



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





**Part 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

**Direct various programs and services designed to provide shelter, food, clothing and various other types of assistance for the needy, and include Soup Kitchen, Overnight Shelter, Clothing Center, Crisis Assistance, etc.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a (Code: ) (Expenses \$ 1,920,651 including grants of \$ 1,724,528 ) (Revenue \$ )**  
**Crisis Assistance Network (CAN) provides financial help, groceries, and clothing to individuals in need. Crisis Intervention Program (CIP) is a government program, Low-income Home Energy Assistance, CFDA 93.568, that assists with heating and cooling disbursements of vouchers. During the year ended 6/30/13, RHM CAN and CIP assisted 11,927 individuals, and RHM distributed 511,203 pounds of groceries to 10,831 families that impacted 23,481 individuals.**

**4b (Code: ) (Expenses \$ 586,545 including grants of \$ 461,471 ) (Revenue \$ )**  
**Soup Kitchen for needy. During the year ended 6/30/13, 95,243 prepared meals were served in the Soup Kitchen and the Shelter.**

**4c (Code: ) (Expenses \$ 483,705 including grants of \$ 168,360 ) (Revenue \$ )**  
**Overnight Shelter for homeless individuals. During the year ended 6/30/11, RHM provided 22,009 overnights to 623 different men, women and children. New Tomorrows had 68 participants.**

**4d Other program services (Describe in Schedule O)**

(Expenses \$ 707,191 including grants of \$ )

546 ) (Revenue \$ )

**4e Total program service expenses ► 3,698,092**

## 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 <input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
4	<b>Section 501(c)(3) organizations.</b> 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
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.		
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 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

## 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 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, 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	23	X
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	X
b	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 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
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
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	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
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?	7c	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	13a	
a	Gross income from members or shareholders	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13c	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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**

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or  
if the governing body delegated broad authority to an executive committee or similar  
committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  
any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct  
supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint  
one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members,  
stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	1a	24	Yes	No
1b	24			
2			X	
3			X	
4			X	
5			X	
6			X	
7a			X	
7b			X	
8a		X		
8b		X		
9			X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  
describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by  
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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 arrangement  
with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  
organization's exempt status with respect to such arrangements?

	10a	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10b												X	
11b		X											
12b			X									X	
12c				X									
13					X								
14						X							
15a							X						
15b								X					
16a										X			
16b													

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

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)  
available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  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 financial 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: ► **Rowan Helping Ministries** **226 N Long St**  
**Salisbury** **NC 28144** **704-637-6838**

**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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or individual trustee	Institutional trustee	Officer	Key employee	Empl oyee	Highest compensated			
(1) Stephen J Drinkard	10.00									
Chair	0.00	X	X					0	0	0
(2) Diane Hundley	10.00									
Vice Chair	0.00	X	X					0	0	0
(3) Maria Lowder	10.00									
Treasurer	0.00	X	X					0	0	0
(4) Darrin Jordan	10.00									
Secretary	0.00	X	X					0	0	0
(5) Chris S Bradshaw	10.00									
Director	0.00	X						0	0	0
(6) Phil Conrad	10.00									
Director	0.00	X						0	0	0
(7) J. R. Dunkley	10.00									
Director	0.00	X						0	0	0
(8) Harold C. Earnhardt	10.00									
Director	0.00	X						0	0	0
(9) N. John Errante	10.00									
Director	0.00	X						0	0	0
(10) Sue Fisher	10.00									
Director	0.00	X						0	0	0
(11) Dr. Don Fortner	10.00									
Director	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) David Jordan Director	10.00 0.00	X					0	0	0
(13) Deborah F. Johnson Director	10.00 0.00	X					0	0	0
(14) Ruth Kennerly Director	10.00 0.00	X					0	0	0
(15) Rodney Kersey Director	10.00 0.00	X					0	0	0
(16) William S. Ketchie Director	10.00 0.00	X					0	0	0
(17) Vergel Lattimore Director	10.00 0.00	X					0	0	0
(18) Rosalind C. Lindsay Director	10.00 0.00	X					0	0	0
(19) William M. Lippard Director	10.00 0.00	X					0	0	0
1b Sub-total									
c Total from continuation sheets to Part VII, Section A							73,628		7,150
d Total (add lines 1b and 1c)							73,628		7,150

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer or director Individual Inslee	Officer Institutional Inslee	Key employee	Highest compensated employee			
(12) Tim Messinger Director	10.00 0.00	X				0	0	0
(13) Owen Norvell Director	10.00 0.00	X				0	0	0
(14) Thomasina Paige Director	10.00 0.00	X				0	0	0
(15) Thomas A. Staats Director	10.00 0.00	X				0	0	0
(16) Jean M. Wurster Director	10.00 0.00	X				0	0	0
(17) Kyna S. Grubb Exec Director	50.00 0.00		X			73,628	0	7,150
(18)								
(19)								
<b>1b Sub-total</b>						<b>73,628</b>		<b>7,150</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								
<b>d Total (add lines 1b and 1c)</b>								

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		5	

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1,129,846 1f 2,774,155 \$ 1,132,597 ► 3,904,001			
Program Service Revenue	2a Eagles Nest b c d e f All other program service revenue g Total. Add lines 2a-2f	Busn Code 158,441 ► 158,441	158,441		
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 10,217 b Less cost or other basis & sales exps c Gain or (loss) 10,217 d Net gain or (loss) ► 10,217 10,217	► 10,682			10,682
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 186,306 b Less direct expenses b c Net income or (loss) from fundraising events ► 186,306 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11a Sales Tax refund b Rounding c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	Busn. Code 186,306 186,306			
		3,643 3 3,646 4,273,293	3,643 3 168,658 0		
					14,328

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	<b>2,354,905</b>	<b>2,354,905</b>		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>73,628</b>		<b>36,814</b>	<b>36,814</b>
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>618,720</b>	<b>532,105</b>	<b>66,507</b>	<b>20,108</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>75,964</b>	<b>38,614</b>	<b>33,931</b>	<b>3,419</b>
10 Payroll taxes	<b>66,053</b>	<b>46,725</b>	<b>12,914</b>	<b>6,414</b>
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	<b>9,750</b>		<b>9,750</b>	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	<b>8,149</b>		<b>8,149</b>	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	<b>37,142</b>	<b>13,781</b>	<b>6,951</b>	<b>16,410</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>71,813</b>	<b>67,471</b>	<b>2,196</b>	<b>2,146</b>
17 Travel	<b>11,965</b>	<b>10,306</b>	<b>1,187</b>	<b>472</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>25,675</b>	<b>23,190</b>	<b>2,485</b>	
23 Insurance	<b>14,658</b>	<b>5,005</b>	<b>9,653</b>	
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)				
a Pledge Shelter Ministries	<b>545,395</b>	<b>545,395</b>		
b Fundraising costs	<b>23,658</b>	<b>623</b>		<b>23,035</b>
c General maintenance	<b>22,296</b>	<b>20,346</b>	<b>1,950</b>	
d Program supplies	<b>21,798</b>	<b>21,009</b>	<b>420</b>	<b>369</b>
e All other expenses	<b>27,144</b>	<b>18,617</b>	<b>6,760</b>	<b>1,767</b>
25 Total functional expenses. Add lines 1 through 24e	<b>4,008,713</b>	<b>3,698,092</b>	<b>199,667</b>	<b>110,954</b>
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	154,160	1	430,065
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,125,023	3	3,026,701
	4 Accounts receivable, net	22,297	4	29,244
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,269	8	14,017
	9 Prepaid expenses and deferred charges		9	1,900
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	387,122		
	b Less accumulated depreciation	256,002	10c	131,120
	11 Investments—publicly traded securities	694,715	11	772,405
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,160,177	16	4,405,452
Liabilities	17 Accounts payable and accrued expenses	69,911	17	81,463
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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	4,125,023	25	3,026,701
	26 Total liabilities. Add lines 17 through 25	4,194,934	26	3,108,164
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	854,992	27	1,031,070
	28 Temporarily restricted net assets	110,251	28	266,218
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	965,243	33	1,297,288
	34 Total liabilities and net assets/fund balances	5,160,177	34	4,405,452

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,273,293
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,008,713
3	Revenue less expenses Subtract line 2 from line 1	3	264,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	965,243
5	Net unrealized gains (losses) on investments	5	67,464
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,297,288

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.	2c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<input checked="" type="checkbox"/>

**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

**Rowan Helping Ministries**Employer identification number  
**56-1544532****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

**h Provide the following information about the supported-organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	
(A)								
(B)								
(C)								
(D)								
(E)								
<b>Total</b>								

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

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

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")	2,383,599	2,445,038	2,538,526	8,323,094	3,904,001	19,594,258
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	2,383,599	2,445,038	2,538,526	8,323,094	3,904,001	19,594,258
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						19,594,258

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,383,599	2,445,038	2,538,526	8,323,094	3,904,001	19,594,258
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,382	12,531	12,649	1,361	10,682	52,605
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )		10,775	28,088	3,835	3,646	46,344
11 <b>Total support.</b> Add lines 7 through 10						19,693,207
12 Gross receipts from related activities, etc (see instructions)					12	344,747
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.50 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.43 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

- 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 business under section 513
- 4 Tax revenues levied for the organization'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 )

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

- 9 Amounts from line 6
- 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
- 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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

- 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))
- 16 Public support percentage from 2011 Schedule A, Part III, line 15

15	%
16	%

**Section D. Computation of Investment Income Percentage**

- 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2011 Schedule A, Part III, line 17

17	%
18	%

- 19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

- b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part II, Line 10 - Other Income Detail**

Other income	\$	42,698
--------------	----	--------

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2012**Open to Public  
Inspection

► 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.

Name of the organization

Employer identification number

**Rowan Helping Ministries****56-1544532****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

## 1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

## 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►  
4 Number of states where property subject to conservation easement is located ►  
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►  
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$  
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?  
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

 Yes  No**Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

## b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$  
b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other

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?  Yes  No

**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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %  
 b Permanent endowment ► %  
 c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Pledges payable - Shelter Ministries</b>	<b>3,026,701</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► **3,026,701**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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	4,471,924
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	67,464
b Donated services and use of facilities	2b	139,316
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d	2e	206,780
3 Subtract line 2e from line 1	3	4,265,144
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,149
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	8,149
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	4,273,293

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	4,139,880
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	139,316
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d	2e	139,316
3 Subtract line 2e from line 1	3	4,000,564
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,149
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b	4c	8,149
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	4,008,713

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.



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

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2012**Open to Public  
Inspection
 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.

Name of the organization

**Rowan Helping Ministries**

Employer identification number

**56-1544532****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 raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>Celebrate Pass</b> (event type)	(b) Event #2 <b>Hope Calendar</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts  <b>81,548</b>	<b>67,175</b>	<b>37,583</b>	<b>186,306</b>
	<b>2</b> Less: Contributions			
	<b>3</b> Gross income (line 1 minus line 2)  <b>81,548</b>	<b>67,175</b>	<b>37,583</b>	<b>186,306</b>
Direct Expenses	<b>4</b> Cash prizes			
	<b>5</b> Noncash prizes			
	<b>6</b> Rent/facility costs			
	<b>7</b> Food and beverages			
	<b>8</b> Entertainment			
	<b>9</b> Other direct expenses			
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)			► ( )
	<b>11</b> Net income summary Combine line 3, column (d), and line 10			► <b>186,306</b>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue			
Direct Expenses	<b>2</b> Cash prizes			
	<b>3</b> Noncash prizes			
	<b>4</b> Rent/facility costs			
	<b>5</b> Other direct expenses			
	<b>6</b> Volunteer labor  <input type="checkbox"/> Yes % <input type="checkbox"/> No	  <input type="checkbox"/> Yes % <input type="checkbox"/> No	  <input type="checkbox"/> Yes % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)			► ( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7			► ( )

**9** Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain:

Yes  No

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

b If "Yes," explain

Yes  No

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 formed 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	13b %

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 revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information.

Name ►

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 retain the state gaming license?  Yes  No

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 ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047

**2012****Open to Public  
 Inspection**

Name of the organization

**Rowan Helping Ministries****Part I General Information on Grants and Assistance**
 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 criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					(f)	(g)		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

DAA

**Schedule I (Form 990) (2012)**

Schedule I (Form 990) (2012) **Rowan Helping Ministries** **56-1544532** **Page 2**  
**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.

(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
<b>1 Clothing</b>	<b>9750</b>		<b>114,970</b>		<b>\$10/person</b>
<b>2 Food donated</b>	<b>23149</b>		<b>380,665</b>	<b>\$1.50/1b</b>	
<b>3 Food donated</b>	<b>95243</b>		<b>383,674</b>	<b>\$1.50/meal</b>	
<b>4 Food purchased</b>				<b>Cost</b>	
<b>5 Food purchased</b>	<b>48958</b>	<b>47,717</b>		<b>Cost</b>	
<b>6 Food purchased</b>				<b>Cost</b>	
<b>7 Food Purchased - Other</b>				<b>Cost</b>	

**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 (Form 990) (2012)****Part III Grants and Other Assistance to Individuals in the United States****56-1544532**

Page 2

**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.

(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
<b>1 Medicine - CAN</b>	<b>690</b>			<b>29,219</b>	<b>Cost</b>
<b>2 Miscellaneous</b>		<b>153</b>		<b>Cost</b>	
<b>3 Miscellaneous</b>	<b>74</b>	<b>546</b>		<b>Cost</b>	
<b>4 Rent assistance</b>	<b>744</b>	<b>91,682</b>		<b>Cost</b>	
<b>5 Utilities assistance</b>	<b>3343</b>		<b>244,001</b>	<b>Cost</b>	
<b>6 Utilities assistance, CIP</b>	<b>6173</b>		<b>758,823</b>	<b>Cost</b>	
<b>7 Water</b>	<b>873</b>	<b>62,925</b>		<b>Cost</b>	

**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.

**56-1544532****Rowan Helping Ministries****Schedule I (Form 990) (2012) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.**

Page 2

**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.

(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
1 USDA Food	4109		42,090	per USDA	
2 USDA Food	2936		30,080	per USDA	
3 USDA Food	16436		168,360	per USDA	
4					
5					
6					
7					

**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 M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2012****Open To Public  
Inspection**

Name of the organization

**Rowan Helping Ministries**Employer identification number  
**56-1544532****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	<input checked="" type="checkbox"/>	2	1,017,627	\$1.66/meal, \$.66/lb Groc
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**
Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

Rowan Helping MinistriesEmployer identification number  
**56-1544532****Form 990, Part III, Line 4d - All Other Accomplishment**

Misc. programs, including Eagles's Nest, transitional housing for single parents; Eagle's Nest II, transitional housing for single individuals; Case Management and Budget Counseling; RHM West serving western Rowan County; etc.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The Executive Committee reviews the Organization's tax return prior to filing for completeness and accuracy.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

The Executive Director and all managers have day to day involvement with all employees, and continually monitor Conflict of Interest Policy.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Executive Committee periodically reviews relevant data and sets salary level. Minutes of deliberations are contemporaneously maintained.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Executive Committee periodically reviews relevant data and sets salary. Minutes of deliberations are contemporaneously maintained.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Upon request.

## Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

Rowan Helping Ministries

Employer identification number

**56-1544532****Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation****Rounding****\$****1**

Form 4562

Department of the Treasury  
Internal Revenue Service

(99)

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2012

Attachment Sequence No 179

Name(s) shown on return

Rowan Helping Ministries

Identifying number  
56-1544532

Business or activity to which this form relates

## Indirect Depreciation

## Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13		

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	25,675

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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

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

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

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

## Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	25,675
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
2	Water fountain	9/25/90	1,135				1,135	7	MO 200DB	1,135	0
4	Shelving	5/01/91	1,633				1,633	7	MO 200DB	1,633	0
6	Sign (lettering)	2/25/91	777				777	7	MO 200DB	777	0
8	Signs (17) outside/inside	4/08/93	1,303				1,303	7	MO 200DB	1,303	0
9	Security camera (3)	7/02/90	2,599				2,599	7	MO 200DB	2,599	0
10	Security camera (1)	4/07/91	1,850				1,850	7	MO 200DB	1,850	0
11	Utility trucks (2)	10/18/91	385				385	7	MO 200DB	385	0
13	VCR & TV	12/12/89	609				609	5	MO 200DB	609	0
22	Work tables 30x72 (12)	12/21/89	800				800	5	MO 200DB	800	0
23	Gas Range	10/09/90	1,449				1,449	7	MO 200DB	1,449	0
24	Stainless 3-sec refrigerator	12/10/90	4,224				4,224	7	MO 200DB	4,224	0
26	Floor Machine	9/30/92	895				895	7	MO 200DB	895	0
27	Typhoon Vacuum/Attachment TS	9/30/92	996				996	7	MO 200DB	996	0
30	Bookcases (6)	12/21/89	450				450	5	MO 200DB	450	0
42	Modular seating units	3/30/95	3,218				3,218	7	MO S/L	3,218	0
43	Table	6/28/96	750				750	7	MO 200DB	750	0
44	Conference room chairs	5/07/97	1,200				1,200	7	MO S/L	1,200	0
45	Disposal	2/15/90	566				566	7	MO 200DB	566	0
46	Modular cube	2/15/90	1,415				1,415	7	MO 200DB	1,415	0
47	Ice bin	2/15/90	445				445	7	MO 200DB	445	0
48	Work table 72x24 cross	2/15/90	438				438	7	MO 200DB	438	0
49	Work table 72x24 shelf	2/15/90	436				436	7	MO 200DB	436	0
50	2 compartment sink	2/15/90	593				593	7	MO 200DB	593	0
53	Kitchen fans 2	8/09/90	802				802	7	MO 200DB	802	0
54	Refrigerator	5/03/96	500				500	7	MO 200DB	500	0
55	Walk-in-freezer	12/31/95	6,184				6,184	20	MO S/L	5,102	309
56	Wiring to freezer	1/02/96	953				953	20	MO S/L	787	48
57	Installation fees - freezer	2/20/96	962				962	20	MO S/L	794	48
61	Furniture and fixtures	11/07/97	9,415				9,415	7	MO 200DB	9,415	0
62	Kitchen building improvements	8/24/99	18,837				18,837	7	MO S/L	18,837	0
63	Dishwasher/sink	8/24/99	7,000				7,000	7	MO S/L	7,000	0
64	Griddles	8/24/99	9,000				9,000	7	MO S/L	9,000	0
65	Front trim kitchen	8/31/99	276				276	7	MO 200DB	276	0
66	Salisbury fire appliance	9/09/99	66				66	7	MO S/L	66	0
68	Telephone system	6/11/01	8,000				8,000	5	MO S/L	8,000	0
69	Cots (50)/ covers (20)	12/13/90	3,230				3,230	7	MO S/L	3,230	0
71	Utility Truck	2/15/90	140				140	7	MO S/L	140	0
73	Window installation	5/11/01	1,956				1,956	7	MO S/L	1,956	0
74	Scales	1/01/01	600				600	7	MO S/L	600	0
75	Fundraising software	1/01/01	6,010				6,010	5	MO S/L	6,010	0
76	Ice Machine	8/30/01	1,842				1,842	7	MO S/L	1,842	0
77	Microsoft software	6/30/02	19,171				19,171	5	MO S/L	19,171	0
79	6 Printers	11/01/02	1,031				1,031	5	MO S/L	1,031	0
82	Office furniture	10/16/03	6,746				6,746	10	MO S/L	5,847	674
83	Carpet	10/16/03	822				822	40	MO S/L	178	21
84	File drawer & bookcase	10/30/03	542				542	10	MO S/L	470	54
85	Copier - Copy Service Supply	9/30/03	4,703				4,703	10	MO S/L	4,115	471
87	Copier	8/05/04	4,395				4,395	10	MO S/L	3,479	440
88	Filing system	7/29/04	16,203				16,203	10	MO S/L	12,827	1,621
90	Dryer	3/24/05	4,641				4,641	10	MO S/L	3,365	464
91	Washing machine	2/17/05	4,041				4,041	10	MO S/L	2,963	405
93	8 Gallon Water Cooler	7/14/05	749				749	7	MO S/L	749	0
94	Kitchen Area Outdoor Unit	11/23/05	2,464				2,464	15	MO S/L	1,081	165
95	Carpet - 6 rooms	8/10/05	1,406				1,406	15	MO S/L	648	94
96	Office Furniture (Desk, chair & filing cabin	10/17/05	1,310				1,310	10	MO S/L	873	131
97	Office Furniture (Desk, chair & filing cabin	8/23/05	8,435				8,435	10	MO S/L	5,764	843
98	Paint - 6 offices	8/10/05	700				700	15	MO S/L	323	46
99	Piano	3/02/06	2,800				2,800	30	MO S/L	591	93
100	Furniture & Fixtures	6/18/07	1,960				1,960	7	MO S/L	1,400	280
101	Furniture & Fixtures	6/28/07	8,353				8,353	7	MO S/L	5,966	1,194
102	Leonard 16' Trailer	9/28/06	4,800				4,800	7	MO S/L	3,943	686
103	Furniture & Fixtures	6/28/07	5,522				5,522	7	MO S/L	3,944	789
104	Refrigerator	11/15/07	3,993				3,993	7	MO S/L	2,662	570
105	Shelter Mailboxes	4/24/08	1,351				1,351	7	MO S/L	804	193
106	Mats	4/17/08	880				880	7	MO S/L	524	126
107	F&M Refurbishments	6/30/08	3,644				3,644	15	MO S/L	972	243
108	F&M Office Furniture	10/18/07	14,927				14,927	7	MO S/L	9,952	2,132
109	F&M TV for Shelter	10/18/07	1,081				1,081	7	MO S/L	720	155

326 NP Rowan Helping Ministries  
56-1544532  
FYE: 6/30/2013

09/05/2013 10:42 AM

**Federal Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
110	Folding Tables & Chairs	2/14/08	2,464				2,464	7	MO S/L	1,555	352
111	Tea Brewers & Dispensers	2/14/08	825				825	7	MO S/L	521	117
112	Warmers	2/21/08	764				764	7	MO S/L	473	109
113	HVAC Beaver Bro	5/08/08	30,000				30,000	15	MO S/L	8,333	2,000
114	2 Heat Pumps dorm area	6/26/09	19,889				19,889	15	MO S/L	3,978	1,326
115	Radiant Floor System	4/22/09	3,750				3,750	15	MO S/L	792	250
116	Light Fixtures Target	1/09/09	2,604				2,604	7	MO S/L	1,302	372
117	Laundry Room renovations	4/29/09	1,404				1,404	39	MO S/L	114	36
118	Downspouts, admin	6/29/09	2,962				2,962	39	MO S/L	228	76
119	4 Dell Vostra 220 computers	6/18/09	2,428				2,428	5	MO S/L	1,457	485
120	McThrift Furniture, Interview	12/17/09	1,035				1,035	7	MO S/L	370	148
121	U-shaped Desk, Josh	12/23/09	559				559	7	MO S/L	200	80
122	Fire Suppression System	2/22/10	1,109				1,109	15	MO S/L	173	74
123	Shelter Cabinets	2/10/10	1,085				1,085	7	MO S/L	375	155
124	Wall for Cabinets, Shelter	9/27/09	875				875	7	MO S/L	344	125
125	Kitchen Ceiling	2/02/10	2,160				2,160	39	MO S/L	134	55
126	Loading Dock Enclosure	3/19/10	6,640				6,640	39	MO S/L	383	170
127	Kitchen Ceiling Insulation	3/08/10	1,050				1,050	39	MO S/L	63	27
128	Lektriever Filing System	5/20/10	12,930				12,930	7	MO S/L	3,848	1,847
129	Dell, 5 Vostra 220, 1 Vostra 420	7/23/09	4,645				4,645	5	MO S/L	2,710	929
130	SCS 4 Security Cameras & DVR	7/30/09	1,771				1,771	7	MO S/L	738	253
131	Chapman Sign	3/25/10	813				813	7	MO S/L	261	116
132	3 DFP-1 16-Key Phones	3/11/10	860				860	5	MO S/L	401	172
133	Heat Pumps, Beaver Bro	5/26/11	21,691				21,691	15	MO S/L	1,567	1,446
134	Fire Alarm Control	12/30/10	2,503				2,503	7	MO S/L	536	358
135	Plumbing Storage Tank	10/29/10	3,310				3,310	15	MO S/L	368	220
136	HP ML350 Server	12/06/10	3,607				3,607	5	MO S/L	1,142	722
137	Reception Wall	12/09/10	1,023				1,023	15	MO S/L	108	68
138	Ice Machine	7/21/10	3,543				3,543	7	MO S/L	970	506
139	Wiring	6/29/12	12,133				12,133	40	MO S/L	0	303
140	Camera Surveillance Network	2/14/13	777				777	7	MO S/L	0	46
141	EN Refrigerator	10/31/12	2,669				2,669	7	MO S/L	0	254
142	Electrical Energy Equipment	4/25/13	1,376				1,376	7	MO S/L	0	33
143	Freezer Fans	8/30/12	1,260				1,260	7	MO S/L	0	150
<b>Total Other Depreciation</b>			<u>387,123</u>				<u>387,123</u>			<u>230,329</u>	<u>25,675</u>
<b>Total ACRS and Other Depreciation</b>			<u>387,123</u>				<u>387,123</u>			<u>230,329</u>	<u>25,675</u>
<b>Grand Totals</b>			<u>387,123</u>				<u>387,123</u>			<u>230,329</u>	<u>25,675</u>
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>387,123</u>				<u>387,123</u>			<u>230,329</u>	<u>25,675</u>