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Form **990**

Return of Organization Exempt From Income Tax

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

201

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

۱F	or the	e 201 <u>3</u>	calendar year, or tax ye <u>ar begin</u>	ning	, 2013,	and end	ing			, 20	
			C Name of organization					D Employeride	entificatio	n number	
S C	eck if ap	plicable	THIRD BAPTIST CHURCH E	ENDOWMENT FUND	4500590	19					
	Addre	ss	Doing Business As					46-676	6827		
	7 1	change	Number and street (or P.O. box if mail is r	not delivered to street addres	is)	Room/suite	,	E Telephone nu			
	Initial		42 MCCLURG ROAD					330 74	3 - 700	n	
_	-		City or town, state or province, country, a	nd ZIP or foreign postal code				330 74	3 700	<u> </u>	
-	Termii Amen			na z.i. or torong i pooter oo at	•			G Gross receipt	. •	17	C E 1 E
1,	return Applic	_	YOUNGSTOWN, OH 44512					H(a) Is this a grou			6,545
X	pendu		F Name and address of principal officer					subordinates		Yes	H
					T	гт		H(b) Are all subordu			No
	Tax-ex	empt sta	tus X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) o	r 5	27	If "No," attac	h a list (see	instructions)	
J	Websr	te 🕨	N/A					H(c) Group exemp	tion numbe	r >	
<u> </u>	Form o	forganiz	zation Corporation X Trust	Association Other	•	L Year	of format	ion 2012 M	State of le	gal domicile	∍ OH
Рa	rt I	Sum	ımary								
	1	Briefly	describe the organization's mission or	most significant activities	3						
a			FUND SHALL BE OPERATED			PURPOS	E OF	PROVIDING	3		
ũ			S TO SUPPORT THE NEEDS								
Ĕ	2		this box I if the organization di		-						
Activities & Governance			r of voting members of the governing	•	•				3		9
2											<u> </u>
Se			r of independent voting members of th						4		
Ě	5		umber of individuals employed in caler		ne 2a)				5		NONE
Ę	6		umber of volunteers (estimate if necess						6	_	NONE
۹	7a	Total u	nrelated business revenue from Part VI	II, column (C), line 12					7a		NONE
	b	Net unr	elated business taxable income from F	orm 990-T, line 34					7b		NONE
- 1								Prior Year		Current \	/ear
	8	Contrib	utions and grants (Part VIII, line 1h)					484,7	12	3	1,308
Ž			n service revenue (Part VIII, line 2g) .								
Revenue			nent income (Part VIII, column (A), line							1	6,396
æ			evenue (Part VIII, column (A), lines 5, 6		_		`				-7050
ļ			evenue - add lines 8 through 11 (myst		٠,٠,٠		·	484,7	12	Λ	7,704
\dashv			and similar amounts paid (Part IX, colu		1971		•	404,7.			$\frac{7,704}{1,812}$
	13	Grants	s paid to or for members (Part IX, colur	2) (A) (Intes 1-3)	V - 10:1		•				1,012
	14	Benefits	s paid to or for members (Part IX, colur	DU (Y) (NO A) 1.0 50			•		-		2 526
è	15	Salaries	s, other compensation, employee bene	uts (Part IX, column (A),	lines 5-10)		·				<u>3,536</u>
Expenses			ional fundraising fees (Part IX, column				٠ 🛌				
Ř	b	Total fu	ndraising expenses (Part IX, column ([)), line 25)	NON	<u>E</u>					
۳	17	Other e	xpenses (Part IX, column (A), lines 11	1-1-1d , 11-24 e)							<u>1,043</u>
	18	Total ex	cpenses. Add lines 13-17 (must equal l	Part IX, column (A), line 2	25)					2	<u>6,391</u>
	19	Revenu	e less expenses. Subtract line 18 from	line 12	<u> </u>	<u>.</u>		484,7	12	2	1,313
o Ses							Begin	ning of Current Y	ear	End of Ye	ar
들	20 21 22	Total as	ssets (Part X, line 16)					484,7	12.	50	6,025
A Sign	21		abilities (Part X, line 26)				`		ONE		NON
털	22		ets or fund balances. Subtract line 21				·	484,7		50	6,025
	άIJ		nature Block	TOTAL LINE LOS			• 1	10177			0,025
			perjury, I declare that I have examined the	s return uncluding accompa	anvina schedul	les and stat	ements a	nd to the best of	my know	ledge and b	nelief it is
true	, corre	ct, and c	omplete Declaration of preparer (other than	officer) is based on all infor	mation of whic	h preparer l	nas any kr	owledge		lougo una l	
								05/1	1/101	1	
Sig	n		ignature of officer						3/2014	<u> </u>	
ler		l	• /		_			Date			
	•	_	ARMERS ARUST CO TTEE,	SVP &TR OFFICE	IR						
	_	<u> </u>	ype or print name and title					··· •			
1_:-4		Print/T	ype preparer's name	Preparer's signature		Date		Check	ıf PTIN		
Paid		_						self-employe	ed		
•	arer	Firm's	name ▶					Firm's EIN			
Jse	Only		address ►			-		Phone no			
Vlav	the IF		iss this return with the preparer shown	above? (see instructions	:)		1			Yes	X No
	D		advertion Act Blotics, and the constate		· · · · · ·	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	• • • • • •		Λ NO

JSA 3E1010 1 0 9

_		ge 2
Pa	Statement of Program Service Accomplishments	
<u>.</u>	Check if Schedule O contains a response or note to any line in this Part III	X
'	THE FUND SHALL BE OPERATED EXCLUSIVELY FOR THE PURPOSE OF PROVIDING	
	FUNDS TO SUPPORT THE NEEDS AND OBJECTIVES OF THE THIRD BAPTIST CHURCH.	
		_
2		No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 31,308. including grants of \$) (Revenue \$)	—
	TO SUPPORT VARIOUS NEEDS OF THE THIRD BAPTIST CHURCH.	
	10 bolloni vililado nazao di 1112 inina antilata dibindin	
		—
		—
		_
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
70	/ (Code / (Expenses # / (Revende #) (Revende #)	
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	// // // // // // // // // // // // //	
		_
		
		_
44	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 31,308.	

Part	Checklist of Required Schedules			T
			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 (see instructions)?	2	Χ	
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		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
5				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		₩
_	Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	•			$\frac{\Lambda}{\Lambda}$
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,"			1,7
	complete Schedule D, Part VI	11a		<u>X</u>
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		X_
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 167 If "Yes," complete Schedule D, Part IX	11d	٠	_ X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
120	complete Schedule D, Parts XI and XII	12a		Х
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
D		12b		Х
40				X
13	Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E	13		
		14a		_ <u>X</u>
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			
	,	14b		_ <u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
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 (see instructions)	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?			
13	If "Yes," complete Schedule G, Part III	19		X
20 -	· · · · · · · · · · · · · · · · · · ·			_ <u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	N/	
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	H/	<u>:</u>

Part	V Checklist of Required Schedules (continued)			
-			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 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If No, go to line 25a	24a		X
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	_
b		240	N/E	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c	37/	
	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	N/ <i>E</i>	}
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		Х
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			_^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	251		. v
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		v
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		:	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		v
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	conservation contributions? If "Yes," complete Schedule M	30		_^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
	Part I	31		
32	complete Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34		_ X
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		_ ^
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ 21
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			- 21
38	197 Note. All Form 990 filers are required to complete Schedule O	38	x	
	19 Mare' Will And 1990 ilicia are reduited to combiere actigning O			(2013)

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	Ŀ
			Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	\dashv		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		77	
_	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	26	N/A	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		N/A	
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		N/A	H
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100	М/Д	┢
7 u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	N / A	
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		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A	
3a	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		L
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N/A	
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A	Ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
	and the manager of the mean daming the four times and the manager of the mean daming the four times and the mean daming times are the mean daming times and the mean daming times are the mean daming times and the mean daming times are the mean daming times and the mean daming times are the mean daming times and the mean daming times are the mean daming times and the mean daming times are the mean daming times and the mean daming times are the mean daming times and the mean daming times are the me	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		_
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		Т
" B	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/"		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Ì		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Lab N/A			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A	_
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
	Enter the amount of reserves on hand	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	N/	
A SA			990	_
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Form 990 (2013) 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. Section A. Governing Body and Management Nο 1a 9 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b 9 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X 8b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, N/A 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b N Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12¢ 13 13 14 X 14 Did the organization have a written document retention and destruction policy?...... 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? N/ISection C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶Ohio 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website 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, and

organization: ► FARMERS TRUST COMPANY TEL: (330) 743-7000 42 MCCLURG ROAD; YOUNGSTOWN, OH

State the name, physical address, and telephone number of the person who possesses the books and records of the

financial statements available to the public during the tax year.

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Form 990 (2013) Page **7**

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent C	onti	ractors			-		_	•		
•	Check if Schedu	ıle (O contains	a response	or note to	any lii	ne in this Part	VII		<u>.</u>	
Section A	Officers Director	~ T	ructooc Ke	w Employees	and Highe	ct Cor	nnancated Em	nlovoos			

- 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.

X Check this box if neither the organization no	or any related	orga	nıza	tion	COI	mpen	sate	d any current offic	er, director, or trus	tee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than c		Reportable	Reportable	Estimated
	hours per			-		ıs both		compensation	compensation from	amount of other
	week (list any		_			or/trus	<u> </u>	from the	related organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ᄬ	Former	organization	(W-2/1099-MISC)	from the
	organizations		Ē	ĕ	3	loy	ner	(W-2/1099-MISC)		organization
	below dotted	[학급	กล		ş	e co				and related organizations
	line)	uste	Ę		ee	per				
		0	tee			Highest compensated employee				
(1) GENEVA F. MASON	1.00	ļ <u>"</u>							,,,,,,,	
CHAIRPERSON	1 20	X	ļ	ļ				NONE	NONE	NONE
(2) JESSE CARTER	1.00	٠,,						370377	NO.	11011
COMMITTEE MEMBER	1 00	X				<u> </u>	<u> </u>	NONE	NONE	<u>NON</u> E
(3) WILLARD BOYD	1.00	,,						370377	NONE	NOVE
COMMITTEE MEMBER	1 00	X		┢	<u> </u>			NONE	NONE	NONE
(4) MOSSCO DUBOSE	1.00	٠,,						370377	NOVE	27017
COMMITTEE MEMBER	1 200	X	ļ				-	NONE	NONE	<u>NON</u> E
(5) ERNEST HIGHT	1.00	٠,,	l					11011	NOVE.	
COMMITTEE MEMBER	1 00	X		├				NONE	NONE	NONE
(6) EUGENE MICKEL	1.00	X						NONE	NONE	MONT
COMMITTEE MEMBER	1.00	<u> </u>		┢	-		-	NON	NONE	NONE
(7) HOWARD PINCHAM	<u></u> -	Х						NIONII	NONE	NONE
COMMITTEE MEMBER	1 00	A		 			⊢	NONI	NONE	<u>NON</u> E
(8) JAMES TORBERT	1.00	Х		ļ				NI ONT	NONE	MONE
COMMITTEE MEMBER (9) FARMERS TRUST COMPANY	2.00	^	├				-	NONI	NONE	NONE
		1	X	1	1			NON	NONE	2 526
TRUSTEE	· · · · · · · · · · · · · · · · · · ·		Α.					NOM	NONE	3,536.
(10)										
(11)										
(12)							-			
(13)										
(14)			-	-	-					

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
Complete Compensation Section B. Independent Contractors Complete Schedule J for such individual Section B. Independent Contractors Section B. Independent Contractors Complete Schedule J for such independent contractors Section B. Independent Contractors Complete Schedule J for such independent contractors Complete Schedule J for such individual Complete Schedule J for such person Complete	•		Average hours per week (list any hours for	box,	Position (do not check more than box, unless person is bo officer and a director/tru					Reportable compensation	Reporta compensati	on from	Estimated amount of other					
(16) (17) (18) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total (audd lines 1b and 1c) 7 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual, To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual, To any person listed on line 1a receive or accrue compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual, To bid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of			organizations below dotted	dividual trustee	stitutional trustee	fficer	ay employee	ghest compensated nployee	ormer	organization	_		from the organization and related					
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c Total from continuation sheets to Part VII, Section A	(25)																	
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person		Total number of individuals (including but not	limited to	those	lıst								P 3,30.					
organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual	3	Did the organization list any former offi	cer, directi	or, o ıch ını	r tı	rust dua	ee, /	key	em	ployee, or highe	st compen	sated	1 2 2 3 E					
for services rendered to the organization? If Yes, complete Schedule J for such person	4	organization and related organizations gi	reater thai	n \$1	50,0	000	? /	lf Ye	s,	complete Sched	ule J for	such						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of		for services rendered to the organization? If																
																		
year.	1	compensation from the organization. Report																
(A) (B) (C) Name and business address Description of services Compensation																		
NONE	_	NONE			-				\perp									
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	2								_	those listed ab	ove) who							

	Check if Schedule O c		1		(B)	(C)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
≨ 1a	Federated campaigns	1a					
Program Service Revenue and Other Similar Amounts							
[]	Fundraising events	1c					1
ia o							
ه این	Government grants (contribu	tions) 1e					
j f	All other contributions, gifts, gran	nts,					
ੋਂ	and similar amounts not included	dabove . 1f	31,308				
[9				21 200			
<u></u> F	h Total. Add lines 1a-1f	<u></u>		31,308.		 	+
Ž			Business Code				+
<u>ک</u> 2a							-
9 6			 				
			<u> </u>				
Š d							
gran f		vanua.					
Ď g				1			
3	Investment income (including						
	other similar amounts)			7,712.			7,71
4	Income from investment of ta						
5	Royalties · · · · · · · · ·		▶				
	·	(ı) Real	(II) Personal				
6a	Gross rents						
b	Less rental expenses		ļ				
C			<u></u>				
d	Net rental income or (loss						
7a	Gross amount from sales of	(i) Securities	(II) Other				
	assets other than inventory	137,525	 				
l b		128,841	Ţ	1			
	and sales expenses			1			
9				8,684.	8,684.	·	
				- 0,0011	3,001.		
en 8a	events (not including \$	•					
ē	of contributions reported on		ļ				1
<u>۾</u>	See Part IV, line 18		j	1			
Other Reve							
∄ ∣ ਫ							
9a	a Gross income from gaming a	ctivities					
	See Part IV, line 19						
6							
٩	Net income or (loss) from gain	ming activities					
10a	 Gross sales of inventor returns and allowances 						
6							
	 Net income or (loss) from sal 	es of inventory					
	Miscellaneous Reven	nue	Business Code				
11a							
ь	·						
6	·						ļ-
d	All other revenue						-
			- L		1		

Form **990** (2013)

	tion 501(c)(3) and 501(c)(4) organizations must		. All other organization	ns must complete colum	nn (A)
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	21,812.	21,812.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
4	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
	trustees, and key employees	3,536.		3,536.	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
10 11	Other employee benefits	-			
b	Management Legal Accounting Lobbying				
e	Professional fundraising services See Part IV, line 17. Investment management fees				
13	(A) amount, list line 11g expenses on Schedule O)				
15 16	Information technology				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21	Interest				
23	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	·				
25	All other expenses Total functional expenses Add lines 1 through 24e	1,043. 26,391.	21,812.	1,043. 4,579.	NONI
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)				

ГŒ	tΧ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	484,712.	2	37,233.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		5	
g	-	organizations (see instructions) Complete Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
۲	8 9	Inventories for sale or use		9	
	_	Land, buildings, and equipment: cost or		-	
	iva	other basis, Complete Part VI of Schedule D			
	h	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	468,792.
	12	Investments - other securities. See Part IV, line 11		12	400,102.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	484,712.	16	506,025.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ş	21	Escrow or custodial account liability. Complete Part IV of Schedule D [21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
abi		trustees, key employees, highest compensated employees, and			
7		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
ses		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
	30	Capital stock or trust principal, or current funds	484,712.	30	506,025.
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	484,712.	33	506,025.
	34	Total liabilities and net assets/fund balances	484,712.	34	_506,025.

Form **990** (2013)

Form 9	90 (2013)				Pa	ge 12
Part	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			47,	704.
2	Total expenses (must equal Part IX, column (A), line 25)	2			26,	391.
3	Revenue less expenses. Subtract line 2 from line 1	3			21,	313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	84,	712.
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		5	06,0)25.
Part	· · · · · · · · · · · · · · · · · · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			ļ	ĺ	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	าสก			
	Schedule O.					
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 con	npiled	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight			l	
	of the audit, review, or compilation of its financial statements and selection of an independent account	itant?		2c	N/	A
	If the organization changed either its oversight process or selection process during the tax year, e	xplan	n in			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	fort	ın ın			
	the Single Audit 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 und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	N/	Α
				Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

Name of the organization Employer identification number								er					
THIR	HIRD BAPTIST CHURCH ENDOWMENT FUND 450059019						46-6766827						
Part I													
The org	e organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)												
1 ∟	-	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	-		(1)(A)(ii). (Attach Schedu										
3	⊣ '	•	ervice organization descri			-		•					
4 _		h organization op	erated in conjunction w	ith a h	nospita	ıl descr	ibed in	section	170(1	o)(1)(A	A)(iii). E	nter	the
_	hospital's name, cit						- -						
5	-	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or	local government	or governmental unit desc	cribed	ın sect	ion 170)(b)(1)(<i>I</i>	4)(v).					
7 _	An organization th	at normally receive	es a substantial part of it	ts supp	ort fro	om a go	vernme	ental un	it or fro	om the	e gener	al p	ublic
_	_ described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)										
8	⊣ '		on 170(b)(1)(A)(vi). (Com	•									
9 _	An organization th	at normally receive	es (1) more than $331/3\%$	of its	suppo	ort from	contrib	utions,	membe	ership	fees, a	nd g	ross
	•		exempt functions - subj			•							
	• • • • •		ome and unrelated busi						511	tax) f	rom bu	ısıne	sses
_	-		ne 30, 1975. See section										
10	-		ed exclusively to test for										
11 🔼			rated exclusively for the			•							
		•	ipported organizations de									sec	tion
	<u>—</u>		es the type of supporting	_			·			-			
	a X Type I	b Type II	c Type III-Function		_			Type III			•	•	
e			e organization is not con										
			other than one or more	publici	y supp	ortea o	rganiza	tions a	escribe	a in s	ection :	009(3)(1)
	or section 509(a)(2	•		. IDC	4ha4 :4	a T		المست	- T	. 111 -			
f	_		n determination from th						от тур	e m s	upporti	ng !	$\overline{}$
_	Since August 17, 2	OOS bas the organ			tributi	on from	 	 tho		• • • •		(لـــا
9	following persons?		inzation accepted any girt	OI COI	itiibuti	011 11011	i ariy oi	me					
			tly controls, either alone	or tog	athar v	with nor	cone de	ecribac	L un (u)	and	(Yes	No
		•	- · · ·								11g(i)		X
			ng body of the supported organization?erson described in (i) above?								11g(ii)		X
			on described in (i) or (ii) a								11g(in)		X
h			ut the supported organiza			• • • •					3,,		
	Name of supported	(ii) EIN	(iii) Type of organization	$\overline{}$	ls the	(v) Did v	ou notify	(vi) l	s the	(vii) A	mount of	mone	etary
117	organization	(described on lines 1-9 organization in the organization				nızatıon	n organization in support					J. Car. y	
			above or IRC section (see instructions))	your governing document?		in col (i) of your support?		col (i) organized in the U.S.?					
			(000	Yes		Yes	No	Yes	No				
		1				-	<u> </u>						
(A)	SEE PART IV												
				<u> </u>		<u> </u>							
(B)													
(C)													
(D)				 	<u> </u>	T							
(D)						ļ			i				
/E\													
(E)					L	<u> </u>							
Total													
	erwork Reduction Act N 10 or 990-EZ.	lotice, see the Instru	ctions for					Sch	edule A (Form 9	90 or 99	0-EZ)	2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

			Section A. Public Support N/A							
Calendar 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 organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge	<u> </u>								
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
_6	Public support. Subtract line 5 from line 4.									
Sect	ion B. Total Support		.		•	1				
Caler	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7 8	Amounts from line 4						.,.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities, etc. (s	ee instructions) .				12				
13										
Sect	ion C. Computation of Public Sup		*			т т				
14	Public support percentage for 2013 (li						<u>%</u>			
15	Public support percentage from 2012						<u>%</u>			
16a	a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	331/3% support test - 2012. If the contraction									
D	* *	-								
170	check this box and stop here. The organization qualifies as a publicly supported organization						· · · · —			
1/4	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in									
b	Part IV how the organization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	, –			

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

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

Sec	tion A. Public Support	anny amaon and	7 (00(0 110(00 0	0.011, p.0000 0	or proto rate	····,	N/A
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				•		1
3	Gross receipts from activities that are not an					†	_
-	unrelated trade or business under section 513						
4	Tax revenues levied for the			1			·
·	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the	İ					
	organization without charge	İ	i				
6	Total. Add lines 1 through 5				 		
	Amounts included on lines 1, 2, and 3		-	· ·	†	1	
, a	received from disqualified persons	ı					
b	Amounts included on lines 2 and 3				1	<u> </u>	
	received from other than disqualified	ı					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						1
8	Public support (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support		· I			·	I
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
_	Gross income from interest, dividends,					1	
	payments received on securities loans,						
	rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975						j
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
42	Other magnetic De not include gain of				 	 	
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					1	-
. •	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth or	fifth tax year a	is a section 501	(c)(3)
	organization, check this box and stop here				· ·		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			mn (f))		15	%
16	Public support percentage from 2012 Scheo					16	%
	tion D. Computation of Investmen	-		<u> </u>		<u> </u>	
17	Investment income percentage for 2013 (lin			3, column (f))	-	17	%
18	Investment income percentage from 2012 S					18	<u> </u>
	331/3% support tests - 2013. If the org						
. u	17 is not more than 331/3%, check the	=					
h	331/3% support tests - 2012. If the orga		_	-			
	line 18 is not more than 331/3%, check						. —
20	Private foundation. If the organization		=	=		*	. —

Dage A

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

TOTAL SUPPORT:

21,812.

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. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

THIRD BAPTIST CHURCH ENDOWMENT FUND 450059019	46-6766827
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	IEW
THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO THE COMM	ITTEE
MEMBERS FOR THEIR REVIEW.	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 18	
AVAILABLE UPON REQUEST.	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
THE ORGANIZATION DOES NOT PROVIDE ITS GOVERNING DOCUMENTS AN	D
FINANCIAL STATEMENTS TO THE PUBLIC.	