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CHANGE OF ACCOUNTING PERIOD

Department of the Treasury

20 Total assets (Part X, line 16)

Part II | Signature Block

21 Total liabilities (Part X, line 26)

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Information about Form 990 and its instructions is at www.us.gov/form990 For the 2013 calendar year, or tax year beginning APR 1, 2013 and ending DEC 31, 2013 Check if applicable C Name of organization D Employer identification number Address change CHRISTIAN LIFE MINISTRIES Name change 46-0366395 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated PO BOX 9272 348-3279 (605)Amende return 465,727. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending RAPID CITY, SD 57709-9272 H(a) Is this a group return F Name and address of principal officer.WILLIAM EWING Yes X No for subordinates? 22865 FOREST RD, RAPID CITY, SD 57702 H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [**」527** If "No," attach a list (see instructions) J Website: WWW.CLMRC.NET H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1980 M State of legal domicile: SD Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF CHRISTIAN LIFE Governance MINISTRIES IS TO 1) TO COUNSEL BELIEVERS WHO ARE IN NEED OF Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) ত্ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 <u>0</u> 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990.T, line 34 7b Prior Year **Current Year** 593,346. 372,387. Contributions and grants (Part VIII, line 1h) 70,663. 57,517. Program service revenue (Part VIII, line 2g) 2,416. 2,911. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37.924. 25,355. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 704,844. 457,675. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,848. 14,911 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. О. Benefits paid to or for members (Part IX, column (A), line 4) 561,178. 381,091. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 88,905. 55,377. 17 Other expenses (Part IX, column (A), lines 11a:11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Parity Column W. line 25 664,994. 440,316.39,850. 17,359. Revenue less expenses. Subtract line 18 from June 12 Pes MAY 1 3 2014 Beginning of Current Year **End of Year**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer WILLIAM EWING, CEO Type or print name and title	5/8/2014 Date
	Print/Type preparer's name KEVIN R. EGGEBRAATEN, CPA Preparer's signature 05/01	
Preparer		Firm's EIN ► 46-0403496
Use Only	Firm's address 909 ST JOSEPH ST SUITE 101 RAPID CITY, SD 57701	Phone no. (605)348-1930
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 10-29-13

Net assets or fund balances. Subtract line 21 from Gine 2DEN, UT

639,766.

639

707.

622,402.

621

702.

700.

Form 990 (2013) CHRISTIAN LIFE MINISTRIES Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	WE ARE A CHRISTIAN LIFE MINISTRIES, COMPELLED BY GOD'S CALL TO	NID I IDD
	DEMONSTRATE THE SUFFICIENCY OF CHRIST AND HIS WORD. WE SHARE OF CHRIST AND HIS GRACE WORLDWIDE THROUGH RESEARCH, TRAINING AND HIS GRACE WORLDWIDE THROUGH RESEARCH, TRAINING AND HIS GRACE WORLDWIDE THROUGH RESEARCH, TRAINING AND HIS WORD.	
	COUNSELING. THE MISSION IS FOUR-FOLD. TO COUNSEL BELIEVERS WI	
2	Did the organization undertake any significant program services during the year which were not listed on	HILD MILL
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	165 [==110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 404 , 577 • including grants of \$ 3 , 848 •) (Revenue \$	67,212.
	INDIVIDUAL AND FAMILY COUNSELING FOR ABOUT 100 PEOPLE PER WEEK	
	ALSO DO SPEAKING ENGAGEMENTS, SEMINARS, LAY CLASSES & TRAINING	
4b	/Code \/Fuseseet	
40	(Code) (Expenses \$,
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
4d	Other program services (Describe in Schedule O.)	 -
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 404,577.	

Form 990 (2013) CHRISTIAN LI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		-
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
þ	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	146		х
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	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
^	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
U	11 163 to line 20a, dio the organization attach a copy of its addited illiancial statements to this feturn?		990 ((2012)
		. 01111		((-)

Form 990 (2013) CHRISTIAN LIFE MIN
Part IV Checklist of Required Schedules (continued)

<u> </u>	<u></u>	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the exemption set as an "on helplif of" recent for heads substanding at any time during the year?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		*
U	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		· 2-	*42 ******
	instructions for applicable filing thresholds, conditions, and exceptions):	1.		神神
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
_	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	-	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	Α.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
05.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	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?	330	-	
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130	 	<u> </u>
٠,	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	
	Total Table 1 and		990	/2012°

Form 990 (2013) CHRISTIAN LIFE MINISTRIES Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or pate to contain in the D

	Check it Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ̈́
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_ :		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	.		
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			İ
	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		
	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.			
	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		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	700	

Form 990 (2013) CHRISTIAN LIFE MINISTRIES

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, db, dr. rob below, describe the directifications, processes, or charges in schedule 3. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			T
	l I o	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a above, who are independent.			
	Zital die lieflied in telling were to the die lieflied in the die			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		X	
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
14	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.0		
b	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u>L</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l	
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	ļ
14_	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ϋ́
	The organization's CEO, Executive Director, or top management official	15a	 	X
Þ	Other officers or key employees of the organization	15b	\vdash	1
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	-	+
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b	-	
Sec	tion C. Disclosure	100	<u> </u>	1,,,
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	avaılah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
-	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	_ _	
	KRISTEN WOOD - 605-341-5305			
	P O BOX 9272, RAPID CITY, SD, RAPID CITY, SD 57709-9272			
		-		

Eam	aan	(2013)	

CHRISTIAN LIFE MINISTRIES

46-0366395

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

Check if Schedule O contains a response or note to any line in this Part VII
--

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JESSE EWING	0.30	ļ.,								0
VICE PRESIDENT	40.00	X	_	<u> </u>	_		_	0.	0.	0
(2) WILLIAM EWING CEO	40.00	x		x				51,976.	0.	35,000
(3) DAVID SHUPE	0.30	╇		^		 -		31,370.	0.	33,000
SECRETARY	- 0.30	x						0.	0.	0
(4) JAMES MORTIMER	0.30	A	-	<u> </u>		1	-		0.	0
MEMBER	0.30	$ \mathbf{x} $						0.	0.	0 .
(5) DANIEL HAGGERTY	0.30	ᢡ				<u> </u>	-			
PRESIDENT		\mathbf{x}				Ì		0.	0.	0
(6) STEVE BALSLEY	0.30	1			† -	İ	-			
MEMBER		\mathbf{x}						0.	0.	0 .
(7) KENNY HARRISON	0.30									
TREASURER		\mathbf{x}						0.	0.	0 .
(8) TERRI HAGGERTY	0.30									
MEMBER		X			L.			0.	0.	0 .
(9) JAN LIEDTKE	0.30	1						_	_	_
MEMBER		X			L.	<u> </u>	<u> </u>	0.	0.	0
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		1		1	l		l			

	T VII Section A. Officers, Directors, Tru (A)	(B)	(טיק	rees		<u>a H</u> C)	gne	si C	(D)	es (cominaea) (E)			(F)	
	Name and title	Average Position (do not check more than one							Reportable	(⊏) Reportable	9	F	ור) stimate	ed
	, tame and the	hours per	box	i, unle	ss pe	rson	is bot	h an	compensation	compensati			nount	
		week	⊢	cer ar	nd a d	lirecto	or/trus	tee)	from	from relate			other	
		(list any hours for	Individual trustee or director						the	organization		l	pensa	
		related	e or d	<u> </u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom the janizat	
		organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2, 1000 (11100)				d relat	
		below	Mdual	tutou	is.	Key employee	loyee	Former				org	anızatı	ons
		line)	를	135	Officer	Кву	聖旨	횬						
			ļ											
			├	<u> </u>	 		├-	<u> </u>						
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	· · · · · · · · · · · · · · · · · · ·	-	╁				1-	┢		· - ·				
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		-	{											
		 	╁	\vdash	╁┈	├	+	╁						
			1			1								
						T	1	-						
1b	Sub-total								51,976.		0.	3	5,0	
С	Total from continuation sheets to Part	VII, Section A						ightharpoons	0.		0.	<u> </u>		0.
	Total (add lines 1b and 1c)							<u> </u>	51,976.		0.	3	5,0	00.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportal	ole			0
	compensation from the organization												Yes	No
3	Did the organization list any former office	r director or tr	ieto	a ka	ov or	mnla	avaa	or	highest compensated a	molovee on			103	
3	line 1a? If "Yes," complete Schedule J for			C, K	Sy Ci	прк	Јусс	, Oi	riighest compensated e	inployee on		3		х
4	For any individual listed on line 1a, is the			amo	ensa	atıoı	n and	d ot	her compensation from	the organization	1	Ť		
	and related organizations greater than \$1	•							-	J		4	1	Х
5	Did any person listed on line 1a receive or	•					-			idual for service	s =			
	rendered to the organization? If "Yes," co	mplete Schedui	e J	for s	uch	per:	son					_5		X
_	tion B. Independent Contractors	·												
1	Complete this table for your five highest of	-									mpens	sation	from	
	the organization. Report compensation fo	r the calendar y	<u>ear</u>	ena	ing v	vitn	or w	/ithir		year.	Γ		C)	
	(A) Name and busines	s address	N	ON	E			ı	(B) Description of s	services	0		ensatio	ภา
								\dashv						
		- <u>-</u>								- 				
								\dashv			1			
	Total number of independent contractors	(includina but r	not l	ımıte	ed to	the	se li	l	d above) who received n	nore than	- The	T. 145	*) (T.)	
_	\$100,000 of compensation from the organ	-					0	_			4,2			

Form 990 (2013) CHRISTIA

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ইহা	1 a	Federated campaigns	1a					
투등		Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	- · · ·	1c					
		Related organizations	1d					1
S,E	е	Government grants (contribut		Ü				į į
	f	All other contributions, gifts, gran	its, and					·
돌		similar amounts not included abo	ve 1f	372,387.				
dati	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> €	h	Total. Add lines 1a-1f			372,387.			
				Business Code				
8	2 a			624100	48,456.	48,456.		
<u>5</u> 9	b			624100	8,401.	8,401.		
Program Service Revenue	С	TRAINING		624100	660.	660.		
e a	d							ļ
5	е			<u> </u>	·			ļ <u>.</u>
۱ ۵	f	All other program service reve	enue	L	<u> </u>			
\dashv		Total. Add lines 2a-2f		<u> </u>	57,517.			
1	3	Investment income (including	dividends, inter	est, and	2 205			2 205
	_	other similar amounts)		. 💆	2,295.			2,295.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(2 D			· · · · · · · · · · · · · · · · · · ·		
	6 -	C	(i) Real	(II) Personal				
		Gross rents						
ļ		Less: rental expenses Rental income or (loss)		 		ļ		ļ
		Net rental income or (loss)	<u> </u>	<u> </u>				·
		Gross amount from sales of	(i) Secunties	(II) Other				
	ı a	assets other than inventory	340.					1
	h	Less cost or other basis		† - -				
		and sales expenses	219.					
	С	Gain or (loss)	121.	 				
		Net gain or (loss)		•	121.			121.
		Gross income from fundraisin	a events (not				· · · · · · · · · · · · · · · · · · ·	
enne		including \$	of					
		contributions reported on line		}		İ		}
Other Re		Part IV, line 18	а	17,456.				
ŧ.	ь	Less: direct expenses	b	1,796.				
٥		Net income or (loss) from fund	draising events	>	15,660.			15,660.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а]
	b	Less: direct expenses	b					
i	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b	6,037.				
	c	Net income or (loss) from sale	s of inventory	•	1,077.	1,077.		
ļ		Miscellaneous Revenu		Business Code				
	11 a	REIMBURSEMENT F	OR OVER	900099	8,618.	8,618.	<u></u> _	ļ
	b							
	C							ļ
	d			L	0 (10			
		Total. Add lines 11a-11d		>	8,618.	67 010		10 076
33200	12	Total revenue. See instructions.		<u>▶</u>	457,675.	67,212.	0 .	
33200 10-29	13							Form 990 (2013)

Form 990 (2013) CHRISTIAN LIFT
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	2 242	2 242		
	organizations in the United States. See Part IV, line 21	3,848.	3,848.		
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,	64,607.	38,764.	25,843.	
_	trustees, and key employees	04,007.	30,104.	25,045.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	302,069.	302,069.		
7	Other salaries and wages Pension plan accruals and contributions (include	302,003.	302,009.		
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,415.	13,262.	1,153.	
11	Fees for services (non-employees)	11,1101			
''a	Management				
b	Legal				
c	Accounting				
ď	Lobbying	· · · · · · · · · · · · · · · · · · ·	-	_	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	12,507.	11,757.	750.	
14	Information technology				
15	Royalties	·			
16	Occupancy	10,042.	9,439.	603.	
17	Travel	6,966.		6,966.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2.60	260		
19	Conferences, conventions, and meetings	369.	369.		
20	Interest				
21	Payments to affiliates	7,266.	7,266.		
22	Depreciation, depletion, and amortization	8,059.	8,059.		
23	Insurance	0,039.	0,033.	- -	<u> </u>
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 0.) OUTSIDE SERVICES	8,633.	8,633.		
a b	LAY CLASS EXPENSE	699.	699.		<u> </u>
C	BANK CHARGES	424.		424.	
d	TAXES - SALES & USE	412.	412.		· · · · · · · · · · · · · · · · · · ·
e	All other expenses				· - · - · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	440,316.	404,577.	35,739.	0.
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)				

Form 990 (2013)
Part X | Balance Sheet

Fai	יא	Dalance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		290,103.	1	323,399.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		<575.	> 4	<575.
	5	Loans and other receivables from current and fo	ormer officers, directors,			;
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary	_		
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
۷	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				i
		basis. Complete Part VI of Schedule D	10a 313,879.			
	b	Less: accumulated depreciation	10b 216,094.	105,050.	10c	97,785.
	11	Investments - publicly traded securities	ļ		11	_
	12	Investments - other securities See Part IV, line	1		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		005 001	14	040 455
	15	Other assets. See Part IV, line 11	ļ	227,824.	15	219,157.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	622,402.	16	639,766.
	17	Accounts payable and accrued expenses		702.	17	707.
	18	Grants payable		18		
	19	Deferred revenue	ļ		19	
	20	Tax-exempt bond liabilities	-	·	20	
	21	Escrow or custodial account liability Complete	· · · · · · · · · · · · · · · · · · ·		21	
ies	22	Loans and other payables to current and former			ŀ	
bilt		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on lines	17-24). Complete Part X of		25	
	26	Schedule D Total liabilities, Add lines 17 through 25		702.	25 26	707.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	s), check here	702.	20	,,,,
s		complete lines 27 through 29, and lines 33 an	· ·			1
ce	27	Unrestricted net assets	u 34.		27	
alar	28	Temporarily restricted net assets			28	
18	29	Permanently restricted net assets	ľ		29	
Ë		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ X		ऻ ॕ	
Jr F		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0.	30	
sse	31	Paid-in or capital surplus, or land, building, or ed	upment fund	0.	31	0.
Ϋ́Α	32	Retained earnings, endowment, accumulated in	•	621,700.		639,059.
Š	33	Total net assets or fund balances	assumption of the state of the	621,700.		639,059.
	34	Total liabilities and net assets/fund balances	ļ	622,402.		639,766.

	990 (2013) CHRISTIAN LIFE MINISTRIES	46-03	<u>66395</u>	Page	e 1 <u>2</u>
Pa	t XI 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		7,67	
2	Total expenses (must equal Part IX, column (A), line 25)	2),31	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,35	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	621	70	<u> </u>
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	639	9,05	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		.		,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ł	1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		- 1	,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Employer identification number

			CHRISTI	AN LIFE MINI	STRIE	S				4	6-03663	95
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.			
The	organ	ization is not a	a private foundation	because it is: (For lines	through	11, check	only one b	ox.)				
1		A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)				
2		A school des	cribed in section 17	/0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital or	a cooperative hospi	ital service organization of	described	ın section	170(b)(1)	(A)(iii).				
4			•	operated in conjunction					(b)(1)(A)(ii	ı). Enter	the hospital's	name,
		city, and stat	_	•		•				•	,	
5		=		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in	
		-	(b)(1)(A)(iv). (Comple	_				-				
6				ent or governmental uni	t describer	d in sectio	n 170(h)(ι)(Δ)(ν)				
7	一		· ·	eives a substantial part					r from the	neneral	nublic describ	sed in
٠	_		b)(1)(A)(vi). (Comple		or no supp	ore mornia	9010111110	intar arm c	,	gonorai	pablic describ	,c u
8				section 170(b)(1)(A)(vi).	(Complete	Part II \						
	X	_		eives: (1) more than 33		•	rom contri	hutions m	nemhershii	n fees a	nd aross rece	ints from
Ť		=		nctions - subject to certa							_	•
			·	axable income (less sect	•		•				_	
			509(a)(2). (Complete	·		n, nom bo		aoquiica b	y ino orga	ii ii Zatioi i	arter barre co,	. 1010
10				perated exclusively to te	st for publ	ic safety 5	See sectio	n 509(a)(4	1).			
11			-	perated exclusively for the	•	-			•	v out the	nurnoses of	one or
		=	-	ations described in section		•						
		-		organization and compl		-		,		,,		
		а П Туре			ype III - Fu	-		c	avT 🔲 I	e III - No	n-functionally	ıntearated
	• 🔲			at the organization is not		_	_		• • •		-	-
		_		han one or more publicly		-	-	-			•	
1	f		=	tten determination from t		-						. ,
		_	rganization, check th			•						
9	3	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?		
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (ııı) below	·, [v	Yes No
		the gove	erning body of the si	upported organization?							11g(i)	
		(iı) A famıly	member of a persor	n described in (i) above?	ı						11g(iı)	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iiı)	
ı	1	Provide the f	ollowing information	about the supported or	ganization	(s)						
() Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) ls	the	(vii) Amount of	f monetary
٠	•	anization	l ''	(described on lines 1-9		sted in your		ion in col.	organizátio (i) organiz	ed in the	Suppo	-
				above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
						ļ						
					<u> </u>		 	ļ	<u> </u>			
r _{at}	al		I	1		I	I	I	I	Į.	İ	

Schedule A (Form 990 or 990-EZ) 2013 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support					•	
Cale	ndar 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.")						
2	Tax revenues levied for the organ-				_		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					•	
	supported organization) included					1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,					Ī	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					<u> </u>	
	business is regularly carried on						
10	Other income Do not include gain		•				
	or loss from the sale of capital						
	assets (Explain in Part IV.)			<u>.</u>			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instrucți	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			, , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2013 (I	ine 6, column (f) d	ıvıded by lıne 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2012. If the o	•		·	d line 15 is 33 1/3%	% or more, check t	ns box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	•	art IV how the organ	nization
	meets the "facts-and-circumstances"	_	•		-		>
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				= =		, —
	organization meets the "facts-and-circ						▶ ;;;
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>5a, 16b, 17a, or 17</u>	b, check this box	and see instruction	

Schedule A (Form 990 or 990-EZ) 2013 CHRISTIAN LIFE MINISTRIES Part III. | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Fait ii)						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and				(=) = = =	(1)			
	membership fees received. (Do not								
	include any "unusual grants.")	523,722.	497,025.	537,869.	593,346.	372,387.	2524349.		
2	Gross receipts from admissions,	•				,			
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose	217,121.	104,526.	74,035.	126,098.	82,088.	603,868.		
3	Gross receipts from activities that			, 1,0000		02,0001			
Ŭ	are not an unrelated trade or bus-								
	iness under section 513			48,456.			48,456.		
	Tax revenues levied for the organ-			10,1500			10,1301		
4	ization's benefit and either paid to								
	or expended on its behalf								
_	· ·		<u> </u>						
5	The value of services or facilities								
	fumished by a governmental unit to								
	the organization without charge	740 043	CO1 FF1	660 360	710 444	454 475	2176672		
	Total. Add lines 1 through 5	740,843.	601,551.	660,360.	719,444.	454,475.	3176673.		
7 a	Amounts included on lines 1, 2, and	111 200	15 150	F.C. 17.0	07 060	10 500	020 656		
	3 received from disqualified persons	111,300.	17,150.	56,738.	27,968.	19,500.	232,656.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the			101 000		6 7 04 0			
	amount on line 13 for the year			104,333.	124,820.	67,812.	296,965.		
C	Add lines 7a and 7b	111,300.	17,150.	161,071.	152,788.	87,312.	529,621.		
_8	Public support (Subtract line 7c from line 6)	1 1 1 2	1 The street		Ę	* 2 . *	2647052.		
Sec	ction B. Total Support	-							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9	Amounts from line 6	740,843.	601,551.	660,360.	719,444.	454,475.	3176673.		
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties								
	and income from similar sources	1,032.	1,041.	605.	7,387.	2,635.	12,700.		
t	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
•	Add lines 10a and 10b	1,032.	1,041.	605.	7,387.	2,635.	12,700.		
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital	67.	117.	9,535.	2,793.	8,618.	21,130.		
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	741,942.	602,709.	670,500.	729,624.	465,728.	3210503.		
	First five years. If the Form 990 is for		-						
	check this box and stop here	ŭ	, ,	,	•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· •		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				•		
15	Public support percentage for 2013 (line 8, column (f) di	ivided by line 13, o	column (f))		15	82.45 %		
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	82.80 %		
Se	ction D. Computation of Inves	stment Incom	e Percentage						
17	Investment income percentage for 20)13 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.40 %		
18	Investment income percentage from :	2012 Schedule A,	Part III, line 17			18	.85 %		
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1			
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	$\triangleright X$		
t	b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, che	_					ightharpoons		
20									

Schedule A (Form 9	990 or 990-E	Z) 2013 (CHKIS.	LT	AN LIFE	MTNT	STRIES				40-0360	0395 Page 4
Schedule A (Form 9 Part IV: Supp Also c					le the explan information. (line 10; Par	t II, line	17a o	r 17b, and Part	III, line 12.
FORM 990,												
EXPLANATIO				CI	ANGED	THE A	COINTE	NG PER	TOD	FOR	REPORT	TNG
		·						-	_			
PURPOSES I		2013	FROM	<u>A</u>	FISCAL	YEAR	ENDING	03/31	10	Ą	ALENDAR	YEAR
ENDING 12/	/31.				_							
												
												
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/tom/990.

OMB No 1545-0047 Open to Public inspection:

Name of the organization

CHRISTIAN LIFE MINISTRIES

Employer identification number 46-0366395

Par	t 🛴 Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	• •	•
	impermissible private benefit?	, , ,	Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	<u> </u>
	year >	, , ,	
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthers	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	> \$
	Assets included in Form 990, Part X		► \$ ► \$
_	· · · · · · , · ·····		· ·

Schedule D (Form 990) 2013

97,785.

c Leasehold improvements

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

d Equipmente Other

	Investments -		~~.
PARI VIII	mivesiments -	CHIEF 3	-1:1

	Complete if the organization answered "Yes" to tion of security or category (including name of security)	(b) Book value			of-year market value
1\ Emana	al denvatives	(b) book value	(c) Wethod of Value	dation. Cost of end-	oryear market value
3) Other	r-held equity interests			 	
			-		
(A)					· · · · · · · · · · · · · · · · · · ·
(B)					
(C)	-		 - · ·		
(D)					
<u>(E)</u>					
(F)	-				
(G)	-				
(H)	(h) must say of Form 000. Part V. sal. (D) line 10.)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		ļ		
Part VII	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line (b) Book value			of-year market value
	(a) Description of investment	(b) book value	(c) Method of Valu	Jation Cost or end-c	n-year market value
(1)			_		
(2)			ļ		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
			 		· · ·
Total. (Col.	b) must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.	·			
Total. (Col.	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Pa	ırt X, line 15.	
Part IX	Other Assets. Complete if the organization answered "Yes" (a) I	to Form 990, Part IV, line Description	11d. See Form 990, Pa	urt X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES	Description	11d. See Form 990, Pa	urt X, line 15.	694.
Part IX (1) Lo (2) Ao	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN	Description	11d. See Form 990, Pa	urt X, line 15.	694. <694.
(1) L((2) A((3) D)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT	Description FEES	11d. See Form 990, Pa	urt X, line 15.	694 c <694 c 16,882 c
(1) L((2) A((3) D((4) A((4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA	Description FEES	11d. See Form 990, Pa	ut X, line 15.	694. <694. 16,882. 127,396.
(1) L((2) A((3) D((4) A((4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT	Description FEES	11d. See Form 990, Pa	urt X, line 15.	694. <694. 16,882. 127,396.
(1) L((2) A((3) D(4) A((4) A((4) (2) (4) A((4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA	Description FEES	11d. See Form 990, Pa	urt X, line 15.	694. <694. 16,882. 127,396.
(1) L((2) A((3) D.(4) A((5) C.(2)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA	Description FEES	11d. See Form 990, Pa	urt X, line 15.	694. <694. 16,882. 127,396.
(1) L(2) A(3) D(4) A(5) C(6) (7)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA	Description FEES	11d. See Form 990, Pa	urt X, line 15.	694.
(1) L(2) A(3) D(4) A(5) C(6)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA	Description FEES	11d. See Form 990, Pa	urt X, line 15.	694. <694. 16,882. 127,396.
(1) Lo (2) Ao (3) D (4) Ao (5) Co (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA	Pescription FEES ANY	11d. See Form 990, Pa	art X, line 15.	694. <694. 16,882. 127,396.
(1) Lo (2) Ao (3) D (4) Ao (5) Co (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE	Pescription FEES ANY	11d. See Form 990, Pa	art X, line 15.	694. <694. 16,882. 127,396. 74,879.
(1) Lo (2) Ao (3) D (4) Ao (5) Co (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	Pescription FEES ANY			694. <694. 16,882. 127,396. 74,879.
(1) L(2) A(3) D(4) A(5) C(6) (7) (8) (9) Fotal. (Col.	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE	Pescription FEES ANY			694. <694. 16,882. 127,396. 74,879.
(1) L(2) A(3) D(4) A(5) C(6) (7) (8) (9) Total. (Col. Part X	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.
(1) Lotal. (Col. Part IX (1) Lotal. (Col. A) (2) A(3) D(4) A(5) C(6) (7) (8) (9) (9) (7) (7) (8) (9) (7) (7) (8) (1) (7) (1) (7) (1) (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) I DAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMP APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes"	Pescription FEES ANY	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.
(1) Lotal. (Col. Part IX (1) Lotal. (Col. A) (3) D. (4) A. (5) C. (6) (7) (8) (9) Fotal. (Col. Part X) (1) Fe (2)	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.
(1) Lo (2) Ao (3) D (4) A (5) Co (6) (7) (8) (9) Fotal. (Color Part X 1. (1) Fe (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.
(1) Lotal. (Col. Part IX (1) Lotal. (Col. Part IX (2) Ao (3) D (4) Ao (5) Col. (Col. Part X (1) Fe (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.
(1) L(2) A(3) D(4) A(5) C(7) (8) (9) Fotal. (Col. Part X (1) Fe (2) (3) (4) (4) (5) (5)	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.
(1) L(2) A(3) D(4) A(4) A(5) C(5) (6) (7) (8) (9) (1) Fe (2) (3) (4) (5) (6) (6) (7) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694 <694 16,882 127,396 74,879
(1) L(2) A(3) D(4) A(4) A(5) C(6) (7) (8) (9) Total. (Col. Part X (1) Fe (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694 <694 16,882 127,396 74,879
(1) L(2) A(3) D(4) A(5) C(5) C(6) (7) (8) (9) Fotal. (Color Part X (1) Fe (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription FEES ANY	11e or 11f. See Form 9		694 <694 16,882 127,396 74,879
(1) L(2) A(3) D(4) A(5) C(5) C(5) C(5) C(5) (6) (7) (8) (9) Total. (Color Part X (1) Fe (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) IDAN FEES CCUM AMORTIZATION - LOAN IRECT DEPOSIT VIVA LIFE & ANNUITY COMPA APITAL ONE Cumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	PEES ANY 2 15) to Form 990, Part IV, line	11e or 11f. See Form 9		694. <694. 16,882. 127,396. 74,879.

Sche	dule D (Form 990) 2013 CHRISTIAN LIFE MINISTR		46-0366395 Pa	<u>.90 -</u>
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 12a.		_
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		- 1	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	- '	
С	Recovenes of prior year grants	2c	4.	
	Other (Describe in Part XIII.)	2d	7 6 6	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
_		<u> </u>		
C	Add lines 4a and 4b		4c	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line	18)	4c 5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.		5	
5 Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
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5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
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5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
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5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
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5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Employer identification number

OMB No 1545-0047

Name of the organization	AN LIBE WINTOWNIE			•			ntification number
Francisco Astritica	AN LIFE MINISTRIES Complete of the organization answe		es" to	Form 990 Part IV II	ne 1	46-0366	
Part 13 required to complete this par	t	ileu i	es lu	Form 990, Part IV, II	ne i	7. FOIIII 990-EZ	mers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includ	non-ga goven using a ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	☐ No be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							<u>-</u>
Total			•			·	
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration
	· · · · · · ·						
							
							

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SUMMER EVENTMISC EVENTS col (c)) (event type) (event type) (total number) Revenue 17,441 15. 17,456. 1 Gross receipts 2 Less: Contributions 15. 17,456. 17,441. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 1,796. ,796. 9 Other direct expenses 1,796. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: Yes a Is the organization licensed to operate gaming activities in each of these states? b if "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sch	nedule G (Form 990 or 990-EZ) 2013 CHRISTIAN LIFE MINISTRIES	46-036	6395	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer chantable gaming?		Yes	□ No
12	Indicate the percentage of gaming activity operated in:	ı	_ 163	
	The organization's facility	140		0/
		13		%
	An outside facility	13	<u>,D </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt		
	of gaming revenue retained by the third party > \$			
	if "Yes," enter name and address of the third party:			
	, , , , , , , , , , , , , , , , , , ,			
	Name ►			
	Address >			
16	Gaming manager information			
	Name >			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	• • • • • • • • • • • • • • • • • • • •		Yes	□ No
	retain the state gaming license?		_ res	NO
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F		9, 9b, 10)b, 15b,
	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instruction)	ons).		
				
				

Schedule (G (Form 990 or 990-EZ) Supplemental Info	CHRISTIAN LIFE	MINISTRIES	46-0366395 Page 4
Part IV	Supplemental Info	rmation (continued)		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

CHRISTIAN LIFE MINISTRIES

Employer identification number 46-0366395

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPIRITUAL AND MENTAL HEALING, 2) TO BRING NON-BELIEVERS THE GOOD NEWS
OF THE GOSPEL OF GRACE, 3) TO EDUCATE OTHERS ON HOW TO COUNSEL THROUGH
THE WORD OF GOD, AND 4) TO PROVIDE SEMINARS AND CONFERENCES TO ENHANCE
CHRISTIAN LIVING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN NEED OF SPIRITUAL AND MENTAL HEALING. TO BRING NON-BELIEVERS THE
GOOD NEWS OF THE GOSPEL OF GRACE. TO EDUCATE OTHERS ON HOW TO COUNSEL
THROUGH THE WORD OF GOD. TO PROVIDE SEMINARS AND CONFERENCES TO
ENHANCE CHRISTIAN LIVING.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: TWO BOARD MEMBERS, BILL EWING AND JESSE EWING, ARE FATHER AND
SON. THEY DO NOT HAVE ANY OTHER BUSINESS OUTSIDE OF CHRISTIAN LIFE
MINISTRIES.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: ALL MEMBERS OF THE BOARD ARE MADE AWARE OF THE FORM 990 AND IT
IS MADE AVAILABLE FOR THEIR REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST AT THEIR OFFICE.