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.... 990-EZ

Short Form Return of Organization Exempt From Income Tax

▶ Do not enter Social Security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2013 calendar year, or tax year beginning January 1 2013, and ending . 20 December 31 C Name of organization D Employer identification number B Check if applicable Address change **Detour Ministries** 27-0464839 Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return **STE 201** 1400 NE 136th Ave 360-9032895 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Vancouver, WA., 98684-0993 H Check ▶ ☑ if the organization is not www.detourministries.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — J 501(c)(3) 501(c) (◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 ☐ Other ☐ Trust ☐ Association L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 129522 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 129522 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 0 o of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract ≪? 6d 0 7a Gross sales of inventory, less returns and allowances . . . 7a 0 MAY Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 0 Other revenue (describe in Schedule O) 8 0 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 a 129522 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . 12 31607 13 Professional fees and other payments to independent contractors 13 53475 14 Occupancy, rent, utilities, and maintenance . 14 0 15 Printing, publications, postage, and shipping 15 0 Other expenses (describe in Schedule O) . ATTACh 中の. 16 16 39091 17 Total expenses. Add lines 10 through 16. 17 124173 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 5349 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 12759 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

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Form	990-EZ (2013) Detour Ministries			21-0	46	Page 2
Pa	rt II Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12759		18657
23	Land and buildings				23 24	
24 25			}	12759		1000
26	Total assets				26	18657 549
27	Net assets or fund balances (line 27 of column	(B) must agree with	h line 21)	12759		18108
	t III Statement of Program Service Accom					
-	Check if the organization used Schedule	•		•	(Rec	Expenses ruired for section
Wha	t is the organization's primary exempt purpose?				501	c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each o	f its three largest o	rogram services.		inizations and section 7(a)(1) trusts; optional
as n	neasured by expenses. In a clear and concise m	nanner, describe the				r(a)(1) trusts, optional others.)
pers	ons benefited, and other relevant information for ea	ach program title.				
28	Establish sustainable outreaches that unite Christian	n denominations and	support Christian m	inistries		
						1
	/O	in all relations and			~ ~	
~	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			28a	67381
29	Community Hub Developement: A unique ministry the Christian Ministries. Startup phase 2013, implement.					
	Crinstian Ministries. Startup phase 2013, implement	auom 2014				
	(Grants \$) If this amount	includes foreign gra	ents, check here	▶ □	29a	56792
30		<u></u>				30.05
		includes foreign gra	ants, check here .	▶ 🗆	30 a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	<u> </u>
	Total program service expenses (add lines 28a				32	124173
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•	nstru	ctions for Part IV)
	Check if the organization used schedule	1	(c) Reportable	(d) Health benefits,	÷	<u></u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ		Estimated amount of other compensation
	••	devoted to position	(if not paid, enter -0-)			uner compensation
Ryar	ı Hurley					· · · · · · · · · · · · · · · · ·
	ident	15			o	0
Case	y Wyckoff					
Vice	President	3)	0	0
Kurt	Stonex					
Trea	surer	4			0	0
<u>Ivan</u>		. _				
<u>Direc</u>		2		<u> </u>	<u> </u>	0
	Hurley				0	0
Direc	dgerly	2		<u>' </u>	-	
Secr		3			0	0
	Visser		<u> </u>		-	<u>~</u>
Direc		2			0	0
		1				
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			1			

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (2013)

44d 45a

45b

Form 99	0-EZ (20	013) Detaur N	linis	atries			2	7-040	54-8	339	7 P	age 4
)			Yes	No
46	Did th	ne organization engage, direc	ctly or in	directly, in political of	campaign activities	on l	behalf of or	in opposit	tion			
Dord V		ndidates for public office? If			, Paπ I	<u>.</u>	· · · ·		<u>· </u>	46		✓
Part \	_	Section 501(c)(3) organized All section 501(c)(3) organized and 51.	nizations	s must answer que				mplete th	e tab	les fo	or line	es _
		Check if the organization u	sed Sch	nedule O to respond	to any question	in th	is Part VI		<u> </u>	• •		
47		he organization engage in lo						during the	tax		Yes	No
48	•	organization a school as des	•		::\2 f "Voo " comple	•	• • • •		•	47		1
		ne organization a scribbi as des							. }	48 49a		√
b	If "Ye	is," was the related organizate olete this table for the organic oyees) who each received me	tion a se zation's	ction 527 organization five highest comper	on?	(othe	 er than offic	ers, direct	ors, ti	49b ruste	es an	d key
	(a)	Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mit	- 11	(d) Health contributions benefit plans, compen	o employee and deferred			d amou pensati	
None									•			-
			i	None		0		0				0
						İ	-					
						-						
												
				· · · · · · · · · · · · · · · · · · ·								
	T -1-1			4400 000	<u> </u>							
51	Comp	number of other employees plete this table for the orgar 000 of compensation from t	nization's	s five highest compe	ensated independe	o ent c	contractors	who each	rece	ived	more	than
	(a)	Name and business address of each	ındepende	ent contractor	(b) Type of	servic	æ	(c)	Compe	ensatio	n	
None												
				··· · ··	None							0

											_	
		*										
				•••••••••••••••••••••••••••••••••••••••								
d	Total	number of other independen	t contrac	ctors each receiving	over \$100.000	. •	<u>_</u>		D			
52	Did th	ne organization complete Sch kempt charitable trusts must	nedule A	? Note. All section 5	01(c)(3) organizatio	ons a	and 4947(a)	٠,	▶ 🕢	Yes		 lo
Under pe true, corr	nalties ect, and	of perjury, I declare that I have exam d complete. Declaration of preparer (ned this re	eturn, including accompany officer) is based on all info	ying schedules and stat ormation of which prepar	emen rer ha	ts, and to the s any knowled	best of my kn	owledg	e and	belief, i	t is
		1 - 1	_//		<u> </u>			3/22	110	\overline{L}		
Sign Here	Signature of officer Date Date											
		Type or print name and title									.	
Paid		Pnnt/Type preparer's name		Preparer's signature		Date)	Check	17	TIN		
Prepa		Firm's name		<u> </u>			·	self-employ	/ed			
Use C	וחי	Firm's name ► Firm's address ►						s EIN ▶ ne no.				
May the	e IRS	discuss this return with the p	reparer	shown above? See i	instructions				<u>→</u> □	Vas		

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Form **990-EZ** (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

w.irs.gov/form990. Inspection

Name of the organization Employer identification number **Detour Ministries** 27-0464839 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated d Type III-Non-functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EiN (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? US2 (see instructions)) No Yes Yes Yes No (A) (B) (C) (D)

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

(E)

Cat No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

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 (a) 2009 Calendar year (or fiscal year beginning in) ▶ **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . levied for the revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than a governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2009 **(b)** 2010 (d) 2012 Calendar year (or fiscal year beginning in) ▶ (c) 2011 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) % 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 % 15 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 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 10%-facts-and-circumstances test - 2012. 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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 De tour Ministries

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

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

Section A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		·				
	received (Do not include any "unusual grants.")	0	27609	43083	52959	129522	253173
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					Ì	
	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	0	27609	42002	52050	120520	050470
	Amounts included on lines 1, 2, and 3	<u> </u>	27009	43083	52959	129522	253173
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified	i					
	persons that exceed the greater of \$5,000					ł	
	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.)	L1					253173
	on B. Total Support	() 0000 T	# \ aa+a			T	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	27609	43083	52959	129522	253173
10a	payments received on securities loans, rents,						
	royalties and income from similar sources .						
ь	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	}		İ	İ	1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or			-			
	loss from the sale of capital assets	 	j	}			
13	(Explain in Part IV.)						
	and 12.)		27600	43083	50050	400505	050470
14	First five years. If the Form 990 is for the	0 ne organization	s first, second		or fifth tax ve	129522 ar as a section	253173 n. 501(c)(3)
•	organization, check this box and stop he						
Section	on C. Computation of Public Suppor				 -	·. •	
15	Public support percentage for 2013 (line 8	3, column (f) div	ided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2012 Sch			<u></u>	<u> </u>	16	100 %
	on D. Computation of Investment In						_
17	Investment income percentage for 2013 (17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organi 17 is not more than 331/3%, check this box						
b						-	
U	331/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization di	-	_		•		
				<u></u>			

Schedule A (Fo	orm 990 or 990-EZ) 2013 Detour Ministries	27-0464839 Page 4
Part IV	Supplemental Information. Provide the explanations rec Part III, line 12. Also complete this part for any additional	uired by Part II, line 10; Part II, line 17a or 17b; and information. (See instructions).
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Detour Ministries		27-0464839
Form 990 EZ Part 1, Line 16:		
Community Awareness Events	6634	
Liability Insurance	1443	
Fund-raising Expenses	246	
Missions Expense	6450	
Community Pastor's Breakfast	4798	
All Church Picnic	15711	
Community Hub Developement	3317	
Supplies and Administrative	492	
Total Functional Expenses	39091 (Total Part 1, Line 16)	
		•
		