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# Department of the Treasury Internal Revenue Service

Form **990** 

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

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

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

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

OMB No 1545-0047

Open to Public Inspection

<u> </u>	For the	2013 cale	endar year, or tax year be	eginning	January 1	<u>, 2013, a</u>	nd ending	Decen	ber 31	, 20 1:	
В	Check if a	applicable	C Name of organization Wil	th Love Fr	om Jesus Ministries				D Emplo	yer identifica	ton number
	Address	change	Doing Business As							56-2271	441
	Name ch	ange	Number and street (or P C	box if mai	is not delivered to street	address)	Room/suite		E Telepho	one number	
$\overline{\Box}$	Initial retu	-	P.O. Box 37713							919-233-	3010
$\overline{\Box}$	Terminate		City or town, state or prov	ince, counti	ry, and ZIP or foreign pos	al code	l				
$\Xi$	Amended		Raleigh, NC 27627-7713						<b>G</b> Gross	receipts \$	2,065,445
H					· Linda Williams Ex	ocutivo Dire	ctor	H(a) is this a or			☐ Yes ☑ No
ш	Application	on pending			•	eculive Dire	CLO				☑ Yes ☐ No
_			5401 Tryon Road, Ralei					· ·		a list (see in:	
<u>_</u>		npt status		501(c) (	) ◀ (insert no )	4947(a)(1) or	<u></u> 527			•	34 404.07.07
<u>J</u> _	Website:		hlovefromJesus.org			1		<del></del>		n number 🕨	
K			Corporation Trust	Associati	on Other ▶	L Yea	ar of formatio	n 2001	M Stat	e of legal dor	nicile NC
Ŀ	art l	Sumn									
			escribe the organization								
çe			Christ through the meeting								
Activities & Governance		the provi	sion of food, clothing, h	ousehold	items, furniture, and	care donate	d by busin	esses, chur	ches, v	olunteers, a	nd donors.
ē	2	Check th	nis box ▶ 🔲 if the organ	nization d	iscontinued its oper	ations or di	sposed of	more than	25% o	f <sub>.</sub> its net as	sets.
á	3	Number	of voting members of t	he gover	ning body (Part VI, I	ne 1a) .   .			3		7
ಷ			of independent voting				, line 1b)		4		6
es			mber of individuals emp						5	1	6
₹			mber of volunteers (est		<del>-</del>				6		3,150
ct			related business reveni		• •	line 12			7a		0,.50
•	1		elated business taxable						7b	-	
_	<del>                                     </del>	- INEL UITE	siated business taxable	income i	101111 01111 330-1, 1111	<del> </del>	<del></del>	Prior Ye		Cui	rent Year
		Contribu	itions and grants (Bort )	VIII lino 1	<b>b</b> )		-				
Re	8		utions and grants (Part				· · ⊢		,267,110		2,065,445
Revenue	9	_	service revenue (Part				· ·			0	0
Ě	10		ent income (Part VIII, co							0	0
_	11		venue (Part VIII, columi							D	0
	12		renue-add lines 8 throu			_	ne 12)		2,267,110	6	2,065,445
	13		and similar amounts pa			–3)		•	,962,24	4	1,751,761
	14	Benefits	paid to or for member	s (Part 🗡	(A), ime-4)-	<del></del>	· · L		- (	0	. 0
Ś	15	Salaries,	other compensation, er	nployee b	enetits. Havi 🗶 colur	nn (A), lines	5–10)		157,75	6	170,594
Expenses	16a	Professi	onal fundraising fees (F	art IX, co	olumn (A), line I re)	ပ္ပါ			(	0	0
<u>6</u>	ь	Total fur	ndraising expenses (Pa	MAX, coll	unn (Q), Ine,25). ►	XI	63,642				
ũ	17	Other ex	kpenses (Part IX, colun	n (A), line	s 11a-11d-11f-24	) <u>,                                     </u>	:		160,59	3	176,228
	18		penses. Add lines 13-1				5) .		2,280,59	3	2,098,583
	19		e less expenses. Subtra			· · · · · · · · · · · · · · · · · ·	´ 🗀		-13,47		-33,138
					<u> </u>		В	eginning of Ci			d of Year
ssets or	<u> </u>	Total as	sets (Part X, line 16)				.		50,03	5	16,899
Asse	21		bilities (Part X, line 26)				· · ·			0	0
NetA	22		ets or fund balances. S				· · ·		50,03	1	16,899
_	art II		ature Block	ubtract iii	TIC ET HOITHING EO	<del></del>	<u> </u>		30,03	<u> </u>	10,033
_					-A ld			santa and to t	ha haat a	f my knowled	les and halist dus
tr	naer pena ue, correc	inies of per t. and com	jury, I declare that I have exar plete Declaration of preparer	nined this n	officer) is based on all info	ormation of wh	is and staten ich preparer	has any know	ledge	i iliy kilowiec	ige and belier, it is
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C:					JAME -	<del></del>		l Da	<u> </u>	<u>1 2014</u>	
	gn	Sig	nature of officer	, 1				Ua	ile		
H	ere		Jack Phil	13ps 15	rinson, Corpor	ate Trea	surer				
		14	pe or print name and title						_	1	
P	aid	Print/1	Type preparer's name		Preparer's signature		Dat	e	Check	k 🔲 ıf PTI	N
	repare	r								mployed	
	se On	1	name 🕨					Fırr	n's ElN ▶	·	
J	SC OIII	עי —	address ▶					Pho	one no		
M											
	ay the If	RS discu	ss this return with the p	oreparer s	shown above? (see i	nstructions)	)				☐ Yes ☐ No
_			ss this return with the pluction Act Notice, see the		·-	nstructions)		11282Y <b>(</b> -	11	10	Yes No Form <b>990</b> (2013)

ode: ) ( th Love From Jesu low as possible so count summaries e uployees working fo mpensation for ou ng only honor to H Evangelical Coun	Expenses \$ s Ministries is con that we can focus ach month, and pr or the ministry are r employees is rev im in whose name cil for Financial Ac	atinually reviewing of son the truth of the rior year information overseen on a dail viewed annually aga to we serve. Our compountability (ECFA	ing grants of \$ our operations and ex ministry. The Board n is provided in the s ly basis by our on-site ainst that of similar of	xpenditures in order to I of Directors is provided same Excel spreadsheet e Executive Director or perations to help ensure and transparency is seen our costs as provided	keep our adminid with revenue aid to by email transminer managerial of that our costs en through our notrough our Fore	nd expenditure nittal. designee. in this area nembership in
th Love From Jesu low as possible so count summaries e uployees working fo mpensation for ou ng only honor to H Evangelical Coun	s Ministries is con that we can focus ach month, and pi or the ministry are r employees is rev im in whose name cil for Financial Ad	atinually reviewing of son the truth of the rior year information overseen on a dail viewed annually aga to we serve. Our compountability (ECFA	our operations and ex- ministry. The Board n is provided in the s by basis by our on-site ainst that of similar op nmitment to integrity A) and information on	xpenditures in order to I of Directors is provided same Excel spreadsheet e Executive Director or perations to help ensure and transparency is seen our costs as provided	keep our adminid with revenue aid to by email transminer managerial of that our costs en through our notrough our Fore	nd expenditure nittal. designee. in this area nembership in
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th Love From Jesu hts and electricity, ntinue to strive to I ncrete floors and I essed through the o wer of His name as	s Ministries opera our space has no be good stewards ack of window ven coming of His peo we serve and sha	tes out of approxim heating, air condition of the resources tha stilation causes som ple in a special way are His love.	nately 20,000 square ( oning, or windows ot at God has richly pro ne sacrificial challeng that shows this need		d grocery store, doors and a load heat and air con ind staff. Howeve le can be unified	While we have ling dock. We ditioning, the er, we are
her program servi kpenses \$			) (Rever	 nue \$	)	
tal program servi	ce expenses <b>&gt;</b>	1,957	,460			Form <b>990</b> (2013
	wer of His name as	wer of His name as we serve and sha	her program services (Describe in Schedule O.) spenses \$ 69,061 including grants of \$	her program services (Describe in Schedule O.) spenses \$ 69,061 including grants of \$ ) (Rever	her program services (Describe in Schedule O.) spenses \$ 69,061 including grants of \$ ) (Revenue \$	her program services (Describe in Schedule O.) spenses \$ 69,061 including grants of \$ ) (Revenue \$ )

Part				age <b>O</b>
			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		<u>/</u>
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	1	1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		<b>✓</b>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	<b>√</b>	
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a		14a		<b>✓</b>
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	14b		/
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	1	
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	İ	1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20 a		20a	<del>                                     </del>	1
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	

Part	Checklist of Required Schedules (continued)	- 1	W	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	Yes	No
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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 Schedule J.	23	✓	
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 Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	_		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<b>✓</b>	<b>✓</b> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<b>✓</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			QQ	1001

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	 Vac l	
10	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ja	-	<u> </u>
-	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		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1	
А	If "Yes," indicate the number of Forms 8282 filed during the year	٠,٠	•	$\vdash$
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			İ.,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		l — -	
_	organization, have excess business holdings at any time during the year?	8		<del>                                     </del>
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	ţ	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1		.
D	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		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>√</b>
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b				
_	the organization is licensed to issue qualified health plans	-		1
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	1
i4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	+	†
				2013)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	ee ins	tructio	ons.
Soction	on A. Governing Body and Management	•••	<del></del>	
Section	on A. Governing Body and Management		Yes	No
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.			
ь 2	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 any other officer, director, trustee, or key employee?	2	✓-	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6 7a	Did the organization have members or stockholders?	6 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
40-	Delities are restaurable and characters becomes an efficience?	10a	163	<b>√</b>
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
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>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	
а	The organization's CEO, Executive Director, or top management official	15a	1	1 -
		15b	<u> </u>	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16a		1
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	100		•
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NC  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501	(c)(3)s	s only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	е	
	Organization: Linda Williams 5401 Trion Bood Boloigh NC 27606 (010) 222 9010			

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

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.

Check this box if neither the organization no	any related	d orga	anız	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
					<b>(</b> )					
(A)	(B)	(-1	-4 -6-	Pos		46		(D)	(E)	(F)
Name and Title	Average	(do not check more the box, unless person is to						Reportable	Reportable	Estimated
	hours per week (list anv		er and		rect	or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Insi	Officer	징 9	em	Former	the	organizations	compensation
	related	l rec	tituti	Ē	Key employee	hest ploy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	호호	ona		plo	ee		(W-2/1099-MISC)		and related
	lıne)	rust	ā		/ee	npe				organizations
		ee	Institutional trustee			Highest compensated employee				
			-	_	_	<u> </u>				
(1) Linda H. Williams, Executive Director	ļ			,		,			_	
5401 Tryon Road, Raleigh, NC 27606	45	<b>/</b>	-	✓	✓	✓	-	61,800		
(2) Jack P. Brinson, Corporate Treasurer		-		١,				_	1	
221 Abbey View Way, Cary, NC 27519	1	<b>-</b>	_	<b>/</b>			<u> </u>	0	0	(
(3) Jane Harrod, Board Member		,		١,				_	_	
4408 Mill Village Road, Raleigh, NC 27612	1	<b>-</b>	₩	✓	-	-	$\vdash$	0	0	
(4) Roger Corbin	ļ									
21 Buckleigh Drive, Clayton, NC 27527	11	<b>✓</b>	↓_	_	<u> </u>		╄	0	0	<u> </u>
(5) Candace Gottfried	ļ	1.	1	i			1			
4009 Graham Newton Rd., Raleigh, NC 27606	1	<b>✓</b>		<u> </u>	<u> </u>		<u> </u>	0	0	(
(6) Scott Landis	ļ									
6020 Spicewood Dr., Fuquay-Varina, NC 27526	1	✓	₩	ـــ	_	1	╄	o	0	
(7) Rick Hughes	<b></b>									
2613 Lochmore Drive, Raleigh, NC 27608	11	<b>✓</b>	↓_	-	_	-	╀-		0	
(8) Daniel Trimpey	<u> </u>						1			
2301 Stoneborough Ct., Fuquay-Varina, NC 27526	1	<b>/</b>	$\perp$	<u> </u>	<u> </u>		_	ļ o	0	
(9) Greg Flowers, Director of Comm. Relations					١.					
5401 Tryon Road, Raleigh, NC 27606	_25	ļ	_	<u> </u>	✓	ļ	<u> </u>	44,650	0	
(10) Troy Cardin, Director of Outreach						İ				
442 C.P. Stewart Rd., Lillington, NC 27546	25		↓	<u> </u>	✓	ļ	↓_	31,250	0	
(11) Leah Bowman, Bookkeeper			1		١.	l	1			
5401 Tryon Road, Raleigh, NC 27606	20	<u> </u>	<u> </u>	<u> </u>	✓	ļ	↓_	14,992	2 0	
(12)	. <del> </del>	-								
(13)			+		-	-		-		
(14)		-	+	+	+		+			
	<u> </u>	7	1	1						

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (cont	inued	1)		
					•	C) Ition								
	(A)	(B)	(do n	ot ch			than c	one	(D)	(E)	(F)			
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	ام		nated unt of	
		week (list any		_	_	_		<del>–</del>	from	related		ot	her	
		hours for related	호	nstit	Officer	Key employee	mple	Form	the organization	organizations (W-2/1099-MISC)			ensatior n the	1
		organizations	9 2	타	er	amp	est c	ब्	(W-2/1099-MISC)	(11-27 1033-111100)			ization	
		below dotted	9 🕏	72		юyє	l sign	ĺ					elated	_
		line)	Individual trustee or director	Institutional trustee		ď	) ben					organi	zations	•
			"	99			Highest compensated employee		i e					
(15)		<del> </del>	_	Н	-	$\vdash$			-		+-			
713/		<b></b>	1	'			!							
(16)			-	$\vdash$	┢			$\vdash$	<del></del>		+			
(10)		<b></b>												
(17)								┢┈			+-			
V::!/		<b>}</b>	1		ł	1	ł	1	}		}			
(18)		-		-	$\vdash$			$\vdash$			+			—
7			1											
(19)		-					_	1			+			
3		†	1								1			
(20)		<del> </del>		<b>—</b>				T			+			
S!		•	1					Ì			ł			
(21)											$\top$			
32			1											
(22)														
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(23)											1			
			1											
(24)														
(25)			]											
							Ц_							
1b				•				<b>&gt;</b>	152,692		0			0
С	Total from continuation sheets to Part					•			0		0			0
d	Total (add lines 1b and 1c)							<b>•</b>	152,692	<del></del>	0			0
2	Total number of individuals (including bu			nose	e lis	ted	abov	e) w	vho received m	ore than \$100,0	<b>ე00</b> c	of		
	reportable compensation from the organ	ization ► 0												
•	Dod the according to the conformal of	<b></b>		A.	· <b></b>				-1				Yes	No
3	Did the organization list any <b>former</b> or employee on line 1a? <i>If "Yes," complete</i>							emp	ployee, or nigr	iest compensa	tea		ا تر ا	-
_	• •							•				3	✓_	<b>-</b>
4	For any individual listed on line 1a, is the organization and related organizations													1
	individual	greater ti	iaii p						complete Sci	ledule a loi si	JCH			-
-	Did any person listed on line 1a receive	or accrise c	· ·						related organi	zation or individ	lual	4		<b>-</b>
5	for services rendered to the organization									zadon or maivid	Iuai	5	-	
Section	on B. Independent Contractors		30,5							<del> </del>			——	
1	Complete this table for your five highest	COMPONS	ted in	den	enc	lent	cont	ract	tore that receive	ed more than \$	100 (	nnn of		
'	compensation from the organization. Re													ax
	year.	por 00p	311041	•	٠				, ca. cag		o.gu			
	(A)				-			1	(B)			(C)		
	Name and business ad	dress							Description of s	services	C	ompens	ation	
Not an	plicable				-			+				_		
NOT ap	pheable				-	-		╁		·				
								$\top$						
								+-						
				_				$\top$						
	Total number of independent contract	ors (includi	ing b	ut r	not	lımı	ted t	o ti	hose listed ab	ove) who				
	received more than \$100,000 of compen								0					
									<del></del>					

Part	VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII											
	_	Check if Schedule O	contains a resi	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts its	1a	Federated campaigns	<b>1a</b>										
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					i i					
S, E	С	Fundraising events	1c										
ar /	d	Related organizations	1d										
S, C	е	Government grants (con	tributions) 1e		į								
r Si	f	All other contributions, gi											
를		and similar amounts not inc	cluded above 1f	2,065,445			i						
d d	g	Noncash contributions include	ded in lines 1a-1f \$	1,713,443									
Co a	h	Total. Add lines 1a-1	f <u></u>	<b>&gt;</b>	2,065,445								
ue				Business Code									
ven	2a												
Re	b												
vice	С												
Ser	d												
E e	е												
Program Service Revenue	f	All other program sen											
	9	Total. Add lines 2a-2			0			·					
	3	Investment income	•		_	_ ]		_					
		and other similar amo	•		0	0	0	0					
	4	Income from investmen			0	0	0	0					
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0					
	6-	Cross vents	(i) riear	· ''									
	6a	Gross rents											
	b	Less: rental expenses	0										
	l d	Rental income or (loss)  Net rental income or		0 0	o	0	o						
	7a	Gross amount from sales of	(i) Secunties	(ii) Other									
		assets other than inventory	0	0									
	ь	Less, cost or other basis											
	_	and sales expenses .		ه اد									
	C	Gain or (loss)	- 0	<del></del>	1								
	d	Net gain or (loss)		•	l ol	0	l o	Ö					
une	8a	Gross income from for events (not including \$	undraising										
Other Reve		of contributions report See Part IV, line 18	ted on line 1c)	o0									
돌	b	Less: direct expense	s <b>t</b>	0	<u> </u>								
_	С	Net income or (loss)		events . ►	_0		0	<u> </u>					
	9a		a		-								
	b	Less: direct expense			1 _1	_	-						
	100			uvilles .	- 0	0	0						
	Iva	Gross sales of in returns and allowand		_									
			_		1 1								
	b			<u> </u>	<del> </del>	-	- · ·						
	<u> </u>	Miscellaneous		Business Code	0		-	<u>'</u>					
	11a		<del> </del>		<del> </del>			† <del>-</del>					
	b						<del> </del>	<del></del>					
	°						-						
	d	All other revenue											
	e	Total. Add lines 11a		•	0	<del> </del>		<u> </u>					
	12	Total revenue See		•	2.005.445		1						

Form 990 (2013) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (D) Fundraising expenses (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 1,728,571 1,728,571 3 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . 23,190 23,190 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 55,081 170,594 70,328 45,185 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . n O 7 Other salaries and wages . . . . . 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 n Other employee benefits . . . . . . . 9 0 0 0 0 10 Payroll taxes . . . . . . . . . . 0 0 0 0 11 Fees for services (non-employees): a Management . . . . . . 0 0 0 0 0 0 Accounting . . . . . . . . c 2.704 2.704 0 0 d 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . 0 0 0 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 0 12 Advertising and promotion . . 0 0 0 0 13 12,183 6,680 2,289 3,214 14 Information technology . . . . . . 3.417 914 1501 1,002 15 Royalties . . . . . . . . . 0 0 16 Occupancy . . . 112,220 89,500 12,060 10,660 17 10,015 7,582 2,433 18 Payments of travel or entertainment expenses for any federal, state, or local public officials n O 19 Conferences, conventions, and meetings . 1,063 1,0300 0 33 20 0 0 0 0 21 Payments to affiliates . . . . . 0 0 0 0 22 Depreciation, depletion, and amortization 0 5,064 0 5,064 23 1,869 1,869 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Food Resources - Program 18,332 18,332 0 0 Volunteer Appreciation - Program 0 1,915 1,915 0 Special Projects Expenses - Program 4,159 4,159 0 0 Board - Administration

961

2,326

2,098,583

All other expenses conf. fees, bank chgs

25

Total functional expenses. Add lines 1 through 24e

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 following SOP 98-2 (ASC 958-720)

0

1,115

63,642

961

525

78,021

0

686

1,957,460

Ρē	ILL Y	Balance Sneet					
		Check if Schedule O contains a response or	note t	to any line in this Par			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			44,969	1	16,899
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
l	5	Loans and other receivables from current and t	former	officers, directors,			
		trustees, key employees, and highest co				1	i
		Complete Part II of Schedule L			o	5	0
	6	Loans and other receivables from other disqualified pers	sons (as	defined under section			
	_	4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
		sponsoring organizations of section 501(c)(9) volume	ntary er	nployees' beneficiary		.	
ts		organizations (see instructions) Complete Part II of Sche	edule L.		0	6	0
Assets	7	Notes and loans receivable, net		[	0	7	0
¥	8	Inventories for sale or use		[	0	$\overline{}$	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment: cost or	] [				,
		other basis. Complete Part VI of Schedule D	10a	47,726			
	b	Less: accumulated depreciation	10b	47,726	5,066	10c	0
	11	• •		]	0		0
	12	Investments—other securities. See Part IV, line			0		0
	13	Investments-program-related. See Part IV, line		T T	0		0
	14	Intangible assets			0		0
	15	Other assets. See Part IV, line 11			0	-	0
	16	Total assets. Add lines 1 through 15 (must equal			50,035		16,899
	17	Accounts payable and accrued expenses		F	0		0
	18	Grants payable		0	+	0	
	19			0	_	0	
	20	Tax-exempt bond liabilities		0		0	
	21	Escrow or custodial account liability. Complete			0	21	0
ties	22	Loans and other payables to current and for trustees, key employees, highest comper					ı
Ē		disqualified persons Complete Part II of Schedi			. 0	22	0
Liabilities	23	Secured mortgages and notes payable to unrela		ŀ	0		0
_	24	Unsecured notes and loans payable to unrelate		· ·	0	-	0
	25	Other liabilities (including federal income tax,				<del>  - ·</del>	
	25	parties, and other liabilities not included on line					
		of Schedule D			0	25	o
	26	Total liabilities. Add lines 17 through 25 .					0
_		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ▶ 🔲 and			
es		complete lines 27 through 29, and lines 33 ar					
ä	27	Unrestricted net assets			O	27	0
3ali	28	Temporarily restricted net assets				28	0
B	29	Permanently restricted net assets				29	0
ڄ		Organizations that do not follow SFAS 117 (ASC 9	958), ch	eck here 🕨 🔲 and			
7.		complete lines 30 through 34.					
ts (	30	Capital stock or trust principal, or current funds	<b>.</b> .		0		0
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e			C	-	0
Ĭ	32	Retained earnings, endowment, accumulated in					0
Se	33	Total net assets or fund balances			50,035		16,899
_	34	Total liabilities and net assets/fund balances .	<u> </u>		50,035	34	16,899

Page	1	2
rage		_

	- ()						
Part							
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,0	<u>65,445</u>		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>33,138</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			50,035		
5	Net unrealized gains (losses) on investments	5			0		
6	Donated services and use of facilities	6			0		
7	Investment expenses	7			0		
8	Prior period adjustments	8			0		
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			16,899		
Part	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.  Cash Accrual Other		_ [				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	✓			
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled (	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		✓		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а				
	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 or						
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? 20	: ✓			
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın				
	Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	1			
	the Single Audit Act and OMB Circular A-133?		· 3a	<u> </u>	✓		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.					
			F	orm <b>99</b>	<b>0</b> (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 20**13** 

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

Open to Public Inspection

Employer identification number

56-2271441 With Love From Jesus Ministries 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ☐ Type III-Non-functionally integrated **b** ☐ Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting ٠f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο (iii) below, the governing body of the supported organization? . . . . . . . . . . . . 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . . . . . . . . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . 11g(iii) Provide the following information about the supported organization(s). h (iv) is the organization (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization (i) organized in the col (i) of your governing document? above or IRC section support? (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

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.)
Section A	. Public Support

Calend	dar 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 include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					T	<del>,</del>
Calen	dar 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						<del> </del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the form 990 is for					12 ear as a sect	ion 501(c)(3)
10	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo					-	
14	Public support percentage for 2013 (line	6, column (f) d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2012 Sc					15	%
16a	331/3% support test - 2013. If the organi	zation did not	check the box	on line 13, an	d line 14 is 331	1/3% or more,	check this
	box and stop here. The organization qua						▶ □
b	331/3% support test—2012. If the organ check this box and stop here. The organ	iization qualifie	es as a publicly	supported or	ganızatıon .		<b>-</b> 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	nd <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the factors of the factor	e "facts-and-c ts-and-circums	rcumstances' stances" test.	test, check to the organization of the organization of the control	his box and on qualifies as	'a, and line stop here. s a publicly ▶ □
18	Private foundation. If the organization of				a, or 17b, chec	ck this box ar	d see
	instructions	<del></del>		· · · ·		· · · · ·	· · • U

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

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

Section	on A. Public Support						
Calend	dar 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				- 1	-	
	received. (Do not include any "unusual grants ")	1,437,671	1,445,061	1,823,472	2,267,116	2,065,445	9,038,765
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			Ì		:	
	organization's tax-exempt purpose	0	o	0	0	0	. 0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0	O	0	0	0
6	Total. Add lines 1 through 5	1,437,671	1,445,061	1,823,472	2,267,116	2,065,445	9,038,765
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	_	_	_		_	
		0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	اه	0	o	0	0	0
С	Add lines 7a and 7b	0	0		0		0
8	Public support (Subtract line 7c from			-	J		
	line 6.)						
Secti	on B. Total Support	,					
_	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,437,671	1,445,061		2,267,116	2,065,445	9,038,765
10a	Gross income from interest, dividends,		-				
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	† · · · · · · · · · · · · · · · · · · ·	0	<del> </del>	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	_		_			
40	· · · · · · · · · · · · · · · · · · ·		0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets					1	
	(Explain in Part IV.)	0	0		o	o	١ ,
13	Total support. (Add lines 9, 10c, 11,				<u>~</u>		0
	and 12.)	1,437,671	1,445,061	1,823,472	2,267,116	2,065,445	9,038,765
14	First five years. If the Form 990 is for the	he organization	's first, secor	nd, third, fourth	, or fifth tax y		
	organization, check this box and stop he						
Secti	ion C. Computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2013 (line	8, column (f) d	ivided by line	13, column (f))		15	100 %
16	Public support percentage from 2012 Sc				<u> </u>	16	100 %
Secti	ion D. Computation of Investment In			_			
17	Investment income percentage for 2013						0 %
18	Investment income percentage from 201						0 %
19a	331/3% support tests – 2013. If the organ						
	17 is not more than 331/3%, check this box 331/3% support tests – 2012. If the organi		_			-	
b	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization of		-				
20	to realization if the organization of	J.100K a		.,,,	222 1110 507		<u> </u>

Part IV	<b>Supplemental Information.</b> 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).
••••	
<del></del>	
•••	
••••	

# **SCHEDULE D** (Form 990)

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.irs.gov/form990.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047

With Lo	ove From Jesus Ministries		56-2271441
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 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)		<del></del>
4	Aggregate value at end of year		hold in donor advisord
5	Did the organization inform all donors and funds are the organization's property, subjections are the organization of the control of the cont		
	-	_	
6	Did the organization inform all grantees, do only for charitable purposes and not for the		
Part			· · · · · · · · · · · · · · · · · · ·
rar		vered "Yes" to Form 990, Part IV, line 7	,
1	Purpose(s) of conservation easements held		<u>·</u>
•	Preservation of land for public use (e.g.,	· · · _	of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion 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 ear	sements	2b
С	Number of conservation easements on a ce		
d	Number of conservation easements include		
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written po		
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring.	, inspecting, and enforcing conservation ea	sements during the year
_	<b>&gt;</b> \$	1 l O(-1) - b	a of another 170/b\/4\/D\
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	
•			Yes   No
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the		
	organization's accounting for conservation		mancial statements that describes the
Part	· ·	ections of Art, Historical Treasures,	or Other Similar Assets
ı aı		wered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		· · · · · · · · · · · · · · · · · · ·
, u	works of art, historical treasures, or other	• • • • • • • • • • • • • • • • • • • •	
	public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted u		
-	works of art, historical treasures, or other		
	public service, provide the following amoun	<del>-</del> -	
	(i) Revenues included in Form 990, Part VII	I, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X .		<b>&gt;</b> \$
2	If the organization received or held works	of art, historical treasures, or other simi	lar assets for financial gain, provide the
	following amounts required to be reported	under SFAS 116 (ASC 958) relating to these	e items:
а	Revenues included in Form 990, Part VIII, II  Assets included in Form 990, Part X	ne 1	• \$
h	Assets included in Form 990, Part X		<b>b</b> \$

	III Organizations Maintaining									
3	Using the organization's acquisition, a	access	sion, and ot	her record	ds, chec	k any of the	e follov	ving that are a	significant	use of its
	collection items (check all that apply):									
а	☐ Public exhibition			<b>d</b> [	Loan	or exchang	e prog	rams		
	Scholarly research					_				
	☐ Preservation for future generations	3		_						
4	Provide a description of the organizat		collections a	and expla	n how tl	hev further	the ord	anızatıon's exe	empt purpo	se in Part
-	XIII.				-	•		,		
5	During the year, did the organization	solicit	or receive	donations	of art.	historical tr	easure	s. or other simi	ılar	
_	assets to be sold to raise funds rather									s 🗆 No
Part				·				. =		
	Complete if the organization	answ	ered "Yes	" to Form	1990. P	art IV. line	9. or i	reported an ar	mount on	Form
	990, Part X, line 21.	. uc				u ,	<b>.</b> ,	<b>Op 0.100 uu.</b>		
1a	Is the organization an agent, trustee,	custo	ndian or oth	er interm	ediary fo	or contribut	ions or	other assets i	not	
	included on Form 990, Part X?				-					es 🗆 No
<b>h</b>	If "Yes," explain the arrangement in Pa								··	
b	ir res, explain the arrangement in F	ait Aiii	and comple		lowing to	able.	_		Amount	
_	Designating balance						10	<del></del>		
C	Beginning balance						10			
	Additions during the year							_		
e	Distributions during the year						1e			
f	Ending balance						11			es 🗌 No
2a	Did the organization include an amoun									
	If "Yes," explain the arrangement in P	art XIII	. Check her	e if the ex	pianatio	n nas been	provid	ed in Part XIII		
Part				N 4 - <b>-</b>	- 000 5	S	40			
	Complete if the organization			_				(d) Three years he	ok (a) Faur	veere beek
		(a) (	Current year	(b) Pric	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four	years back
1a	Beginning of year balance			<b></b>			-			
b	Contributions					ļ				
С	Net investment earnings, gains, and					İ			,	
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and					1				
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of				e (line 1ç	g, column (a	ı)) held	as:		
а	Board designated or quasi-endowme	nt 🕨		%						
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2	2c sho	uld equal 10	00%						
3a	Are there endowment funds not in th	e pos	session of the	he organi	zation th	at are held	and ac	ministered for	the	
	organization by:									Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended use									<u> </u>
Pari							-	-		
	Complete if the organization			" to Forr	n 990. f	Part IV, line	e 11a.	See Form 990	), Part X, I	line 10.
	Description of property		(a) Cost or o			or other basis		Accumulated		ok value
			(investr		(0	other)		lepreciation	, ,	
1a	Land			0		0	4. TS.	4) k 49		0
b	Buildings	•		0	-	0		<u>***: * * * * * * * * * * * * * * * * * </u>		0
C	Leasehold improvements	•		0	-	0	t	0		0
d	Equipment			0	<del>                                     </del>	47,726	<del></del>	47,726		0
a e	Other			0		41,126	†			
	Add lines 1a through 1e. (Column (d)	muct o	oual Form		Y colum	<del>`</del>	<u>.                                    </u>	▶		0
ı Ulal.	Add lines to unough ite. [Column (d) I	musi e	guar i Ollii S	JOU, FAIL	i, coluitti	וו שוווו ונשויי	<u> </u>			U

Part VII	Investments – Other Securities.  Complete if the organization answ	ered "Yes" to For	m 990. Part IV. line	e 11b. See Form	990. Part X. line 12
	(a) Description of security or category (including name of security)	0.00 100 101 011	(b) Book value	(c) Meti	nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	•••••				
(G)					•
(H)	15 000 Part V and (7) to 10 1 Part				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12 ) ► Investments — Program Related.			l	
Part VIII	Complete if the organization answ		m 990 Part IV line	a 11c See Form	990 Part X line 13
	(a) Description of investment	reled les to loi	(b) Book value	<del></del>	thod of valuation
	(a) Description of investment		(b) Book value		-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	<u> </u>				
_(7)					
(8)					
(9)	(A) word a world Form 000. Don't V and (D) line 10.1				
	(b) must equal Form 990, Part X, col (B) line 13)  Other Assets.	<u>.</u>	<u> </u>	1	
Part IX	Complete if the organization answ	vered "Vee" to For	m 000 Part IV lin	e 11d. See Form	000 Part V line 15
		Description	in 990, Fait IV, iiii	e 11a. See i oiii	(b) Book value
(1)	(-/		<del>-</del>		(4)
(1)	·····				
(2)	<del></del>				
(4)				****	
(5)					
(6)		<del></del>			
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.) .			
Part X	Other Liabilities.				
	Complete if the organization ansv	vered "Yes" to For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value	<u> </u>		
	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	45				
	(b) must equal Form 990, Part X, col. (B) line 25 ) ▶				
	or uncertain tax positions. In Part XIII, provide				
organization	's liability for uncertain tax positions under	TIIN 40 (ASC 740). CI	eck tiete it the text of	the loothole has be	en provided in Part XIII

Par	XI Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" to Form 990, F		
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 1	1
а	Net unrealized gains on investments	2a	{
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	<b> </b>
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:	1 . 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
Ь	Other (Describe in Part XIII.)	4b	1 4 - 1
C	Add lines 4a and 4b		5 5
5			
Par	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, F		er neturn.
	Total expenses and losses per audited financial statements		1
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del>                                     </del>
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	4
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	1 1
e	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	!	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
C	Add lines <b>4a</b> and <b>4b</b>		7 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
Part	XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b	o; Part V, line 4; Part X, line
2; Pa	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	ntormation.
		***************************************	

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	<del></del>
		•••••
•••••		
		•••
		•

# **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	ove From Jesus Ministries	·- <u>-</u>				5-2271441
Part	Form 990, Part IV, line	14b.		the United States. Comp	_	
1	For grantmakers. Does the assistance, the grantees' eli	organization gibility for the	maintain reco	rds to substantiate the amoustance, and the selection	ount of its grants and other criteria used to award the	
	grants or assistance?					☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use of its grant	s and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	<del></del>
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)	·					
(4)						
(5)						
_(6)						
(7)						
(8)		_				
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total					
С	Totals (add lines 3a and 3b)	<b>———</b>				

Dage	2
Mage	-

Schedule F (Form 990) 2013

	_	-		
Schedule	F(	(Form	990)	2013

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)		South Asia	General Support	23,190	Wire transfer			
2)								
1)								
<b>J</b> )								
5)								
5)								
n								
3)								
9)								
10)								
11)								
12)								
13)								
14)								
15)								
16)								
2 Enter tota by the IRS	s, or for which the		listed above that are re el has provided a section			untry, recognized as	tax-exempt	1

Schedule F (Form 990) 2013

(6)

(18)

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (d) Amount of cash disbursement (e) Number of recipients (d) Amount of cash disbursement (e) Number of cash disbursement (e) Number of recipients (e) Number of cash disbursement (e) Number of non-cash assistance (e) Number of valuation (book, FMV appraisal, other)

(1) (2) (3) (4) (4)

(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)

Schedule F (Form 990) 2013

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	<b></b> ✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

	Ρ	a	r	ī	Ņ	/	
--	---	---	---	---	---	---	--

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

In Part II above, With Love From Jesus Ministries tithes our cash donations. This tithe goes to support Raja Kumar Orphanage in
Dilsukhnagar, Hyderabad, India. These funds go toward supporting some fifty (50) orphans with food, clothing, medical care, and
educational resources.
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#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2013

OMB No 1545-0047

Department of the Treasury

Name of the organization	Employer identification number
With Love From Jesus Ministries	56-2271441
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the gr	
the selection criteria used to award the grants or assistance?	☐ Yes    ✓ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the on Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space in	ganization answered "Yes" to Form 990, is needed
	) Description of (h) Purpose of grant or assistance
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	-
(9)	
(10)	
(11)	
(12)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<b>&gt;</b> 0
3 Enter total number of other organizations listed in the line 1 table	•
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat No 50055P	Schedule I (Form 990) (2013

Schedule I (Form 990) (2013)	la dividuala ia da	United States Co.	malata if the escenia	otion anawarad "Vas" to	Pag					
	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance					
1 Food, clothing, furniture, household items	60,000		1,728,571	Estimated value	food, clothing, household items					
2										
3										
4										
5										
6										
7										
Part IV Supplemental Information. Provi	de the information	required in Part I, I	ine 2, Part III, columi	n (b), and any other add	itional information.					
With Love From Jesus Ministries provides food, cloth	ning, household items,	and furniture freely to	those in need with love	e from Jesus Our honored	guests who are receiving these					
ervices are not asked to provide any type of eligibili	ty and no selection cri	teria is used Everyon	e who comes for assist	ance is welcomed in the nam	ne of Jesus Christ and their needs are					
reely met with all the items which have been donated	1 We serve approxima	itely 1,200 quests per	week, so an approximat	e figure of 60,000 was used	(i e , 1,200 times 50 weeks)					
					***************************************					
					••••••					
	***************************************									

## **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

	ove From Jesus Ministries		56-2271441	<u> </u>		
Part	Questions Regarding Compensation					
			_		Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to provide					
	<del></del>	Housing allowance or residence for		ł	1	
	<del>-</del> - =	Payments for business use of per-				
	=	Health or social club dues or initia				
	☐ Discretionary spending account	Personal services (e.g., maid, cha	uffeur, chef)	ŀ		
b	If any of the boxes on line 1a are checked, did the o or reimbursement or provision of all of the expensexplain	ses described above? If "No,"		1b		
2	Did the organization require substantiation prior to directors, trustees, and officers, including the CEO/Ex 1a?			2		
			-	-		
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director. Check all that a related organization to establish compensation of the C	apply. Do not check any boxes for	methods used by a			
	☐ Compensation committee ☐	Written employment contract		1		
	☐ Independent compensation consultant	Compensation survey or study				
	✓ Form 990 of other organizations ✓	Approval by the board or comper	sation committee			
4	During the year, did any person listed in Form 990, Par organization or a related organization.	rt VII, Section A, line 1a, with respo	ect to the filing			
а	Receive a severance payment or change-of-control pa	yment?		4a	-	1
b			[	4b		✓
С			[	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for eac	h item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations m					}
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of:	e 1a, did the organization pay or a	ccrue any	_		
а	The organization?			5a	✓	
b	Any related organization?			5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of:	e 1a, did the organization pay or a	ccrue any			
а	The organization?			6a	-	✓
b	Any related organization?		[	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A	line 1a did the organization o	rovide any non-fixed		-	
•	payments not described in lines 5 and 6? If "Yes," des			7		✓
8	Were any amounts reported in Form 990, Part VII, paid	d or accrued pursuant to a contrac	t that was subject			
	to the initial contract exception described in Reg	gulations section 53.4958-4(a)(3)	? If "Yes," describe			.
	ın Part III			8		<b>✓</b>
_	M MY-19 A- Par O LL II		المامين المامين			ļ
9	If "Yes" to line 8, did the organization also follow Regulations section 53.4958-6(c)?			9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (B)(i)–(iii) for		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
Linda Williams, Executive 1 Director	(i) (ii)	61,800	0	0	0	0	61,800	
Greg Flowers, Director of 2 Community Relations	(i) (ii)	44,650	0	0	0	0	44,650	
3 Troy Cardin, Director of Outreach	(i) (ii)	31,250	0	0	0	0	31,250	
4 Leah Bowman, Bookkeeper	(i) (ii)	14,992	0	0	0	0	14,992	
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)					<u> </u>		
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (u)							
16	(i) (ii)							

Schedule J (Form 990) 2013

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Schedule J (Fo	rm 990) 2013
Part III	Supplemental Information
Provide th	e information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part
	ditional information.
We respond	ed in the affirmative to Question 5a, above. We have attempted to pay our Executive Director a reasonable salary for all her duties and responsibilities. We have examined the
public recor	d of similar non-profit organizations and this continues to confirm that our Executive Director is minimally paid for her service. The ministry would like to improve the salary
level of this	position to allow for a long-term plan of continuity in this vital position as resources are provided to accomplish this need. At the same time, the desire of the Executive
Director and	the Board of Directors is to focus the absolute maximum amount of our resources on the needs of our honored guests that we serve in the name of Jesus Christ. Our Executive
Director has	continued to maintain that if ministry resources do not support her salary in a given period of time that she is willing to delay some of these salary-related costs until sufficient
resources a	re obtained
*****	
••••	

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury

Open To Public Inspection

Internal Revenue Service Name of the organization

With L	ove From Jesus Minis	stries								56-2	2714	<u> </u>		
Par	t I Excess Bene Complete if th	fit Transaction ie organization	s (section 501 answered "Ye	(c)(3) a s" on F	nd secti orm 990	on 501(c)(4 ), Part IV, II	) orga ne 25	anızatıons only) ia or 25b, or Fo	rm 990	D-EZ,	Part \	V, line	40b.	
			(b) Relationship be	etween di	squalified	person and		(a) Decembra	escription of transaction				(d) Corr	ected?
1	(a) Name of disqualified	person		organizat				(c) Descriptio	ii oi trar	isaction	1		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958		by the organ		_				ırıng tl	he ye l	ar ► \$	;		
3	Enter the amount o	of tax, if any, on	line 2, above,	reımbı	ırsed by	the organi	zatıoı	1		1	<b>&gt;</b> \$			
Par	Complete if the	I/or From Interne organization reported an amo	answered "Ye	s" on F	orm 990 art X, line	0-EZ, Part \ e 5, 6, or 22	V, line 2.	38a or Form 9	90, Pa	ırt IV,	line 2	6; or ı	f the	-
(a) Name of interested person		(b) Relationship with organization	loan fr		(d) Loan to or from the organization?				(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				То	From				Yes	No	Yes	No	Yes	No
(1)				<u> </u>	ļ									
(2)				<u> </u>	<u> </u>								<u> </u>	
(3)					ļ					ļ	L	ļ		
(4)		<u> </u>		ļ	ļ							ļ		
(5)				ļ						<u> </u>		<u> </u>	L	
(6)				<u> </u>					_	<u> </u>		ļ	<u> </u>	ļ
<u>(7)</u>					ļ								<u> </u>	
_(8)_		<u> </u>		1	ļ					ļ .	<u> </u>	<u> </u>	—	ļ
_(9)					<del>                                     </del>						<u> </u>		<u> </u>	
(10)		<u></u>			<u> </u>			<u> </u>	<b>-</b>	L	Ļ—		—	
Tota		<u>.</u>				<u> </u>	<u>. ▶</u>	\$					<u> </u>	
Par		sistance Bene he organization				0. Part IV. I	ine 2	7.						
(a	) Name of interested perso	on (b) Relation	ship between inte	rested (		t of assistance		(d) Type of assistan	ice	(e	) Purpo	ose of a	assistan	ice
(1)		pareau.												
(2)														
(3)				ĺ										
(4)				Î										
(5)				İ										
(6)														
(7)														
(6) (7) (8)														
(9)														
(10)								_						

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zatic nues
ah Bowman	Family of Ex. Dir	14 002	Bookkeeping duties	1.03	۲,
an Bowman	Fairing Of Ex. Off	14,552	Bookkeeping duties		Ť
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Supplemental Information				l	L
Provide additional information	on for responses to questions	on Schedule L (see	instructions).		
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### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Employer identification number

OMB No 1545-0047 20**13** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

56-2271441 With Love From Jesus Ministries Part I **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g Art-Works of art . . . . 1 2 Art—Historical treasures . . 3 Art - Fractional interests . . . Books and publications . . 4 5 Clothing and household goods . . . . . . . . 127,006 FMV 6 Cars and other vehicles . . . 8,720 FMV 7 Boats and planes . . . . . 8 Intellectual property . . . 9 Securities-Publicly traded . . . 10 Securities-Closely held stock . Securities-Partnership, LLC, 11 or trust interests . . . . Securities-Miscellaneous . . 12 13 Qualified conservation contribution-Historic structures . 14 Qualified conservation contribution-Other 15 Real estate-Residential . . . 16 Real estate—Commercial . Real estate—Other . . 17 18 Collectibles . . . . . . 20.000 FMV 1 19 1,096,074 FMV Food inventory . . . . . . 442 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . . 24 Archeological artifacts . . . Other ► ( Bedding ) 25 120,000 FMV Other ► ( Electronics ) 26 260 67,568 FMV Other ► ( Furniture ) 27 190 250,355 FMV 28 Other ► ( Various 389 67.568 FMV Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that 30a it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash . . . . . . . . . . . . . . . . . . . b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
On line 18 \	With Love From Jesus Ministries received a large uncut emerald as a donation. This item was sold in 2013 for \$20,000.
On line 6 W	fith Love From Jesus Ministries received a 2004 Buick valued at \$8,720. This vehicle was given to a guest in 2013 and a 1098-C
was filed	1.
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# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

②UTS Open to Publi

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

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

Open to Public Inspection

With Love From Jesus Ministries	56-2271441
From Form 990, Part VI, line 11A - electronic copies of the Form 990 and applicable supplemental scl	hedules are provided to each of our
Board of Directors for review and comment prior to submission.	
From Form 990, Part VI, lines 12c, 15a, and 15b - the With Love From Jesus Ministries Board of Direct	tors meets normally on a bi-monthly
basis to review all necessary business of the ministry including any conflict of interest issues and m	atters dealing with the compensation of
top management, key employees, and other employees of the ministry. The full Board votes on any s	uch issues and appropriate action is
taken as a result of these votes.	
From Form 990, Part VI, line 19 - WLFJ makes our governing documents, conflict of interest policy, a	nd financial statements available to the
public upon request.	
From Form 990, Part III, line 4d - the \$69,061 in Other Program Service Expenses includes: \$23,190 in	tithes on our cash donations to
support the Raja Kumar Orphanage in Dilsukhnagar, Hyderabad, India for food, clothing, medical car	e and educational resources for 50+
orphans; \$6,680 in office cost to help ensure we are current with professional standards; \$18,332 in a	meat and canned food purchases;
and \$20,859 in a variety of other program service expenses.	
From Form 990, Part XI, Line 10 - the combining of lines 3 through 9 actually provided \$2 less than P	art X, line 33, column (B) [i.e., \$16,897
versus \$16,899 as shown as matching). This was seen as an immaterial amount and most likely due	to rounding issues.
•	

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization	Employer identification number
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	••••••
<u></u>	••••