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

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

OMB No 1545-1150

Open to Publics.

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

A For the 2013 calendar year, or tax year beginning AUG 23, 2013 and ending DEC 31, 2013 and ending D	intern	ai Reve	nue Service	► Information about For	m 990-EZ and its instructi	ons is at <sub>www</sub>	v.irs.gov/form	1990.	Inspection:
Contact charges charges   Charge char	A F	or the	2013 calenda	r year, or tax year beginning	AUG 23, 2013	and en	ding DE	C 31.	2013
THE JESUS FUND FOUNDATION, INC.   46-3519533   Room/suite   46-3519533   THE JESUS FUND FOUNDATION, INC.   46-3519533   Room/suite   5 Telephone number   1901 NAPA VALLEY DR   Cly or lown, state or province, country, and £7 per foreign postal code   Ferror of accounting Management of the Company of the	BC	heck if	C N	ame of organization	<del></del>			D Employer	identification number
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Terminate Name   Number and Street (or P.O. Dox, if mail is not delivered to street address)   Terminate   Termi		٦.	` I m	HE JESUS FUND FOUN	DATION, INC.			46-3	519533
Translate   1901 NAPA VALLEY DR	X						Room/suite	E Telephoni	e number
Contributions price   Contributions   Contri		7	1 4	901 NAPA VALLEY DR				(501	.) 372-6524
Number	$\overline{\Box}$	٦	City		ZIP or foreign postal code		<del></del>		<del></del>
8 Accounting Method:	X			ITTLE ROCK, AR 72	212			•	•
Website:			tion pyrraina					H Check	If the organization is not
Tax-exempt status (check only one)			•					_	-
K Form of organization: X Corporation				heck only one) - X 501(c)(3)	501(c) ( ) <b>◄</b> (insert no.)	4947(a)(1)	or 527	(Form 99)	0, 990-EZ, or 990-PF).
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II.)  Column (6) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I   20,000.  The common of the part I   20,000.  Program service revenue including government fees and contracts  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assess other than inventory  Less: cost or other basis and sales expenses  Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  Gaming and fundraising events  Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met income or (loss) from gaming and fundraising events  Met incom					<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>
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_		JESUS FUND FOUNDATIO (see the instructions for Part II)				46-	<u>- 35</u>	<u> 195</u>	33	Page 2
	السميونيون	inization used Schedule O to re		stion	in this Part II					
_					Beginning of year	T		(B) E	nd of year	
22	2 Cash, savings, and investment	s			0	. 22	:		4,2	298.
23	3 Land and buildings		[			23				
24	4 Other assets (describe in Sche	dule O)	. [			24				
25	5 Total assets		ļ			25	ــــــــــــــــــــــــــــــــــــ		4,2	298.
26		,			<del></del> -	26	+		<del>,</del>	
_		ine 27 of column (B) must agree with line 21		4 -	6- D- + 105	27	₽-		<del></del>	298.
P		rogram Service Accomplishm	•		•	X	(Rei		<b>(penses</b> for section	١
A //-		anization used Schedule O to re empt purpose?SEE SCHEDULE		stion	ın tnıs Part III		501	(c)(3)	and 501(c)	)(4)
	-								ons and se ) trusts; op	
		accomplishments for each of its three largest progra number of persons benefited, and other relevant info		xpenses	In a clear and concise			thers.		
28	SEE SCHEDULE O	<del></del>					╁┯			
			· · · · · · · · · · · · · · · · · · ·							
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	(Grants \$	) If this amount includes foreign	n grants, check here		<b>&gt;</b>		28a			
29							$\Box$			
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	(Grants \$	) If this amount includes foreign	n grants, check here		<b>&gt;</b> _		29a			
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	(Grants \$	) If this amount includes foreign	n grants, check here		<u>&gt;</u>		30a			
31	Other program services (desc	•			_					
20	(Grants \$	) If this amount includes foreign	n grants, check here			<del></del>	318			
3 <u>2</u>	Part IV: List of Officers	nses (add lines 28a through 31a) Directors, Trustees, and Key	Employees (het each	2 000 000	on if not compensated -	con the	32	ctions fo	or Part IV	
		anization used Schedule O to re				300 1110	I HISDU	CHOILS	w / alt 10/	
	Officer if the orga	inization used seriedule o to re	(b) Average hours		(C) Reportable	(d) H	ealth be	nefits.	(e) Estir	nated
	(a)	Name and title	per week devoted		compensation (Forms	` cont	ribution loyee b	ns to	amount o	
	(-7)		position		W-2/1099-MISC) (if not paid, enter -0-)	plans,	and de	eferred	сотреп	sation
R	ONALD M. CAMEROI	N					<u> </u>			
D.	IRECTOR; PRESID	ENT	5.00	- 1	0.			0.		0.
	INA J. CAMERON									
	IRECTOR		1.25	1	0.			0.		0.
	ERRILL A. PARKE									
	IRECTOR; VICE PI	RESIDENT	1.25		0.			0.		0.
	RYAN GREEN		<b>⊣</b>						l	^
	IRECTOR		1.25		0.			0.	<b> </b>	0.
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<u>ט</u> .	IRECTOR; SECRETA	ARY	1.25		0.			0.	<b></b>	0.
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Pa	instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
	motivation for that ty officer in the digamental dead con. O to respond to any question in this		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	$\overline{}$	163	1,40
•••	activity in Schedule O	33	1	x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		<del> </del>	
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c	L	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N .	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	المتأسسة		٠,
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	. "S.FFL.	د الله الله الله الله الله الله الله الل	نوشا
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			P
39	Section 501(c)(7) organizations. Enter:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Initiation fees and capital contributions included on line 9  N/A	4.	1 pr 2	
	Gross receipts, included on line 9, for public use of club facilities  N/A	+, +, +	200	1.3
4U 8	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911   0 • ; section 4912   0 • .	, ,	786	PAT .
	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 · Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	-	. "2"	
D	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?		13.22	2.36
	If "Yes," complete Schedule L, Part I	40b		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400	9.7 15	72.3
٠	or disqualified persons during the year under sections 4912, 4955, and 4958	11.5		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	经院	
•	organization . > 0.	`	7.7	. 2
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ا در	M.	
	transaction? If "Yes," complete Form 8886-T	40e	, , , , , , , , , , , , , , , , , , ,	x
41	List the states with which a copy of this return is filed <b>NONE</b>			
42 a	The organization's books are in care of ►THE ORGANIZATION Telephone no. ► (501)	372	-65	24
	Located at ▶ 1901 NAPA VALLEY DR, LITTLE ROCK, AR ZIP+4 ▶	7221	2	
b	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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	BT / B		<u></u>
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
		ı	V	- Na
44.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No
444	Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	774		<del>  ^</del>
U	of Form 990-EZ	44b		x
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			<del>  "</del>
ď	in Schedule O	440	<u> </u>	
45 e	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		<b> </b>	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		-
		Form 9	90-EZ	(2013
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Form	990-ÈZ (2	013)	THE	JES	US	FUNE	F	OUNDA	TION,	INC.				46-3	5195	33	F	Page 4
	Did the or				or indi	rectly, in p	ooliti	cal campai	gn activities	on behalf of o	r ın oppositio	on to cand	didates for p	ublic offic		46	⁄es	No
				c)(3) or	rgan	izatio	18 (	only								40		
					-			-	stions 47-4	9b and 52, a	ınd complet	te the ta	bles for line	es 50 an	d 51.			
		Check if	the orga	anization	usec	Schedu	le C	to respor	nd to any o	uestion in th	nis Part VI					- 16		<u> </u>
47	Did the or	חולבדותבת	n annana	un lahbur	na acti	nution or t	121/4	a caction 5	01(h) electio	ın ın effect du	ring the tay v	oar2 If V	es " complet	a Sch C	Dart II [	47	/es	No X
48										nplete Schedu		Gal: II I	cs, complet	.c Juli. U,		48	$\dashv$	X
							-		related orga	•						49a		X
	If "Yes," w						-								<u> </u>	49b		
50				_		_				other than offi	cers, director	rs, trustee	s and key e	mployees	) who ead	ch rece	ived r	nore
	man \$100			and title o				there is nor	ne, enter "No	(b) Averag	ne hours	(c)	Reportable	(d) Healt	h benefits,	(e)	Estim	ated
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1	Total num	ber of ot	her empl	oyees paid	over	\$100,000	)				<b>&gt;</b>	<del></del> -						
51									ndependent	contractors w	ho each rece	ived more	e than \$100	,000 of co	mpensat	ion fro	m the	1
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May	the IRS di	Scuss the	s return v					? See instru					<u>-</u>		ightharpoonup	Yes		No
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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

**Employer identification number** THE JESUS FUND FOUNDATION, INC. 46-3519533 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) li	organization isted in your document?	organiza	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the i.?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes No		Yes	No	
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Total 2					: :				0.

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

Schedule A (Form 990 or 990-EZ) 2013

# 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>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			}			
	membership fees received. (Do not			1			
	include any "unusual grants.")			<u> </u>	Ĺ		
2	Tax revenues levied for the organ-			)			
	ization's benefit and either paid to		•	ļ			
	or expended on its behalf			<u> </u>			<del></del>
3	The value of services or facilities			i			
	furnished by a governmental unit to			[			
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3						
5	The portion of total contributions	6 ta 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d 50, -13		11 1 4 1 - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	by each person (other than a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Charles of the control of the contro			
	governmental unit or publicly						
	supported organization) included		The same of the sa				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	, , , , , , , , , , , , , , , , , , , ,					
	column (f)	Maryen,		\$\$.		, , , , , , , , , , , , , , , , , , ,	
6	Public support. Subtract line 5 from line 4	jet ~ .	17 18			8 m - 1 gr / 1	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			L			
8	Gross income from interest,						
	dividends, payments received on		}				
	securities loans, rents, royalties	ł	İ	Ì			
	and income from similar sources				L		
9	Net income from unrelated business				Ì		
	activities, whether or not the				ļ		
	business is regularly carried on			<u> </u>	 		
10	Other income. Do not include gain		1	<b>\</b>			
	or loss from the sale of capital	ì	1	1			
	assets (Explain in Part IV.)						
11	Total support, Add lines 7 through 10			-,			
12	Gross receipts from related activities	, etc. (see instruct	ons)		•	12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Pub					<del></del>	
14	Public support percentage for 2013			column (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2013. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this box	k and
	stop here. The organization qualifies		_				▶∟
t	33 1/3% support test - 2012. If the				l line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes	s <b>t - 2013.</b> If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fac-	cts-and-circumstar	nces" test, check t	his box and stop h	i <b>ere.</b> Explain in Pa	rt IV how the organi	zation
	meets the "facts-and-circumstances"	_			-		
t	10% -facts-and-circumstances tes	st - 2012. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	o, check this box a	and see instructions	
						dule A (Form 990	

# Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed	below, please com	plete Part II.)	<del></del>					
Section A. Public Support		<del></del>	<sub>r</sub>	<del></del>	<del></del>			
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
<ol> <li>Gifts, grants, contributions, and</li> </ol>			1		1			
membership fees received. (Do not				1				
include any "unusual grants.")				ļ <u>.</u>	Ļ			
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								
3 Gross receipts from activities that		1		1	ļ			
are not an unrelated trade or bus- iness under section 513								
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5 The value of services or facilities furnished by a governmental unit to the organization without charge	)							
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified person	i							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6.) Section B. Total Support		<u>Ľ</u>	<u> </u>		<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
<b>b</b> Unrelated business taxable income								
(less section 511 taxes) from businesse acquired after June 30, 1975	es					·		
c Add lines 10a and 10b  11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	ss							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13 Total support. (Add lines 9, 10c, 11, and 12			L	<u> </u>	1			
14 First five years. If the Form 990 is	tor the organization	s first, second, thi	ra, rourth, or fifth t	ax year as a section	on 5U1(c)(3) organiz	ation,		
check this box and stop here	blic Support De	roontage	<del></del>					
Section C. Computation of Pu					l de l			
15 Public support percentage for 201			column (t))		15	<u>%</u>		
16 Public support percentage from 20 Section D. Computation of Inv			<del>- · · - · - · - · - · - · - · - · - · -</del>		16	%		
·					147			
17 Investment income percentage for	*	-	19 13, Column (I))		17	<u>%</u>		
18 Investment income percentage from 2012 Schedule A, Part III, line 17  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								
	-					, is not		
more than 33 1/3%, check this box b 33 1/3% support tests - 2012. If the	he organization did	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and		
line 18 is not more than 33 1/3%, o						▶⊨		
20 Private foundation. If the organiza	tion did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	<b>&gt;</b> L		

332023 09-25-13

Schedule A	(Form 990 or 990-E	Z) 2013 THE	<b>JESUS</b>	FUND	FOUNDATIO	ON, INC.	46-3519533 Page 4
Part IV	Supplemental	Information	<ul> <li>Provide th</li> </ul>	e explana	tions required by F	Part II, line 10; Part II,	line 17a or 17b; and Part III, line 12.
	Also complete this	part for any add	litional infor	mation. (S	ee instructions).	<del></del>	
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### 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.

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

Open to Public

**Employer identification number** 

46-3519533

OMB No 1545-0047

Inspection.

Internal Revenue Service Name of the organization

THE JESUS FUND FOUNDATION, INC.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF THE ORGANIZATION IS TO FURTHER THE GOSPEL OF JESUS; TO MAKE DISCIPLES OF ALL THE NATIONS; TO HELP THE SICK; TO FEED THE POOR; AND TO SUPPORT THOSE INDIVIDUALS AND ORGANIZATIONS WHO LIFT UP JESUS IN WORD AND DEED TEACHING HIS PRINCIPLES, CARING FOR THE UNDERPRIVILEGED AND INCLUDING, FACILITATING OPPORTUNITIES FOR ALL PEOPLE TO KNOW AND FOLLOW JESUS; AND TO SUPPORT THOSE ORGANIZATIONS THAT ESTEEM TRADITIONAL, SCRIPTURE-BASED VALUES FOR GOVERNMENT, AS WELL AS, EDUCATIONAL FREEDOM FOR ALL CHILDREN. THE ORGANIZATION SHALL ENCOURAGE AND SUPPORT THE CONSERVATIVE PRINCIPLES ESPOUSED BY JESUS INHERENT IN THIS MISSION AND NOT IN CONTRAVENTION OF THEM. THE ORGANIZATION, AS A SUPORTING ORGANIZATION OF HELPING HANDS MINITRIES, INC. (HHM) AND NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. (NCF), WILL CARRY OUT A CHARITABLE PROGRAM THAT WILL SUPPLEMENT THE PROGRAMS OF HHM AND NCF.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION, AS A SUPPORTING ORGANZIATION OF HELPING HANDS MINISTRIES, INC. (HHM), INTENDS TO SUPPLEMENT THE PROGRAMS OF HHM BY PROVIDING GRANTS TO INDIVIDUALS AND CHARITABLE ORGANIZATIONS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION, AS A SUPPORTING ORGANIZATION OF NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. (NCF), INTENDS TO SUPPLEMENT THE PROGRAMS OF NCF BY PROVIDING GRANTS TO

INDIVIDUALS AND CHARITABLE ORGANIZATIONS.

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

Schedule O (Form 990 or 990-EZ) (2013)

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

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

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Employer identification number

Open to Public ... 1 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE JESUS FUND FOUNDATION, 46-3519533 INC. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.