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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 Open to Public

Inspection

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. A For the 2012 calendar year, or tax year beginning APR 1, 2012 and ending MAR 31,

В	applicable	e   C Name of organization		D Employer identifica	ation number
· r	Addre	SS CUDICUIAN LIER MINICUPATRO			
F	chang Name chang			46-03	66395
F	Initial		Room/suite	E Telephone number	00373
Ē	Termi		noom/suite	(605)	348-3279
Ē	Amen			G Gross receipts \$	729,624.
Ē	Applic			H(a) Is this a group ret	
	pendi	F Name and address of principal officer:WILLIAM EWING		for affiliates?	Yes X No
		22865 FOREST RD, RAPID CITY, SD 57702		H(b) Are all affiliates inclu	
T	Tax-ex	empt status: X 501(c)(3)	or 527	1 ' '	st. (see instructions)
J	Websi	te: WWW.CLMRC.NET		H(c) Group exemption	
K	Form of	organization: X Corporation	L Year	of formation: 1980 M	
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$			
Activities & Governance		MINISTRIES IS TO 1) TO COUNSEL BELIEVERS			
Ē	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>
$\mathcal{V}_{\mathcal{A}}^{\omega}$	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	74 E	5	18
Zž	6	Total number of volunteers (estimate if necessary)	Ĩ	6	0
Z¦S V	7 a	Total unrelated business revenue from Part VIII, column (Chline 12: V	Ä	7a	0.
<b>;</b>	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		0.
		1001 1116 1 15		Prior Year	Current Year
	8		<b>⊢</b> ∦ ℓ	537,869.	593,346.
2.e	9	Program service revenue (Part VIII, line 2g)	<b>1</b>	69,934.	70,663.
<b>S</b> .	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) (C) EN, UT Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e)		605.	2,911.
	1		<u> </u>	62,092.	37,924.
2014	$\neg$	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		670,500.	704,844.
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	7,812.	14,911.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	585,525.	561,178.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
Expenses	l loa	Total fundraising expenses (Part IX, column (D), line 25)	a2. H	0.	<u> </u>
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	81,865.	88,905.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		675,202.	664,994.
		Revenue less expenses. Subtract line 18 from line 12		-4,702.	39,850.
50		Toveride 1655 experises. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
sign	<b>₹</b>	Total assets (Part X. line 16)	<u> </u>	413,807.	622,402.
ASS	21	Total liabilities (Part X, line 26)		256.	702.
Net As	22	Net assets or fund balances. Subtract line 21 from line 20		413,551.	621,700.
	art II	Signature Block		<u> </u>	
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	gn	Signature of officer		Date	
He	re	WILLIAM EWING, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa		KEVIN R. EGGEBRAATEN, CPA	1	2/17/13 of self-employed	P00044268
	parer	Firm's name CASEY PETERSON & ASSOC		Firm's EIN	46-0403496
Us	e Only	Firm's address 909 ST JOSEPH ST SUITE 101			
		RAPID CITY, SD 57701		Phone no. (6	05)348-1930
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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

Form **990** (2012)

232002 12-10-12

Form 990 (2012)

Form 990 (2012) CHRISTIAN LI 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?	<u> </u>	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	<del></del>	
	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			<del>                                     </del>
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV			х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	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, VIII, IX, or X	-10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X_	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
•	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	445		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	,_		v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	46		Y
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		_ <u>X</u> _
••	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		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	I	
		Form	990 (	2012)

Part IV Checklist of Required Schedules (continued)

				· -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		ا ا	
	United States on Part IX, column (A), line 1? 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,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
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			х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
Ŭ	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	-	
	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		х
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			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			v
04	contributions? If "Yes," complete Schedule M	30		_ X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		4
32	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	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		X
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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
		Form	990 (	(2012)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 18 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За 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)? Х 4a b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a. Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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

	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	9			1
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	9		İ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
	officer, director, trustee, or key employee?		,	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			з		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	is filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noont	one or			
	more members of the governing body?			7a	ľ	х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders. or			
	persons other than the governing body?		- · · · · · · · · · · · · · · · · · · ·	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r bv th	e followina:	<u> </u>		
а	The governing body?	•	Ū	8a	х	1
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," de	escribe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	X	
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 approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	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).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			1
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		<u> </u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	ın Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, an	d finar	ncial	
	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 are	nd rec	ords of the organiza	tion: 🕨	<b>-</b>	
	KRISTEN WOOD - 605-341-5305					
	P O BOX 9272, RAPID CITY, SD, RAPID CITY, SD 5770	9 – 9	272			

### 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.

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unle cer an	ss pe d a d	irecto	or/trus	tee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below Irne)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JESSE EWING	0.30					1		0	•	•
VICE PRESIDENT	40.00	X	$\vdash$	H	<u> </u>	<u> </u>	Ш	0.	0.	0
(2) WILLIAM EWING CEO	40.00	$ \mathbf{x} $		x				53,992.	0.	26,000
(3) DAVID SHUPE	0.30	┢	<u> </u>	₽		├		33,332.	<u> </u>	20,000
SECRETARY	0.30	x						0.	0.	0
(4) JAMES MORTIMER	0.30	<del> </del>		$\vdash$		┢	Н			
MEMBER		X						0.	0.	0
(5) DANIEL HAGGERTY	0.30									_
PRESIDENT		X						0.	0.	0
(6) STEVE BALSLEY	0.30									
MEMBER		X	L		L.		<u> </u>	0.	0.	0
(7) KENNY HARRISON	0.30	┨								_
TREASURER		X	_	<u> </u>	<u> </u>	<u> </u>	lacksquare	0.	0.	0
(8) TERRI HAGGERTY MEMBER	0.30	x						0.	0.	0
(9) JAN LIEDTKE	0.30									
MEMBER		X						0.	0.	0
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		十	$\vdash$			<del>                                     </del>				<u> </u>
	-	╀	├		$\vdash$	$\vdash$	-			
		4	I	1	l	1	l			

Section A. Officers, Directors, Trus		PIOY	ees,			gne	31 U	ompensated Employe				
(A) Name and title	(B) Average hours per		not ch		rtion more	than		(D) Reportable	(E) Reportable		Estin	F) nated
	week (list any	offic				is bot or/trus		compensation from	from related		oth	unt of ner
	hours for related	Individual trustee or director	e e			ated		the organization	organization (W-2/1099-MIS		from	nsation the
	organizations	l trustee	nal trust		oyee	ошрепя		(W-2/1099-MISC)			-	ızatıon elated
	below line)	Individua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations
		П					_				-	
		H						_				
·····		$\vdash$										
		Ш										
1.5.5.5.5												
		П										
		П										
<del>-</del>		Н										-
1b Sub-total						▶	<u> </u>	53,992.	<u>.</u>	0.	26	,000.
c Total from continuation sheets to Part V	II, Section A							53,992.		0.	26	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but in	not limited to th	ose	liste	d al	bov	e) wl	no re		,000 of reportab		20	_
compensation from the organization							-				TY.	0 es No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•		e, ke	у ег	nplo	yee	, or	highest compensated e	mployee on		3	х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•		-					•	the organization		4	x
5 Did any person listed on line 1a receive or	accrue compe	nsati	on f	rom	any	unr			idual for services			х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scheaui	e J t	or su	icn	pers	son		•			5	
Complete this table for your five highest countries the organization. Report compensation for										npens	ation froi	m
(A) Name and business			ONE					(B) Description of s		0	(C)	ation
Traine and business		140	7141					2000 piloti di			Оттролю	
							$\dashv$					<u>.</u>
							_			<del></del>		
							_					
Total number of independent contractors     \$100,000 of compensation from the organ		ot lu	mıte	d to		se li 0	stec	d above) who received n	nore than			
Too, ooo of compensation from the organ					_						Form QC	0 (2012)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 593,346 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 593,346 h Total. Add lines 1a-1f **Business Code** 624100 63,716. 63,716. COUNSELING Program Service Revenue 624100 6,947. 6,947. CLASS INCOME f All other program service revenue 70,663. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,224 2,224. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Secunties 5,163. assets other than inventory b Less: cost or other basis 4,476 and sales expenses 687 c Gain or (loss) 687. 687. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 42,330 Part IV. line 18 8,060 b Less: direct expenses 34,270. 34,270. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 13,105 and allowances 12,244. b Less: cost of goods sold 861. 861 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 2,793. 2,793 MISCELLANEOUS INCOME 900099 d All other revenue 2,793. Total. Add lines 11a-11d

36,494.

Total revenue. See instructions.

704,844.

75,004

Form 990 (2012) CHRISTIAN LIF
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se to any question in th	ıs Part IX	<b>/3</b> \	
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and	11 077	11,877.		
_	organizations in the United States. See Part IV, line 21	11,877.	11,0//•		
2	Grants and other assistance to individuals in	3,034.	3,034.		
•	the United States. See Part IV, line 22	3,034.	3,034.		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	· • • • • • • • • • • • • • • • • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	86,337.	51,802.	34,535.	
6	Compensation not included above, to disqualified	00/33/1	31,0020	31,3331	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	449,292.	449,292.		
8	Pension plan accruals and contributions (include				<del></del>
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,333.	2,333.		
10	Payroll taxes	23,216.	21,359.	1,857.	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):			_,	
	Management	:			
ь	Legal				
	Accounting	742.		742.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	396.	396.		
13	Office expenses	21,537.	20,245.		1,292.
14	Information technology				
15	Royalties				
16	Occupancy	12,708.	12,708.		
17	Travel	4,219.		4,219.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,490.	1,490.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,690.	8,690.		
23	Insurance	23,991.	23,991.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OUTSIDE SERVICES	13,555.	13,555.		
b	TAXES- SALES & USE	687.	687.		· · · · · · · · · · · · · · · · · · ·
c	BANK CHARGES	615.	615.		
d	MISCELLANEOUS EXPENSE	275.	275.		
	All other expenses			1	
25	Total functional expenses. Add lines 1 through 24e	664,994.	622,349.	41,353.	1,292.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

46-0366395 Page 11 **Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 290,103. 73,107. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 -30 -575. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 Notes and loans receivable, net 7 Inventones for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 313,879. basis. Complete Part VI of Schedule D 10a 208,829. 113,412. 105,050. b Less: accumulated depreciation 10b 10c Investments · publicly traded securities 11 12 Investments - other securties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 227,318. 227,824. 15 Other assets. See Part IV, line 11 15 413,807. 622,402. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 256. 702. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D <u>256.</u> 702. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27

> 622,402. Form 990 (2012)

621,700.

621,700.

0.

28

29

30

31

32

34

0

0.

413,551.

413,551.

413,807.

29

30

31

32

33

Temporanly restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

Form	1990 (2012) CHRISTIAN LIFE MINISTRIES	46-	0366395	Pag	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>44.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			94.			
3	Revenue less expenses. Subtract line 2 from line 1	3			50. 51.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6		_				
7	Investment expenses	7						
8	Prior period adjustments	8	168	<u>3,3</u>	00.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>-1.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	621	<u>L,7</u>	00.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
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 reviewed	d on a			l			
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis				l			
þ	Were the organization's financial statements audited by an independent accountant?		2b		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	.		ı			
	consolidated basis, or both:				l			
	Separate basis Consolidated basis Both consolidated and separate basis							
С		ie audit,						
review, or compilation of its financial statements and selection of an independent accountant?								
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired aud	1 1					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (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 t	the organizati		AN LIFE MINI	STRIE	!S			E		identificati 6-0366		mber
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.		0 0300	333	
			because it is: (For lines 1					ructions.				
1			s, or association of church	_		-						
2			'0(b)(1)(A)(ii). (Attach Sc				(-)(-)(-)					
з 🗀			tal service organization (			170(b)(1)	(A)(iii).					
4	=	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	l's nam	e.
	city, and stat	=	•		•							,
5 🗀	_		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ped in		
		( <b>b)(1)(A)(iv).</b> (Comple 	•			4=00.74						
<u>•</u> ⊢			ent or governmental unit									
7 📖	_	•	eives a substantial part	or its supp	ort from a	governme	entai unit d	r from the	generai	public desc	nbed II	n
• 🗀		<b>b)(1)(A)(vi).</b> (Comple		· · · · · · · · · · · · · · · · · · ·	D- 4 II)							
8 <u> </u>			section 170(b)(1)(A)(vi).			<b>_</b>						
9 142	-	•	eives: (1) more than 33 1		• •				•	•	•	
		•	nctions - subject to certa	•	•	•				•		
		509(a)(2). (Complete	axable income (less sect	lion o i i ta	ix) iroili bu	511165565	acquired b	y trie orga	mzation	arter June 3	30, 197	э.
10 🗀			e rait iii.) Derated exclusively to te	et for publ	ic cafety 9	Soo soctio	n 500/a)//	1)				
11 🗔	•	-	perated exclusively to te	•	•			•	y out the	numacac (	of one	or
	_		ations described in section		-				•			JI .
			organization and comple		•		.,. 000 <b>00</b> 0	,,,,,,,	u,( <b>0</b> ). 0	OOK the Box	tilat	
	a Type I	· · · · · · · · · · · · · · · · · · ·			nctionally		c	I 🗀 TVD	e III - No	n-functional	lv intec	rated
е 🗀	• •		at the organization is not	•	•	•					-	
	•	•	han one or more publicly		-	-	-		•	•		
f	If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			,,,,	
	supporting of	rganization, check th	nis box									
9	Since August	17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (	III) below	, <u> </u>	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A famıly	member of a person	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the d	organization	(v) Did voi	u notify the	(vi) Is	the	(vii) Amoun	t of mor	notan/
	anization	(, 2			sted in your		ion in col.	organizáti (i) organiz	on in col. ed in the	1 ' '	port	iotai y
J			above or IRC section	governing	document?	(i) of you	r support?	\``,'	.?		•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
									<u> </u>			
	·											
												_
Total												
			i .	4								

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) 2	2012

Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						.,,
	membership fees received. (Do not						
	include any "unusual grants.")				1		
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						
	the organization without charge						
4	Total. Add lines 1 through 3					<u> </u>	<del></del>
	The portion of total contributions				··		
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				-		
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(0) 2000	(5) 2000	(0) 2010	(4) 2011	(0) 2012	(i) Total
8	Gross income from interest,		-		-		
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		_	<del> </del>			<del></del>
,	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc /see instructi	one)	I.	L	12	<del></del>
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av vear as a sectio		
	organization, check this box and stop		3 m3t, 3000ma, tm	ra, roartii, or illar t	ax year as a seem	311 30 T(C)(O)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage			· · ·	
14	Public support percentage for 2012 (I	ine 6, column (f) d	vided by line 11.	column (f))		14	%
	Public support percentage from 2011		-	( //		15	%
	33 1/3% support test - 2012. If the c			on line 13, and line	14 is 33 1/3% or i	more, check this bo	
	stop here. The organization qualifies	=					ightharpoons
b	33 1/3% support test - 2011. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			ightharpoons
17a	10% -facts-and-circumstances tes		•		e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"					. 3	
ь	10% -facts-and-circumstances tes	•	•		•	17a, and line 15 is	10% or
-	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				s 🕨

# Schedule A (Form 990 or 990-EZ) 2012 CHRISTIAN LIFE MINISTRIES 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

Sec	ction A. Public Support	elow, please comp	piete Part II.)				<del></del>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	476,512.		497,025.	537,869.		2628474.
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	212,505.		-	74,035.	126,098.	734,285.
3	Gross receipts from activities that are not an unrelated trade or business under section 513				48,456.		48,456.
4	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	689,017.	740,843.	601,551.	660,360.	719,444.	3411215.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	109,733.	111,300.	17,150.	56,738.	27,968.	322,889.
C	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				104,333.	124,820.	229,153.
	Add lines 7a and 7b	109,733.	111,300.	17,150.	161,071.	152,788.	552,042.
Sec	Public support (Subtract line 7c from line 6 ) ction B. Total Support						2859173.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010 601,551.	(d) 2011	(e) 2012	(f) Total 3411215.
	Amounts from line 6	689,017.	740,843.	601,551.	660,360.	719,444.	3411215.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,227.	1,032.	1,041.	605.	7,387.	29,292.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	19,227.	1,032.	1,041.	605.	7,387.	29,292.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)	208. 708,452.	67. 741,942.	117. 602,709.	9,535. 670,500.	2,793. 729,624.	12,720. 3453227.
	First five years. If the Form 990 is for					<u> </u>	
	check this box and stop here		<u> </u>	· · · · · · · · · · · · · · · · · · ·			<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (I	ine 8, column (f) d	ivided by line 13, c	column (f))		15	82.80 %
16	Public support percentage from 2011					16	77.22 %
Sec	ction D. Computation of Inves						
17	, ,	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	.85 %
18	Investment income percentage from 2		·	on line 4.4 1.1	.45	18	.68 %
198	33 1/3% support tests - 2012. If the						7 is not ►X
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	-
20	line 18 is not more than 33 1/3%, che			•		•	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

CHRISTIAN LIEF MINISTRE

Employer identification number

	CHRISTIAN LIFE MIN		46-0366395
Paı	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rnng
	impermissible private benefit?		Yes
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historical	lly important land area
	Protection of natural habitat	Preservation of a certified h	istoric 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 co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organ	nization during the tax
	year >	, 5 ,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during t	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the ye	ear > \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(II)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	ganization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	·	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain.	
	the following amounts required to be reported under SFAS 1	•	•
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
	• • • • • • • • • •		· · · ————

Sche		AN LIFE MI		_						Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Historic	al Tre	asures, c	r Othe	r Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the fo	ollowing that	t are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c	i 🖳 Loan	or excha	ange progra	ms				
b	Scholarly research	•	e 🔲 Othei	·						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how they fເ	rther the	e organizatio	on's exen	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, historic	al treasi	ures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organizati	on's coll	lection?				Ye <u>s</u>	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the orga	nızation	answered "	Yes" to F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	is the organization an agent, trustee, custod	an or other interme	diary for contr	ributions	or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d_			
е	Distributions during the year						1e_			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	∟ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	f the organization ai	nswered "Yes	" to For	n 990, Part	IV, line 10	0.			
		(a) Current year	(b) Prior y	ear	(c) Two year	s back 🛭 (	d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance								<u> </u>	
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				_					
	and programs									
f	Administrative expenses		·							
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g, co	lumn (a)	) held as:					_
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are	held an	d administe	red for th	ne organiz	zation		
	by:								`	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	s listed as required	on Schedule f	₹?					3b	
_4_	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X, line	10.						
-	Description of property	(a) Cost or o	other (I	) Cost o	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (invest	ment)	basis (c		dep	reciation			
1a	Land				,999.		-			,999.
b	Buildings			197	7,338.	<u>1</u>	25,6	82.	71	,656.
c	Leasehold improvements	<u> </u>								
d	Equipment									
<u>e</u>	Other			86	5,542.	_	83,1	47.		,395.
T-4-	Add lines to through to (Column (d) must e	aud Form 000 Don	V salumn /D	1 /100 10	1/01 1			<b>I</b>	1 / 1	050.

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 CHRISTIAN LIFE MINISTRIES		46-	0366395	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per P	letur	n	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	1		
С	Recovenes of prior year grants	2c	1		
d	Other (Describe in Part XIII.)	2d	1		
е	Add lines 2a through 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				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1		
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	ırn	
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	1		
С	Other losses	2c	1	İ	
d	Other (Describe in Part XIII.)	2d	1	ĺ	
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1		
c	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
	t XIII Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a and 4: Part IV lines 1	h and	2h Part V line	4 Part
	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to			25,1 at v, me	7, 1 all
		provide any additional informati			
				_	
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		<del></del>	Sche	dule D (Form 9	90) 2012

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization  CHRISTI	AN LIFE MINISTRIES	5				Employer ide	ntification number 395
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicitations of Solicitations Special Special Special Part VII) or entity in connection with policitations or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						-	
					_		
		<u> </u>					
Total	<u> </u>	•	_				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
				•			
			_				
	<del></del>				-		
						<del></del>	
				<u>_</u>			

Schedule G (Form 990 or 990-EZ) 2012

\_\_ Yes

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2012 CHRISTIAN LIFE MINISTRIES	46-0366395 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity f	ormed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reverse	enue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	d the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	<del> </del>
Address	
16 Gaming manager information:	
Name	<del></del>
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u></u>
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year  \$\bigseleft\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- Oh - ohuman (ri) and (r) and Doubli
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any add	
miles o, as, 105, 106, 106, 10, and 176, as applicable. Also complete this part to provide any acc	internal information (See Instructions).
	·····

Schedule G (Form 990 or 990-EZ) 2012

Employer identification number 46-0366395 OF COUNSELING, EDUCATING, ACHEIVING THEIR PURPOSE Open to Public DRGANIZATION IN FURTHER OMB No 1545-0047 (h) Purpose of grant or assistance , , 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 TO ASSIST THE 1 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, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o. (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. ▼ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 11,877 cash grant (c) IRC section if applicable CHRISTIAN LIFE MINISTRIES 45-5432350 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government RAPID CITY, SD 57709 Name of the organization KNOW THE COVERING Department of the Treasury Internal Revenue Service PO BOX 9749 SCHEDULE (Form 990) Part I

% ⊠

2012

Inspection

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2012)

# COPY-DO NOT PROCESS

Page 2

Schedule I (Form 990) (2012)
Part III | Grants and Othe

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

(a) Tune of areast or accietance	(h) Alumbor of	(a) Amount of	(d) Amorine of non	(h) Nimbox of 100 Amount of 100 Amount of non	(4) December 1

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	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	de the informatior	required in Part I, I	ine 2, Part III, columr	ı (b), and any other addıtional infe	ormation

NAME OF ORGANIZATION OR GOVERNMENT: KNOW THE COVERING COLUMN (H): PART II, LINE 1,

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE ORGANIZATION IN

FURTHER ACHEIVING THEIR PURPOSE OF COUNSELING, EDUCATING, AND TRAINING

MEN THROUGH THE DEVELOPMENT OF BOOKS AND LEADERSHIP MATERIALS.

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Schedule I (Form 990) (2012)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CHRISTIAN LIFE MINISTRIES

Employer identification number 46-0366395

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPIRITUAL AND MENTAL HEALING, 2) TO BRING NON-BELIEVERS THE GOOD NEWS
OF THE GOSPEL OF GRACE, 3) TO EDUCATE OTHERS ON HOW TO COUNSEL THROUGH
THE WORD OF GOD, AND 4) TO PROVIDE SEMINARS AND CONFERENCES TO ENHANCE
CHRISTIAN LIVING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN NEED OF SPIRITUAL AND MENTAL HEALING. TO BRING NON-BELIEVERS THE
GOOD NEWS OF THE GOSPEL OF GRACE. TO EDUCATE OTHERS ON HOW TO COUNSEL
THROUGH THE WORD OF GOD. TO PROVIDE SEMINARS AND CONFERENCES TO
ENHANCE CHRISTIAN LIVING.
FORM 990, PART VI, SECTION A, LINE 2: TWO BOARD MEMBERS, BILL EWING AND
JESSE EWING, ARE FATHER AND SON. THEY DO NOT HAVE ANY OTHER BUSINESS
OUTSIDE OF CHRISTIAN LIFE MINISTRIES.
FORM 990, PART VI, SECTION B, LINE 11: ALL MEMBERS OF THE BOARD ARE MADE
AWARE OF THE FORM 990 AND IT IS MADE AVAILABLE FOR THEIR REVIEW.
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 REQUEST AT THEIR OFFICE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -1.