								
(a) Name of Person: Josh D	\orr1 o							
(a) Name of Person: Dosn L	OTTE	-						
/3 \ _ 3 \ . !					1 0 ' '			
(b) Relationship Between I	nteres	ted Per	son	an	d Organizat	lon:		
Family member of Thomas Do	yle, V	ice Pre	side	ent				
	·····						_	
								
		···						

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

90, Part IV, lines 29 or 30.

▶ Attach to Form 990.

2012 Open to Public

OMB No 1545-0047

Name of the organization

E3 Partners Ministry

Employer identification number 16-1680978

Pa	rt Types of Property					
					(d Method of d noncash contrib	etermining
4	A.A. Mardin of out	ļ	items contributed	Form 990, Part VIII line 1g		
1	Art Works of art				<u> </u>	
2	Art Historical treasures		 			
3	Art - Fractional interests	-	The South of the State of the same		,	
4	Books and publications					
5	Clothing and household goods	 	white he to be to the			
6	Cars and other vehicles	ļ			<u> </u>	
7	Boats and planes					
8	Intellectual property	<u> </u>	1	3,922.	EMOZ Cimilar	- 3 C-
9	Securities - Publicly traded		<u> </u>	3,944.	FMV-Similar	Asset Sa
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous		 			
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate Residential		<u> </u>			
16	Real estate · Commercial					<u>.</u> .
17	Real estate · Other					
18	Collectibles					
19	Food inventory	x	ļ	EO 313	EMT Cimila	. 3 b - C-
20	Drugs and medical supplies	^	2	59,313.	FMV-Simila:	Asset Sa
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					
28	Other (L				
29	Number of Forms 8283 received by the organi					•
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29		0
						Yes No
30a	During the year, did the organization receive b					高麗意思
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exem	npt purposes for	
	the entire holding period?					30a X
	If "Yes," describe the arrangement in Part II					冷然 基础软件
31	Does the organization have a gift acceptance					31 X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash		
	contributions?					32a X
	If "Yes," describe in Part II					
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,	
	describe in Part II					[李] [[李] [[李]] [[\phi]] [[

Schedule M (Form 990) (2012) E3 Partners Ministry		Page 2
Supplemental Information. Complete this part to provide the information required by Part I the organization is reporting in Part I, column (b), the number of contributions, the number of items Also complete this part for any additional information	, lines 30b, 32b, and 33, and w received, or a combination of b	hether ooth
Schedule M, Part I, Column (b): The number of donations	listed on	
Schedule M Part I are the number of donations received,	not the number	
of items donated.		
		
	 	

SCHEDULE O (Form 990 or 990-EZ)

, et ...

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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

E3 Partners Ministry

Employer identification number 16-1680978

Form 990, Part VI, Section B, line 11: The Form 990 is prepared by an independent CPA firm and is reviewed by the CFO. A copy is distributed to the board members before the return is filed with the IRS.

Form 990, Part VI, Section B, Line 12c: The board of directors and officers fill out a related party questionnaire every year. The conflict of interest policy requires that the conflicts are disclosed by providing a written description of the facts compromising the real or apparent conflict of interest to the CEO or other person as designated by the CEO. A person that believes he might have a real or apparent conflict must abstain from participating in discussions with respect to the subject of the conflict, using his personal influence to affect deliberations, making motions, voting, executing agreements, or taking similar actions on behalf of the organization.

Form 990, Part VI, Section B, Line 15: The board of directors sets compensation for the officers, including the President. The board has elected a compensation committee made up of independent board members and the Director of Staff Development to do an annual comparative review and recommend the compensation structure. This process takes place annually for all officers and the process is documented in the board and committee minutes.

Form 990, Part VI, Section C, Line 19: The organization makes its

governing documents, conflict of interest policy, and financial statements

available to the public upon written request. The financial statemeths and

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization E3 Partners Ministry	Employer identification number 16-1680978
Form .990 are also available on the ECFA website.	•
Form 990 Part XII, Line 2	
Explanation for Audited Financial Statements	
E3 Partners Ministry changed its year-end from December 3	1st to March
31st as of March 31, 2013. Based on this decision the E3	Partners
Ministry received audited financial statements for the 15	month period
ended March 31, 2013.	
	<u> </u>
	<u> </u>

Form **8868**

(Rev January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

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

OMB No 1545 1709

Form 8868 (Rev 1-2013)

ightharpoons

If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form)					
Do not d	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 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	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	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers	Associated With Ce	rtain			
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	n the elec	etronic filing of this	iom,			
visit www	v irs gov/efile and click on e-file for Charities & Nonprofits								
:Pârt ⁱ	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	ded)					
A corpor	ation required to file Form 990 T and requesting an autor	natic 6-mo	onth extension - check this box and o	omplete					
Part I on	ly				•	. 🔲			
	corporations (including 1120-C filers), partnerships, REM come tax returns	ICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time				
Type or	Type or Name of exempt organization or other filer, see instructions Employer identification								
print	E3 Partners Ministry				16-168097	78			
File by the due date to filing your	Number, street, and room or suite no If a PO box, so 2001 W. Plano Pkwy.	ee instruc	tions	Social se	cunty number (SSN	N)			
instructions		oreign add	ress, see instructions						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applicat	IOD	Return	Application			Return			
Is For		Code	Is For		Code				
	O or Form 990-EZ	01	Form 990-T (corporation)		07				
Form 99		02		Form 1041-A					
	·····	03	Form 4720			08			
	20 (individual)	03	Form 5227			10			
Form 99					+				
	O-T (sec 401(a) or 408(a) trust)	05 06	Form 6069			11			
<u>rom 99</u>	O-T (trust other than above) The Organization	06	Form 8870			12			
	ooks are in the care of 2001 W. Plano I		- Dlane my 75075						
		. Kwy.							
	hone No ► 214-440-1101		FAX No 🕨						
	organization does not have an office or place of business		•		. •				
	is for a Group Return, enter the organization's four digit (Y			= ::				
box >			ch a list with the names and EINs of		ers the extension is	tor			
1 Ire	equest an automatic 3-month (6 months for a corporation November 15, 2013, to file the exempt	•	·		The extension				
18	for the organization's return for	. Organiza	non rotaliti for the organization hame	d abovo	THE EXIGNOISH				
	calendar year or								
	X tax year beginning JAN 1, 2013	an	dending MAR 31, 2013						
	tax your boginning	' ""	d chang		_				
	2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return X Change in accounting period								
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any						
	nrefundable credits. See instructions	, •		3a	\$	0.			
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		-				
	timated tax payments made include any prior year overp	-		3b	\$	0.			
	lance due. Subtract line 3b from line 3a Include your pa		·						
	using EFTPS (Electronic Federal Tax Payment System)	-	·	3с	\$	0.			
	. If you are going to make an electronic fund withdrawal v			rm 8879-	EO for payment ins				

Form 8868 (Rev 1-2013)				Page 2				
• If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check the	s box	X				
Note. Only complete Part II if you have already been granted a	an automatic	3-month extension on a previously f	iled Form 8868					
 If you are filing for an Automatic 3-Month Extension, com 	plete only Pa	art I (on page 1)						
Partill Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no copies needed)					
		Enter filer's	identifying number, see in	structions				
Type or Name of exempt organization or other filer, see ins	tructions		Employer identification num	ber (EIN) or				
print								
File by the E3 Partners Ministry			16-16809	78				
due date for Number, street, and room or suite no. If a P.O. box	c, see instruc	tions	Social security number (SSI	N)				
filing your return See 2001 W. Plano Pkwy.								
City, town or post office, state, and ZIP code For	a foreign add	fress, see instructions						
Plano, TX 75075								
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)		0 1				
Application	Return	Application		Return				
Is For	Code	Is For		Code				
Form 990 or Form 990-EZ	01	THE PROPERTY OF THE PARTY OF TH	· 公司的证据是基础的"会"是是第一个	4 6 6 3 6 1 2 d				
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				
STOP! Do not complete Part II if you were not already gran		^	riously filed Form 8868.					
The Organizat								
• The books are in the care of ▶ 2001 W. Plano		- Plano, TX 75075						
Telephone No ► 214-440-1101		FAX No ▶						
If the organization does not have an office or place of busin	Jess in the Ur							
If this is for a Group Return, enter the organization's four dig		•	f this is for the whole group	check this				
box ► If it is for part of the group, check this box ►		ach a list with the names and EINs o						
4 I request an additional 3-month extension of time until		ary 15, 2014	all moniporo trio oxtono.	 				
5 For calendar year, or other tax year beginning			g MAR 31, 2013					
6 If the tax year entered in line 5 is for less than 12 months			Final return					
X Change in accounting period	o, onook road		· marretam					
7 State in detail why you need the extension								
ADDITIONAL TIME IS NEEDED TO	GATHE	R AND ANALYZE ACCO	UNTING DATA TO					
PREPARE AN ACCURATE RETURN.								
8a If this application is for Form 990-BL, 990-PF, 990 T, 472	0 or 6069 e	nter the tentative tay less any						
nonrefundable credits. See instructions	O, OI 0000, C	and the terrative tax, less any	8a \$	0.				
b If this application is for Form 990-PF, 990-T, 4720, or 606	SQ enter any	refundable credits and estimated	225					
tax payments made Include any prior year overpayment			7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
previously with Form 8868	allowed as a	a credit and any amount paid	8b \$	0.				
EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$ 0.								
		st be completed for Part II o						
Under penalties of perjury, I declare that I have examined this form, inc				holiof				
it is true, correct, and complete, and that I am authorized to prepare thi		ranying someonies and statements, and to	and best of my knowledge and i	P01161 ₁				
A		PARTNER	Date > 10/22/13					
Signature A MARCY C. //Th 11ttle P	- CLA,	T 527 T TATEL	Date - 10/22/13					