

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



Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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ī	Tax-	exempt status	X 501(c)(3)	501(c)) ()∢	(insert n	o.) 4947(a)(1) or	527		attack of hot	(500 11)	, a 20110113)	
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comp	lete. De	eclaration of prepa	arer (other	than offic	ef is base	on a	all information	of which	preparer has any kr	nowledge					ief, it is true, correct	
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				<u>Wheat</u>			50189	2.1					Phone no.	(63		
May	the l	IRS discuss th	nıs retur	n with t	ne prep	arer	snown ab	ove? (s	ee instructions)					X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

TEEA0113L 11/08/13

Form	N.990 (2013) TALENTS 633 MINISTRIES, NFP	27-41	16824	13	F	age 2
Par	Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	· · · · ·	<u></u>		<u>. </u>
1	Briefly describe the organization's mission:					
	BIBLICAL MINISTRY THROUGH PRAYER, TEACHING AND COUNSELING					
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	_		_	
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?.		Yes	X	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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	rices, as m f grants and	easure d alloca	ed by e itions t	expen o	ses.
	others, the total expenses, and revenue, if any, for each program service reported.					
	(Only) \(\sum_{\text{transport}} \text{ for FOO Valuation } \(\sum_{\text{transport}} \text{ for FOO Valuation} \)	 -	<u> </u>			
4 a		Revenue	\$)
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4 b	(Code:) (Expenses \$ including grants of \$) (F	Revenue	\$)
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	Other program services. (Describe in Schedule O.)					
40	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 46,789.				<u>,</u>	
BAA	TEEA0102L 07/02/13			Form	990	(2013)

1 is the organization described in section 501 (c)(3) or 4947(a)(1) (other than a private foundation? If Yes, 'complete Schedule B, Schedule B, Schedule of Contributors (see instructions)?. 2				Yes	No
3 Did the organization ergoge in direct or utilized political campaign activities on behalf of or in opposition to candidates for public office? If "Fest, complete Schedule C, Part II." 4 Section 50(CS) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If "Fest, complete Schedule C, Part III." 5 Is the organization a section 501(c)(4), 501(c)(6), or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
for public office? If "Yes", complete Schedule C, Part II. Section 50(CS) agregatizations. Did the organization engage in lobbying activities, or have a section 50(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part III. Is the organization a section 501(C)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or aiminar amounts as defined in Revenue Procedure 98-191 If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the inpit to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization mention in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not isled in Part X, or provide read counseling, debt management, credit repair, or debt negotiation assertions of the part X, or provide read counseling, debt management, credit repair, or debt negotiation assertions or through related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Part V. Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VIII. Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 10? If Yes, complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 10? If Yes, complete Schedule D, Part X III. Did the organization report an amount for other inabilities in Part X, line 10? If Yes, complete Schedule D, Part X III. Did the organization report an amount for other	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
in effect during the tax year? If 'Yes', complete Schedule C, Part II. 5 Is the organization a section SIO((4), SIO((5)), or 501((5)),	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 1	3		Х
but 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. 7 Did the organization receive or hold a conservation essement, including assements to preserve open space, the environment, historic land areas, or historic estructures? If Yes, complete Schedule D, Part III. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III. 8 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 V. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, and propriets Schedule D, Part V. 11 If the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VIII. 12 Did the organization report an amount for investments – other securities in Part X, line 10? If Yes, complete Schedule D, Part VIII. 13 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 VIII. 14 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 VIII. 15 Did the organization report an amount for other liabilities in Part X, line 15? If Yes, complete Schedule D, Part X. 16 Did the organization separate or consolidated financial statements for the tax year? If Yes, complete Schedule D, Part X. 17 Did the organ	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II. 7	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		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' complete Schedule D, Part III	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		Х
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 V 9 10 Did the organization or group and in the organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization sanswer to any of the following questions is "Yes", then complete Schedule D, Part SV 11, VIII, 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 VII 11b X 2 b Did the organization report an amount for investments – other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11b X 2 c Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 2 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 VII 11b X 2 e Did the organization report an amount for other liabilities 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 X 11b X 11b X 2 11c X 2 11d X 3 12a Did the organization orbitin asparate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11b	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 Il	7		Х
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 ' 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. 11 If 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. 11 If the organization answer to any of the following questions is Yes', then complete Schedule D, Part V. 12 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part VII. 13 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 VII. 14 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 VII. 15 Did the organization report an amount for other isabilities 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. 16 Did the organization obtain separate or consolidated financial statements for the tax year include a footnet that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC Y40)? If Yes, 'complete Schedule D, Part X. 15 Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, 'and if the organization obtain separate, independent audited financial statements for the tax year? If Yes, 'and if the organization maintain an office, employees, or agents outside of the United States? 12a Did the organization maintain an office, employees, or agents outside of the United States	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		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	11 b		Х
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report at lotal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule F, Parts III and IV. 17 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 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 Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV 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 II (see instructions). 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. 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. 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		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	11 f		Х
Is the organization asswered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Is the organization maintain an office, employees, or agents outside of the United States? Is 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 Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts III and IV Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV In 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). In 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. In 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. In Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	12		12a		Х
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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			13		
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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)	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	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		Х
complete Schedule G, Part III	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
		complete Schedule G, Part III	19		—
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		-	20		X
		b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u></u>

Form, 990 (2013) TALENTS 633 MINISTRIES, NFP

Parting Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J </i>	23		х
24 a	a 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 25a	24a		х
ŧ	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	-	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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 L	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990	(2013)

Form, 990 (2013) TALENTS 633 MINISTRIES, NFP Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V		• • •	<u>. </u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a	1		1.5
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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' to line 3b, provide an explanation in Schedule 0	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		х
b If 'Yes,' enter the name of the foreign country: ►			35
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	бь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a	10	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	电		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	. 7f	$\neg \neg$	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	260	7. 1
9 Sponsoring organizations maintaining donor advised funds.	7.0		
a Did the organization make any taxable distributions under section 4966?	9a	7	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a		, ,	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders 11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-		
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	\Box	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
	E a	gan /	2012

Form 990 (2013) TALENTS 633 MINISTRIES, NFP 27-4168243 Page 6 Rankwis 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 or note to any line in this Part VI... Section A. Governing Body and Management Yes 1 a 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 3 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** 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?. ... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a **b** Each committee with authority to act on behalf of the governing body? .. 8 b 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. . . Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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?.. 13 X 14 Did the organization have a written document retention and destruction policy?... 14 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 of key employees of the organization. 15b 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? 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

TODD HECKMAN 24206 WALNUT CIRCLE PLAINFIELD IL 60585 630-445-3637

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Form 990 (2013)

Form, 990 (2013) TALENTS 633 MIN	ISTRIE	S, 1	1FP						27-4168	243 Page 7
Part Compensation of Officer Independent Contractors	s, Direc	tors,	Tru	ıste	es,	, Key	En	nployees, Highes	t Compensated E	mployees, and
Check if Schedule O contains a										
Section A. Officers, Directors, Tru										
1 a Complete this table for all persons required organization's tax year.	to be liste	d. Rep	ort o	comp	ens	ation 1	or th	ne calendar year ending	with or within the	
 List all of the organization's current of compensation. Enter -0- in columns (D), (E) 	officers, di	rectors if no o	s, tru com _l	uste pens	es (satio	wheth	er ir s pa	ndividuals or organiza ıd.	tions), regardless of a	amount of
 List all of the organization's current k 										
 List the organization's five current high who received reportable compensation (Bosorganization and any related organizations. 	ghest com	pensa n W-2	ted and	emp I/or	loye Box	ees (o 7 of F	ther orn	than an officer, direc n 1099-MISC) of more	tor, trustee, or key er than \$100,000 from	nployee) the
 List all of the organization's former of 	fficers, key	y emp	loye	es,	and	highe	st c	ompensated employe	es who received more	than \$100,000
of reportable compensation from the organizati List all of the organization's former direction to the companization, more than \$10,000 of reportation.	ors or trust	tees th	at re	ceiv	ed, ı	n the c	apa zatu	city as a former director	or trustee of the	
List persons in the following order: individual employees; and former such persons.						-			-	ompensated
Check this box if neither the organization n										
				((;)					
(A) Name and Title	(B) Average hours per week (list	one bo	er an	iless :	perso	k more t in is bot or/truste	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related	Individual trustee or director	psul	Officer	Key	emp H	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	organiza- tions below	recto	nstitutional trustee	ΩĘ	Key employed	est co	뤝	}		and related organizations
	dotted line)	, pr	효		oyee	ompe	ŀ			
		8	8			Highest compensated employee				
(1) TODD HECKMAN	20	 				<u>. č</u>				
Director	0	t						0.	0.	0.
(2) DEAN DUNLAP	_1_									
Director	0							0.	0.	0.
(3) DAN REIFSNYDER	1		1						_	_
Director	0	<u> </u>	<u> </u>				_	18,000.	0.	0.
- <mark>(4)</mark>		}								
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Partavilla Section A. Officers, Directors, Trus		<u>ney</u>	<u>En</u>			<u>es,</u>	and	d Highest Con	pensated Emp	mployees (continued)		
(A) Name and title	Average hours per week (list any) hours for related organiza below dotted line) (do not check more than one box, unless person is both a officer and a director/trustee of Individual trustice organization of the property o		h an itee)	(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						
(15)		-			-							
(16)		-			-	-						
(17)		-				_	_		-			
(18)		-	 		-	-	_					
(19)												
(20)		-			-		\vdash					
(21)		-			_	-						
(22)		-			-							
(23)		_			-		-		<u> </u>			
(24)		-				-						
(25)												
1 b Sub-total	L							10 000				
c Total from continuation sheets to Part VII, Section			• •		•	•	•	18,000.	0.	0.		
				•	• •	• • •	•	0.	0.	0.		
d Total (add lines 1b and 1c)				ve) v	vho	recer	ved	18,000. more than \$100,00		0. pensation		
non the organization 0										Yes No		
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or tru individu	stee,	key	em em	plo	ee,	or h	nighest compensa	ted employee	3 X		
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportabl	e co	mpe	ะกรล	tion	and	oth	er compensation	,,,,			
		• •		• • •			•		indıvıdual	4 X		
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te Sc	hec	lule	J fo	r suc	ch p	<u>erson</u>		. 5 X		
1 Complete this table for your five highest compensation from the organization. Report compensation	ited inde	epend	dent	cor	ntra	tors	tha	it received more to	nan \$100,000 of			
(A) (B)										(C) Compensation		
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶		ted to	tho	se I	isted	abo	ve)	who received more	than			
RAA	<u> </u>	TEEAC	108	11/1	11/13	_				Form 990 (2013)		

الحرف	עני אי	Check if Schedule O		ponse or note to an	y line in this Part V	/IIL		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	a Federated campaigns. b Membership dues. c Fundraising events d Related organizations	1b					
RIBUTIONS, GI Other Simila	f	Government grants (contributed All other contributions, gifts, similar amounts not included	grants, and above . 1 f	166,900.			# 1	
AND AND	<u>د</u> خ	Noncash contributions included Total. Add lines 1a-1f.			166,900.			
PROGRAM SERVICE REVENUE	2 a	All other program serving Total. Add lines 2a-2f	ce revenue.	Business Code				
	3 4 5	Investment income (incother similar amounts) Income from investmen Royalties .		· · · · · · · · · · · · · · · · · · ·	69.	69.		
	b	Gross rents Less: rental expenses Rental income or (loss)			The state of the s			
	7 a	I Net rental income or (lo Gross amount from sales of assets other than inventory.	(i) Securities 99,128	(II) Other				
	d	and sales expenses	157,739 -58,611		-58,611.	-58,611.		
OTHER REVENUE		of contributions reporte See Part IV, line 18 Less: direct expenses.	d on line 1c).	a				
Ò		Net income or (loss) from Gross income from game						
	b	Gross income from gan See Part IV, line 19 Less: direct expenses . Net income or (loss) fro		b			1.	
	Ŀ	Gross sales of inventor and allowances	d	þ				
	11 a			entory				
ļ	C C	All other revenue	d					
	12	Total revenue. See inst	TUCTIONS		108,358.	-58,542.	0.	l 0.

Ranux 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 re				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	18,000.	18,000.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
10		 			
	Fees for services (non-employees):				
	Management				
	Legal	2,000.		2,000.	
C	: Accounting	400.		400.	
	Lobbying			Supplied to 1975 and the supplied to 1975	
	Professional fundraising services. See Part IV, line 17				
-	Investment management fees		·		
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18					
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	212.	212.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
а	TRAINING	24,087.	24,087.		
b		3,208.	3,208.		
c		735.	735.		
d		495.	735. 495.		
	All other expenses	649.	52.	597.	
25	Total functional expenses. Add lines 1 through 24e	49,786.	46,789.	2,997.	0.
	· • • • • • • • • • • • • • • • • • • •	49,100.	40, 105.	4,331.	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,477.	1	13,792.
	2	Savings and temporary cash investments		2	814.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
i	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	
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T 5	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 212.	A COURT OF MANAGEMENT OF THE STATE OF THE ST	10 c	850.
	11	Investments – publicly traded securities		11	45,593.
	12	Investments – other securities. See Part IV, line 11	-	12	
	13	Investments – program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,477.	16	61,049.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ŀ	20	Tax-exempt bond liabilities	<u></u>	20	
À	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B L L	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	
T I E S	23	Secured mortgages and notes payable to unrelated third parties		23	
ร	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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ZET A	•	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
NO OFFICENS	27	Unrestricted net assets	2,477.	27	61,049.
Ę	28	Temporarily restricted net assets		28	
3	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Ķ	30	Capital stock or trust principal, or current funds		30	
Б	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ζĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
よりなり 取べしべないかい	33	Total net assets or fund balances	2,477.	33	61,049.
Š	34	Total liabilities and net assets/fund balances	2,477.	34	61,049.
==					Farm 000 (0013)

		<u> 27-41682</u>	43	Pa	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	08,3	<u> 358.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		49,7	186.
3	Revenue less expenses. Subtract line 2 from line 1	3		58,5	572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	177.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		61,0) <u>49.</u>
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Yes	No
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	lewed on a	1.15	4	a Tē
	Separate basis Consolidated basis Both consolidated and separate basis				,
1	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	:parate	in the second		
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle ··· · ·	. За		Х
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
RAA			Form	agn /	(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.

► 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. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

নাদাদ্বাক নাদ্ৰত নতাজহেন্ত্ৰনা

Name of the organization						Employe	r identifica	tion number		
TALENTS 633 MINISTRIES, NFP						27-4	168243	3		
Partil Reason for Public Charity Status	(All organizations	must o	comple	ete this	part.)	See i	nstruct	ions.		
The organization is not a private foundation because	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1 A church, convention of churches or associated	ciation of churches des	cribed in	sectio	n 1 70 (b)	(1)(A)(i)					
2 A school described in section 170(b)(1)(A)	(ii). (Attach Schedule I	Ξ.)								
3 A hospital or a cooperative hospital service	e organization describe	ed in se c	tion 17	0(ъ)(1)(А	A)(iii).					
4 A medical research organization operated	in conjunction with a h	nospital (describe	d in sec	tion 17	0(b)(1)(A	A)(iii). Er	nter the hos	pital's	į
name, city, and state:	•	•							•	
5 An organization operated for the benefit of a 170(b)(1)(A)(iv). (Complete Part II.)	college or university own	ned or op	erated b	y a gove	rnmenta	unit des	scribed in	section		
6 A federal, state, or local government or go	overnmental unit descri	bed in s	ection '	70(ь)(1)	(A)(v).					
7 An organization that normally receives a sub- in section 170(b)(1)(A)(vi). (Complete Pai	t II.)		•	ental un	it or fron	n the ger	neral pub	lic described	d	
8 A community trust described in section 17	70(b)(1)(A)(vi). (Comple	te Part I	l.)							
9 X An organization that normally receives: (1) m from activities related to its exempt functions investment income and unrelated busines June 30, 1975. See section 509(a)(2). (Co	 subject to certain exc s taxable income (less mplete Part III.) 	eptions, a section	and (2) r 511 tax)	no more from b	than 33- usiness	1/3% of es acqui	its suppo	rt from aros	S	fter
10 An organization organized and operated e	•		•			• •				
An organization organized and operated exclusions describes the type of supporting organizations	usively for the benefit of, scribed in section 509(a tion and complete lines	to perfor a)(1) or s 11e thr	m the fusection to ough 11	inctions (509(a)(2 h.	of, or ca) See s	rry out the section !	ne purpos 509(a)(3)	ses of one of Check the	r e box t	hat
a Type I b Type II c	Type III — Function	nally inte	grated	•	a 🔲 .	Type III	- Non-fi	unctionally	integra	ated
e By checking this box, I certify that the org other than foundation managers and other the section 509(a)(2).	anization is not control an one or more publicly s	led direction	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ified persor (1) or	าร	
f If the organization received a written determine check this box	nation from the IRS that	ıs a Type	I, Type	II or Typ	e III sup	porting o	organizati 	on,		
g Since August 17, 2006, has the organization	on accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	;?		
and the second s		4	41		•	1 - 45	1.4.5		Yes	No
(i) A person who directly or indirectly or below, the governing body of the supplemental of the supplement	oported organization?	togetnei 	with pe	ersons d	escribe		and (III)	11 g (i)		
(ii) A family member of a person describ	oed in (i) above?		• •		•	•	• •	11 g (ii)		
(iii) A 35% controlled entity of a person								11 g (iii)		
h Provide the following information about the	e supported organization	on(s).								
(I) Name of supported organization (II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	organiz column (i your go	s the ation in) listed in verning nent?	(v) Did yo the organ column (supp	zation in	organiz colur organizi	s the ation in in in (i) ed in the S?	(vii) Amoun sup	t of mone port	etary
		Yes	No	Yes	No	Yes	No			
							I			
(A)										
(B)										
		1								
(C)				ļ		 				
<u>(D)</u>										
(E)	The second second second second									
Total										
BAA For Paperwork Reduction Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		5	Schedule	A (Form	990 or 990	-EZ) 20)13

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.)

Se	ction A. Public Support						
Cal beg	endar year (or fiscal year inning 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.').						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cald beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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 sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)		•• •• ••	12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here.	n's first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. ▶□
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	-					<u>%</u>
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14.			15	
16	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, ch	neck this box
	b 33-1/3% support test - 2012. If t and stop here. The organization	qualifies as a pul	blicly supported o	rganızation			▶ ∐
17:	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test check this	box and stop her	e. Explain in Part I	V how
١	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	st - 2012. If the omeets the 'facts-ad-circumstances'	organization did n and-circumstances test. The organiza	ot check a box or tost, check this tion qualifies as a	i line 13, 16a, 16b box and stop her a publicly supporte	o, or 17a, and line e. Explain in Part l ed organization	15 is 10% V how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions >

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.)

Calendar year (or fitted by respiraling in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total I Office, grants, contributions received. (Cp not include an admission of the process of t	Sec	tion A. Public Support						
and membership feeds de any furthus plants of the service of the control of the c			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2 Gross receipts from admissions, merchandises sold or services performed, or facilities received by the organization's services performed, or facilities received from the organization's services performed, or facilities received from admitted and to expended on the organization's benefit and either paid to expended on the organization's benefit and either paid to expended on the organization's benefit and either paid to expended on the organization's benefit and either paid to expended on the organization without charge of Tabla Robert and either paid to expended on the organization without charge of Tabla Robert and either paid to expended on disqualified persons. 5 The value of services or facilities furnished by a poor organization without charge or organization without charge organization organization without charge organization organizat	1	and membership fees received. (Do not include						
sions, merchandiss old or services performed, or isolatiles in related to the organizations in related to the organizations in related to the organizations in the control of the organization of the organizatio	2	• •						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 131 1 Tax revenues leved for the either paid to or expended on its behalf. 5 The value of services or dependence on its behalf. 5 The value of services or dependence on its behalf. 5 The value of services or dependence on its behalf. 5 The value of services or dependence on its behalf. 6 Total. Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from other thran services of the greater of \$5,000 or 1% of the amount on hine 13 for the year. • A Add lines 7 and 7 b. 8 Public support (Subtract line 7 to 10 to 1	2	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's		;				0
4 Tax revenues leved for the organization's benefit and either paid to or expended on either paid to expende paid to	3	Gross receipts from activities that are not an unrelated trade						
5 The value of services or facilities trunshed by a governmental unit to the organization without charge 6 Total. Add lines it through 5 7 a Amounts included on lines 1, disqualified persons 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4	organization's benefit and either paid to or expended on						·
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	5	The value of services or facilities furnished by a governmental unit to the						
2, and 3 received from disqualified persons			0.	0.	0.	0.	0.	0.
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	7 a	2, and 3 received from	0.	0.	0.	0.	0.	0.
C Add lines 7a and 7b 0 0 0 0 0 0 0 0 0	b	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	0	0	0	0	0	
Section B. Total Support (Subtract line 7c from line 6) O.	_	•						
Section B. Total Support	_		THE STREET OF STREET					υ.
Section B. Total Support Calendar year (or fiscal yr beginning in)	0					e Paris		0.
Calendar year (or fiscal yr beginning in)	Sec	tion B. Total Support						
9 Amounts from line 6			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a 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 0 0 0 0 0 0 0	-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from					0.	
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
activities not included in line 10b, whether or not the business is regularly carried on			0.	0.	0.	0.	0.	0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total Support. (Add Ins 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) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17. 19 a 33-1/3% support tests — 2013. 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. 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	11	activities not included in line 10b, whether or not the business is						0
Total Support. (Add Ins 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) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15	12	gain or loss from the sale of capital assets (Explain in						
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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	13	Total Support. (Add Ins 9,10c, 11 and 12.)	0.	0.	0.	0.	0.	
Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))			is for the organiza	ntion's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	
Public support percentage from 2012 Schedule A, Part III, line 15								
Section D. Computation of Investment Income Percentage	15	,, ,	•	• •			15	8
Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	16	Public support percentage from	2012 Schedule A,	Part III, line 15	<u></u>	· · · · · · · · · · · · · · · · · · ·	16	8
18 Investment income percentage from 2012 Schedule A, Part III, line 17	Sec							
19a 33-1/3% support tests — 2013. 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	17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17						
is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	_	8 Investment income percentage from 2012 Schedule A, Part III, line 17						
line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		19a 33-1/3% support tests — 2013. 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						
		line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organizatıon qu	alifies as a public	ly supported organ	nization 🟲 📗
	20	Private foundation. If the organi	ization did not che					

Schedule A	(Form 990 or 990-EZ) 2013	TALENTS	633 WINTO	RIES, NFP	27-4168243	Page 4
PartiV	Supplemental Informa or 17b; and Part III, lir (See instructions).	ation. Provid ne 12. Also d	le the explana complete this	ations required b part for any addi	y Part II, line 10; Part II, line 17 itional information.	a
-						
						
-						
				·		
				·		

Schedule A (Form 990 or 990-EZ) 2013

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2013

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Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number TALENTS 633 MINISTRIES, NFP 27-4168243 Parties 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 Total number at end of year ... 1 Aggregate contributions to (during year) . . Aggregate grants from (during year) ... Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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? . No Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 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 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements ... 2 b 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. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year >\$ 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)?. No 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. Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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. 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: **b** Assets included in Form 990, Part X .

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Rantill Organizations Mainta	ining Colle	ections of A	rt, Historic	al Treasures, or	Other Similar Ass	ets (continued)		
3 Using the organization's acquisition items (check all that apply):	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		d	Loan or ex	kchange programs				
b Scholarly research		e	Other	•				
c Preservation for future gener	ations	'						
4 Provide a description of the organiz Part XIII.	ation's collect	tions and explain	n how they furt	her the organization's	exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or han to be ma	receive donat intained as pa	ons of art, his	storical treasures, or nization's collection?	other similar assets	Yes No		
Escrow and Custodia line 9, or reported an	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.							
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	an, or other into	ermediary for	contributions or other	er assets not included	Tes □No		
b If 'Yes,' explain the arrangement	ın Part XIII a	and complete t	he following t	able:	[
3		•	J			Amount		
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					. 1e			
f Ending balance					16			
2a Did the organization include an a						Yes No		
b If 'Yes,' explain the arrangement								
bit res, explain the arrangement	iii ait XIII.	Check here in	ne explantion	rias been provided	III I all Alli			
Part VA Endowment Funds. C	omplete if	the organiz	ation answ	ared 'Vec' to For	m 990 Part IV line	2.10		
Endownient Funds.	(a) Current		b) Prior year					
1 - Reginning of year halance	(a) Current	t year () Frior year	(c) Two years back	(d) Three years back	(e) Four years back		
1 a Beginning of year balance				 		<u> </u>		
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs	L							
f Administrative expenses								
g End of year balance								
Provide the estimated percentage	e of the curre	ent year end ba	lance (line 1ç	g, column (a)) held a	is:			
a Board designated or quasi-endowm	ent ►	9	ક					
b Permanent endowment ▶	<u></u>	;						
c Temporarily restricted endowmer	nt ►	ક						
The percentages in lines 2a, 2b,		ld equal 100%.						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No								
(i) unrelated organizations.						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related of		listed as requi	red on Sched	ule P7		3b		
4 Describe in Part XIII the intended	_					30		
			endownient	unus.				
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
Description of property		(a) Cost or oth (investme	ner basis (ent)	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment				1,062.	212.	850		
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 990	, Part X, colu	mn (B), line 10(c).).	· · · · · · · · · · · · · · · ·	850		
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Partiville Investments - Other Securities.	B()	N/A	
Complete if the organization answered		T	
(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)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered		<u>, Part IV, line 11c. See Form 9</u>	90, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	i-of-year market value
(1)			
(2)		·	
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶		The state of the s	
PartiX Other Assets. Complete if the organization answered	N/A 'Yes' to Form 990	Part IV line 11d See Form 9	00 Part Y line 15
	cription	, raitiv, line tra. See rolling	(b) Book value
(1)	<u> </u>		(D) DOW VALUE
(2)			
(3)			
(4)			
(5)			
(6)	·		
(7)			
(8)			
(9)			
) Inc 15)		
Total. (Column (b) must equal Form 990, Part X, column (B	3), IINE 15.)	·· <u>···</u>	1
Other Liabilities. Complete if the organization answered 'Yes' to Fo	rm 990 Part IV line 11	a or 11f Saa Form 990 Part Y line 25	
(a) Description of liability	(b) Book value	e of TH. See Form 330, Fart X, Time 23	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
(11)	_		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footness under FIN 48 (ASC 740). Check here if the text of the footness to			
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	as been provided in Part XIII		

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SCHEDULE 0 (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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number						
TALENTS 633 MINISTRIES, NFP	27-4168243						
Form 990, Part VI, Line 11b - Form 990 Review Process							
No review was or will be conducted.							
Form 990, Part VI, Line 19 - Other Organization Documents	Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
UPON_REQUEST							