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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Α	For the 2	013 cale	ndar year, or tax year beginning	Sej	tember 1_	,	2013, and endir	<b>ng</b> August	31	<b>, 20</b> 1 4
В	Check if ap	plicable	C Name of organization ECUMEN	CAL M	INISTRIES,	Ī	1¢.	D	Employ	er identification number
	Address ch	ange	Doing Business As			Τ		2	3-73	63262
$\overline{\Box}$	Name chan		Number and street (or P O. box if m	nail is not d	elivered to street add	de	ss) Room/su	ute E	Telepho	ne number
$\overline{\Box}$	Initial return	-	POST OFFICE BOX 110	3		l		2	51-9.	28-3430
Ħ	Terminated		City or town, state or province, cou		(P or foreign postal of	cod	le'			
Ħ	Amended r		FAIRHOPE, AL 36533	•				G	Gross r	eceipts \$ 986,123
ĭ			F Name and address of principal office	er Sall	v M Deane	t	ii -			subordinates? Yes X No
_	Application	pending	same as item C abov		y m. beame	ı				s included? Yes No
_					(insert no ) 494	+	(1) or 527			a list (see instructions)
<u>,                                     </u>	Tax-exemp		∑ 501(c)(3)		(Illisert No.) 494	T Ca	(A) or [_] 527	H(c) Group ex		•
_			X Corporation Trust Associ	-ti 🗆 🔾	ther >	╀	L Year of forma			of legal domicile AL
		Summ	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	allonC	uner P	╁	L real of forma	11011 1303	W State	or legal dornicle An
Ш			escribe the organization's miss	olon or m	oot olgalificant s		witios: The	nurnogo of	+ h o	Organization
ø										
Activities & Governance			ted in its by-laws,	is to	administer	1-4	<u>p needy p</u>	eobie in p	aluw	III County and
Ë			ve others.					af	E 0/ - 6	ite net seeste
Ş			is box ▶☐ if the organization		,	1 1	· ·		0% Or	1
Ğ			of voting members of the gove				11		3	12
80	1		of independent voting member			1	III	)	4	12
ij	ì		nber of individuals employed		•		V, line 2a)		5	24
ŧ			nber of volunteers (estimate if		* -				6	75
Ř			elated business revenue from				II .		7a	
	b N	et unre	lated business taxable income	from F	orm 990-T, line 3	4	ļ · · · · · ;		7b	
								Prior Year		Current Year
ē	8 C	ontribu	tions and grants (Part VIII, line	:1h).		$ \cdot $	• • • •		<u>, 929</u>	
Ę	9 P	rogram	service revenue (Part VIII, line	2g)		$ \cdot $			<u>, 635</u>	<del></del>
Revenue	10 In	ivestme	ent income (Part VIII, column (/	A), lines	3, 4, and 7d) .	H		53	<u>, 599</u>	<del></del>
ш			venue (Part VIII, column (A), lin					95	,247	49,240
	12 T	otal reve	enue—add lines 8 through 11 (	must eq	ual Part VIII, colu	mr	(A), line 12)	675	,410	820,536
	13 G	rants a	nd similar amounts paid (Part	IX, colu	nn (A), lines 1–3		] [	274	<b>,</b> 532	306,670
	<b>14</b> B	enefits	paid to or for members (Part I	X, colun	ın (A), line 4) .	ļ			0	0
ģ	15 S	alaries,	other compensation, employee	benefits	(Part IX, column	<b>(A)</b>	lines 5–10)	298	,803	298,975
nse	16a P	rofessio	onal fundraising fees (Part IX, o	column (	A), line 11e) .		[		0	0
Expenses	b T	otal fun	draising expenses (Part IX, co	lumn (D)	, line 25) ▶		25 <b>,</b> 131 [			
ωį	170	ther ex	penses (Part IX, column (A), lir	nes 11a	11d, 11f-24e)			122	,710	126,572
- [	18 T	otal exp	enses Add lines 13-17 (must	t equal 🗗	art IX, column (	ا((۵	line 25) .	696	,045	732,217
- ]	19 R		less expenses. Subtract line			IJ		(20	, 635	88,319
5 6	2 DE	C 1 5	2014			T		Beginning of Curre	nt Year	End of Year
a te	20 T	otal ass	ets (Part X une 16)	.		Ш	1	2,270	,648	2,369,420
t Ass	21		pilities (Part X, ine 26)			Ш			,464	64,917
2.5			is prifund balances. Subtract	line 21 fi	rom line 20 .		] [	2,216	,184	2,304,503
	art II		ture Block			П				<del>,</del>
			iry, I declare that I have examined this	return, inc	luding accompanying	gs	chedules and state	ements, and to the	best of	my knowledge and belief, it is
tru	ie, correct, a	ind comp	lete Declaration of preparer (other tha	n officer) is	based on all informa	at	n of which prepare	er has any knowled	ge	
			Sall M. D.	~~ c		11		11.	/26/2	2014
Sig	gn 📙	Sign	ature of officer (			71		Date		· · · · · · · · · · · · · · · · · · ·
	ere	Sa	lly M. Deane, Execut	ive Di	rector	Ш				
	] ]		e or print name and title	<del></del>		╫				
		<u>,                                     </u>	pe preparer's name	Preparer	's signature		ŢĠ	ate	Check	PTIN
	aid	KIM	K ENIKEIEFF	Kimi	K. Emin		11	1/26/2014		ployed P00989337
	eparer	Firm's r		FF. OF		╫				46-4292196
US	se Only		address ► POST OFFICE BO			7#	36689			1-460-2972
Ma	v the IRS		s this return with the preparer							Yes No
	<del></del>		ction Act Notice, see the separ		<del></del>					Form <b>990</b> (2013)
						1 11				

Page	2

	<u> </u>				' <u> </u>
Part				$\prod i$	
	Check if Schedule O contains a response	or note to any	lir	еi	h this Part III
1	Briefly describe the organization's mission:		J	, ]]	
					s by-laws, is to administer to needy
	people in the Baldwin County area	and to ser	ΞY	e	others. Membership is granted to any
	person having an interest in the	activities	<u>.</u> d	£∭	the Organization.
				4	Ab
2	Did the organization undertake any significant proprior Form 990 or 990-EZ?	ogram services	ᇻ	ırın	
	If "Yes," describe these new services on Schedul		ĺ		· · · · · · · · · · · · · · · · · · ·
3	Did the organization cease conducting, or ma	1	,	and	res in how it conducts any program
•	services?		Τ		· · · · · · · · · · · · · □ Yes ☒ No
	If "Yes," describe these changes on Schedule O.		J		
4	•	omplishments fo	ы	ea	ch of its three largest program services, as measured by
					to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each p	orogram service	愇	pφ	orted.
			1	11	
4a	(Code: ) (Expenses \$ 472,590 i	ncluding grants	φı	f <b>\$</b>	) (Revenue \$)
	Social Services Fund - provides e	mergency ai	Į.	4	food, home repair, winterization of
			₽	#	rted directly by the general public
	and indirectly by the United Way.	<u> </u>	-}-	-#-	
		<u> </u>	-}-	-   -	
		<u></u>	╌	+#-	
			-{-	#	
		<del> </del>	╁	#-	
			╁	#	
			╁	#	
			T	11	
			Ī	$\prod$	
4b	(Code: ) (Expenses \$ 68,782)	including grants	þ	f  \$	) (Revenue \$ 75,052)
					s meals to the elderly and ill people
					copriate meal. Some recipients pay for
	meals, those who cannot afford to	pay are fu	n	þе	ed by direct support.
			╂-	₩-	
			╁╌	#	
			<del> </del>	₩	
			╬	<del>   </del>	
			ļ		
				<b>∤</b> ∦	
4c	(Code:) (Expenses \$ 61,890	including grants	0	\$	) (Revenue \$
	Repair Baldwin Project - is a col	laborative	O	‡	non profit organizations and churches
					a critical time to extend the life
	of houses owned by low income fam	ilies in Ba		f.	vin County, Alabama.
			╌┤	∦	
				#	
				#	
			†	#	
				1	
4d	Other program services (Describe in Schedule O.)		1		
	(Expenses \$ 36, 450 including grants of \$			II(F	Revenue \$ )
40	Total program service expenses • 68	9.712		II	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (dther than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
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 longituding activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	Х
6	Did the organization maintain any donor advised funds or any smilar 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, in 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated finandial 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 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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, Flarts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a		14a		X
р	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		X
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	-	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	_	Х
20 a	Did the organization operate one or more hospital facilities? If "Yes, complete Schedule H	20a		Х
b	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)			
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	_		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			
04-	, , , , , , , , , , , , , , , , , , ,	23	<del> </del>	X_
24a	Did the organization have a tax-exempt bond issue with an our standing 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<del>                                     </del>
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	<u> </u>	X
26	Did the organization report any amount on Part X line 5, 6, or 22 for receivables from or payables to any		İ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II			,,
27		26		X
21	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	l	X
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):			
а	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, truster, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes, damplete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ <u></u> -	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00	}	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_30		X
٠,	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del></del>	<del> </del>	\ \frac{\Lambda}{\Lambda}
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If thes," complete Schedule R, Part II, III,			}
05	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	2EL		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		X
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ŀ	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<del>  -</del>	<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	}	}
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Fori	n <b>990</b>	(2013)

rait				
	Check if Schedule O contains a response dr note to any line in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   1		163	-140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	i		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		, ,,,	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			)
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	}		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			.,
		7a 7b	<u></u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/ <u>D</u>		<b> </b> -
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 10		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	_8_	_ !	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		i 1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans   .     13b			
С	Enter the amount of reserves on hand	;		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "You " has it filed a Form 730 to report these payments? If "Ale " medicals on evaluation in Schooling O	446	-	<del></del>

Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	e ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	<u></u>	
Secti	on A. Governing Body and Management			
			Yes	No
1a	J			
	If there are material differences in voting rights among members of the governing body, or		l	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		[	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		- 1	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Χ
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_	
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (pr subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VI Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures powerning the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," up to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose an nually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u>x</u>	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		}	
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure equiring the organization to evaluate its	I		
	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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be flee ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ ☐ 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 inte	rest p	oolicy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records			
	organization: ► Sally M. Deane, 564 Fairhope Avenue, Fairhope, AL 36532 251-928-	3430	)	

_			
Form	aan	1201	3,

Page 7

## 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 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	r any relat	ed org	aniz	atio	n (	:01	∥ mpe	ensa	ated any currer	t officer, directo	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list ar hours for related organization below dotte line)	box, offici individua	not ch unles er and	Pos eck s pe	mor rso lirec	e l 1 is to	boti	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Melissa Thomas	3										
President	+	H x		i	1				0	0	0
(2) Philip Webb	-	1 1	+		╁	╫	╫		·		<u> </u>
Vice President	<del> </del>	Hx	1 1						0	0	0
(3) Janie Scarboro		1				Ħ	╂	╁─	<del> </del>		
Secretary/Treasurer	<del> </del>	H X							0	0	0
(4) Bob Frankenberg	3	-			Н	Ħ	#-	╁			
Member	†	H x					1		0	0:	0
(5) Aubury Fuller	1 3		1-1			Ħ	1				
Member	† <del>-</del>	ll x							0	0	0
(6) Cynthia Fuqua	3				П	$\dagger \dagger$	1	1			
Member	<b>†</b>	Πx				Ш	1		0	0	0
(7) Bernice Graves	3					T	1				
Member	†	X			ŀ	$\  \ $	1		0	0	0
(8) Darlene Haas	3				Ì	T					
Member	T	[] x	1			Ш			0	0	0
(9) Bruce Stone	3					T					
Member	1	X	1						0	0	0
(10) Manuel Watson	3					П	Π				
Member	T	[] x	_						0	0	0
(11)Cindy Wilson	] 3		П		П	П	Ī				
Member		X				Ш			0	0	0
(12) Bob Sweet	3					H					
Member		X				Щ	<u> </u>		0	0	0
(13) Sally M. Deane	40	]]					1				
Executive Director		$\coprod$	Ш	Χ	Ц	Ц	<u></u>	_	50,444	0	4,337
(14)	<u> </u>	LI.					1				·

Part	VII Section A. Officers, Directors, Trust	ees, Key	Er	nploy	ees	s, ar	ıd	١iç	hes	st C	ompensated E	mployees (c	ontinue	<u>d)</u>		
	(A) Name and title	(B) Average		(do no box, u office	ınles	Pos leck s pe	mor rso	1 18	both	an	(D)  Reportable compensation	(E) Reportable		Estin	F) nated unt of	
		week (list ar hours for related organization below dotte line)	ny ns	Individual trustee or director	Institutional trustee	Officer	1	┰┼╍	Highest compensated	Former	from	related organizatio (W-2/1099-M	ns	ot compe fron organ	her nsatio i the ization elated	1
(15)			+													
(16)			$\prod_{i=1}^{n}$													
(17)			$\frac{1}{4}$				H	#		   				· ·		
(18)						<del> -</del>	H									
			$\frac{1}{1}$			-	H									
						_	H									
						-										
								$\parallel$								
			H				$\ \cdot\ $			ļ						
			<del> </del>							_						
			<del> - </del>				Ц									
(25)																
1b c d	Sub-total	VII, Secti	ioı				.			<b>&gt;</b>	50,444		0			, 337 , 337
2	Total number of individuals (including bur reportable compensation from the organi	t not limite						at	ove	e) W	<del></del>	<del></del>		of		, 33.
			_								olovac or bigh	act compa	nontod		Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>	Schedule	J	for su	ıch	ind	ivid	u	į					3		х
4	For any individual listed on line 1a, is the organization and related organizations individual	greater t	tha											4		x
5	Did any person listed on line 1a receive of for services rendered to the organization											zation or ind		5		Х
Section	on B. Independent Contractors		T				1	Ĭ								٠
1	Complete this table for your five highest compensation from the organization. Repyear.															ax
	(A) Name and business add	Iress									(B) Description of s	ervices	C	(C) ompens	ation	
			F				$\exists$								<del></del>	
		<u> </u>	L		-		$\Box$									
			H				$\dashv$	4		_					_	
2	Total number of independent contractor received more than \$100,000 of compens									> th	nose listed ab	ove) who			-	

Form **990** (2013)

Pa	rt VIII	Statement of Revenue		+	-		<del></del>	Page
		Check if Schedule O contains a response or note to	any lin	ام	in this	a Part VIII		_
			Total re		d	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	1 odd dd dd hadd dd						072-014
e E	b							
ts,	С	10						
÷	d	Tu in the state of						
Sim S	e	Government grants (contributions) 1e 25,575	- 1					
utio er	f	All other contributions, gifts, grants,			i			
ë ë		and similar amounts not included above 1f 521,499	ŀ					
io d	9	Noncash contributions included in lines 1a-1f* \$ 2,707						
	h	Total. Add lines 1a–1f	63	7,	667			
Program Service Revenue	2a	_	_1					
<u>æ</u>	b	Meals on wheels 62410	$-\frac{7}{1}$	7	052			
<u>8</u>	c			+	-			
e <sub>Z</sub>	d			+				
E	e			$\dashv$	-			<u> </u>
gra	f	All other program service revenue .		$\dashv$				
P	g	Total. Add lines 2a-2f	7	+	052		·	
	3	Investment income (including dividends, interest,	<del></del>	7	032			
		and other similar amounts)	58	3 .	\$77			
	4	Income from investment of tax-exempt bond proceeds ▶		ή	1			
	5	Royalties		7	1 1		<del></del>	
		(i) Real (ii) Personal		П			·	
	6a	Gross rents 600						
	Ь	Less: rental expenses	ļ					
	C	Rental income or (loss) 600 0						
	d 70	Net rental income or (loss)			600			
	7a	Gross amount from sales of assets other than inventory	1			•		
	Ь	Less: cost or other basis	1					
		and sales expenses .				Î		
	С		I					
	ď	Net gain or (loss)	1				:	
	-			_	-0			
Other Revenue	8a	Gross income from fundraising	1					
Ş		events (not including \$						
æ		of contributions reported on line 1c).						
Ē		See Part IV, line 18 a						
₽			1					
	C	Net income or (loss) from fundraising events . ▶			0			
	9a	Gross income from gaming activities.						
	L	See Part IV, line 19 a	1					
	b	Less: direct expenses b  Net income or (loss) from gaming activities						
	_	Gross sales of inventory, less		4				
		returns and allowances a 208, 343						
	ь	Less: cost of goods sold <b>b</b> 165, 587		ľ			1	
	C	Net income or (loss) from sales of inventory .	42	Ţ			1	
		Miscellaneous Revenue Business Code	42	+	19			<del></del>
ļ	11a	Other 900099	5	Я	84		]	
ŀ	b			Ť	<del>                                     </del>			
	c			+	#-			
	d	All other revenue		$\forall$	++			
	е	Total. Add lines 11a-11d	5	8	84			
	12	Total revenue. See instructions	820	_				

			<u> </u>
Part IX	Statement of Functional Expenses		

Section	on 501(c)(3) and 501(c)(4) organizations must con	nple	te all columns. A	Vi d	ther organization	s must complete col	umn (A).
	Check if Schedule O contains a respon	se d	r note to any li	e	in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.		(A) Total expenses		(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and						
	organizations in the United States. See Part IV, line 21			L			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		306,670		306,670		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		50,486		41,797	8,689	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages		203,300		188,219	15,081	
9	Other employee benefits		25,711		23,739	1,972	
10 11	Payroll taxes		19,478	Γ	17,596	1,882	
а	Management						
b	Legal			T			
С	Accounting		2,450			2,450	
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees			L			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion		28,429	Γ	3,298		25,131
13	Office expenses		15,993	T	2,924	13,069	
14	Information technology			Γ			
15	Royalties						
16	Occupancy		23,136		10,195	12,941	
17	Travel		5,870		3,297	2,573	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .		818		818		
20	Interest			Ĺ			
21	Payments to affiliates			Ĺ			
22	Depreciation, depletion, and amortization .		11,955	L	7,771	4,184	
23	Insurance		9,741	L	6,332	3,409	
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.)	<u> </u>	<u>                                     </u>	L			
a	Bad debt expense	_	2,890	L	2,890		
b	Program expenses	<u> </u>	18,314	L	18,314		· · · · · · · · · · · · · · · · · · ·
С	Property taxes	ļ	1,961	L	837	1,124	
d	Volunteer development		5,015	lacksquare	5,015		
е	All other expenses  Total functional expenses. Add lines 1 through 24e	<u> </u>	700 015	1	600 515	65.65	0= 101
25			732,217	1	639,712	67,374	25,131
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)						
				T		L	Form <b>990</b> (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . 394,026 382,451 1 2 2 Savings and temporary cash investments . . 3 Pledges and grants receivable, net . . . . 3 Accounts receivable, net . . . . . . . . . 4 22,926 4 22,062 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . 7 1,287,417 7 1,287,417 8 7,687 9 Prepaid expenses and deferred charges . . . 8,078 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 607,403 **b** Less: accumulated depreciation . . . . 10b 249,939 329, 298 **10c** 357,464 Investments – publicly traded securities . . 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . 13 13 Investments - program-related. See Part IV, line 11 . . . . 14 14 15 Other assets. See Part IV, line 11 . . . . . 241,733 15 299,509 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 2,270,648 16 2,369,420 17 17 Accounts payable and accrued expenses . . . . . . . 44,514 39,756 Grants payable . . . . . . . . . . . . . . . . 18 18 19 9,950 19 25,161 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule ... Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees and 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Hart X 25 26 Total liabilities. Add lines 17 through 25 . 54,464 26 64,917 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,216,184 27 2,304,503 27 Unrestricted net assets . . . . . . . . . Temporarily restricted net assets . . . . . 28 28 Permanently restricted net assets . . . . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,216,184 33 2,304,503 33 2,270,648 **34** 2,369,420 34 Total liabilities and net assets/fund balances . . . Form **990** (2013)

Page	1	2
	-	_

01111				Pa	ige iz
Par	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		820	,536
2	Total expenses (must equal Part IX, column (A), line 25)	2		732	,217
3	Revenue less expenses. Subtract line 2 from line 1	3		88	,319
4	Net assets or fund balances at beginning of year (must equal Part 🖈, line 33, column (A))	4	2,	216	,184
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 b)	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	2,	304	,503
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," exp	olain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		:		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	a		
	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 ov	ersigh	it		
	of the audit, review, or compilation of its financial statements and selection of an independent account			X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ii	n		
	Schedule O.			ļ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set to	orth i			
_	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 under		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b		
			For	n <b>990</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.

2013

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

Name	of the organization									T	Employer id	dentificatio	n number
	MENICAL MINI										23-7363		
			rity Status (All or	-			$\overline{}$	+				nstructio	ons.
The 6	☐ A church, con☐ A school desc	vention of churc ribed in section	ation because it is: thes, or association a 170(b)(1)(A)(ii). (At spital service organ	of tac	churches	s des ule E	cr .)	bed in	ı sec	tion 170	(b)(1)(A)(i	).	
4	A medical resentation hospital's name	earch organizatı ne, city, and stat	on operated in conj e:	un	ction with	n a h	os	ital d	escrit	oed in <b>s</b> e	ection 170		
5		on operated for a)(1)(A)(iv). (Com		lle	ge or uni	ivers	ty	bwne	d or	operated	by a go	vernment	tal unit described in
6 7	X An organization described in s	on that normally ection 170(b)(1)	)(A)(vi). (Complete l	ntia Par	al part of rt II.)	its s	uр	port fr	om a			nit or fron	n the general public
8	A community	trust described i	n section 170(b)(1)	(A	<b>)(vi).</b> (Cor	nple	e	Part II.	.)				
9	receipts from support from acquired by th	activities related gross investme ne organization a	d to its exempt fur ent income and ur after June 30, 1975.	rei Se	ions—sul lated bus ee <b>sectio</b>	bject sines n 50	tc s <b>9(</b> 2	certa taxabl a)(2). (	ain ex e inc Comp	ceptions come (les olete Par	s, and (2) ss section t III.)	no more n 511 ta	ship fees, and gross than 331/3% of its x) from businesses
	An organization purposes of constant 509(a)(3). Che	on organized are one or more pub ock the box that	olicly supported org describes the type	sive gar of	ely for th nizations supportin	ne be desc ng or	n rit ga	fit of, ed in uzatio	to p secti on and	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	ions of, ection 50 1e throug	
e		ındatıon manage	that the organization	þn	is not co	ntrol	e¢	direc	tly or	indirect	ly by one	or more	tionally integrated disqualified persons I in section 509(a)(1)
f g	organization, o Since August	check this box 17, 2006, has t	a written determina he organization acc				.	<b> </b>					e III supporting
	(iii) below, (iii) A family m (iii) A 35% cor	who directly or i the governing be ember of a perse atrolled entity of	ndirectly controls, ody of the supporte on described in (i) a person described	d o bo	organizat ove? ı (ı) or (ii) a	ion? abov							11g(i) No 11g(ii) 11g(ii)
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-above or IRC section	n 9	1	organiz sted in	itio yo	y the	organ col (i)	ou notify sization in of your port?	organizat (i) organiz	s the ion in col zed in the S ?	(vii) Amount of monetary support
			(see instructions))		Yes	N	Ы	Y	es	No	Yes	No	
(A)													
(B)													
(C)												_	
(D)							-						
(E)													
Total						,			,	\ ^			0

Schedule A (Form 990 or 990-EZ) 2013 Page 2 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 a 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 Calendar year (or fiscal year beginning in) (a) 2009 (b) 201d (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts. grants. contributions. membership fees received. (Do not include any "unusual grants.") . . . 580,320 735,244 544,984 458,929 637,667 2,957,144 levied revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 580,320 735,244 544,984 458,929 637,667 2,957,144 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 2,957,144 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 201d | (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . . 7 580,320 735,2 637,667 2,957,144 544,984 458,929 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 64,718 59,18561,093 57,199 59,177 301,322 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 94,895 105,9 216,410 159,282 123,692 700,198 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . Total support. Add lines 7 through 10 3,958,664 11 Gross receipts from related activities, etc. (see instructions) . . 12 **|**.||. . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 74.70% 14 Public support percentage for 2013 (line 6, column (f) divided by line to column (f) . . . . . Public support percentage from 2012 Schedule A, Part II, line 14 15 box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . X b 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, П 17a 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 Part IV how the organization meets the "facts-and-bircumstances" test. The organization qualifies as a publicly supported 

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circums and a publicly 

Private foundation. If the organization did not check a box on line 13,16a, 16b, 17a, or 17b, check this box and see

П

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

(Complete only if you checked the box of	n line 9 of Part	I ar if the	organization	failed to qualify	under Part I	ıI.
If the organization fails to qualify under t						

Secti	on A. Public Support				Ti				
Calen	dar year (or fiscal year beginning in)	(a) 200	9	<b>(b)</b> 2010	Ti	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				Ti				
	received. (Do not include any "unusual grants.")			i I					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	_			Ti				
	furnished in any activity that is related to the			1	]}				
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an				1				
	unrelated trade or business under section 513	İ				•			
4	Tax revenues levied for the				T				
	organization's benefit and either paid			ł I		İ			
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge					<u> </u>			
6	Total. Add lines 1 through 5				_	<u> </u>			
7a	Amounts included on lines 1, 2, and 3	}		\ <b>\</b>	1	İ			
	received from disqualified persons .				1				
b	Amounts included on lines 2 and 3			ļ <b>[</b>	-	Į.			
	received from other than disqualified								
	persons that exceed the greater of \$5,000	İ			-				
	or 1% of the amount on line 13 for the year			<u> </u>	4	<b>]</b>	<u> </u>		
	Add lines 7a and 7b	**	,		4				
8	Public support (Subtract line 7c from	"		, ,		,	,	<u>}</u> .,	
So ati	on B. Total Support			L	4	1			
	<del></del>	(a) 200		(h) 2010	-	(-) 2011	(4) 2010	(-) 2012	(6) Total
∍aien 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 200	9	<b>(b)</b> 2010	+	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 10a		<del></del>			+	<b></b>			
iva	payments received on securities loans, rents,	ļ							
	royalties and income from similar sources .								
b	Unrelated business taxable income (less	<del></del>			Н				
	section 511 taxes) from businesses							i	
	acquired after June 30, 1975	{			1			\	
С	Add lines 10a and 10b	<del> </del>	_		Н				
11	Net income from unrelated business	<del> </del>	_		H	₩		- <del></del>	
••	activities not included in line 10b, whether					<b>]</b> ∥		ì	
	or not the business is regularly carried on	Ì							
12	Other income. Do not include gain or	<u> </u>	<del>                                     </del>		Н				
-	loss from the sale of capital assets				H				
	(Explain in Part IV.)	}						ĺ	
13	Total support. (Add lines 9, 10c, 11,				H			-	<del></del>
	and 12.)							l	
14	First five years. If the Form 990 is for the	ne organiz	atior	's first, seco	n	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he		1			I II			
Secti	on C. Computation of Public Suppor	rt Percer	tag	e	Γ				
15	Public support percentage for 2013 (line 8	8, column	(f) di	vided by line	1	3, column (f))		15	%
16	Public support percentage from 2012 Sch		_		L	<u> </u>	<u></u>	16	%
	on D. Computation of Investment In				L	<b></b>			
17	Investment income percentage for 2013 (						nn (f))	17	
18	Investment income percentage from 2012							18	<u>%</u>
19a	331/3% support tests – 2013. If the organ								
	17 is not more than 331/3%, check this box					1 11			
b	331/x3% support tests—2012. If the organiz								
	line 18 is not more than 331/3%, check this l		1			111			_
20	Private foundation. If the organization di	a not ched	k a	pox on line 1	14	. 119a or 19b o	neck this box :	and see instru	ctions

Part IV	Part III, line 12.	Also complete the	is part fo	exp or an	lanatio y addi	ns r tion	eqi ali	uired by nformati	Part II, on. (Se	line 1 e inst	0; Part	: II, Iin s).	ie 17a d	or 17b; 	and
Part II	, Line 10,														
Other i	ncome consist	s of program	servio	e f	ees,	net		ncome	from	the	sale	of i	nvent	ory,	and
a devel	oper fee.	<del>-</del>			<del>-</del>										
					·										
		••							~						
															<b>-</b>
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				1											
								[4]		<b>_</b> _				<b></b>	
					***			<del>   </del>	•••						

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

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.
 See separate instructions.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part II-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or florin 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number ECUMENICAL MINISTRIES, INC. 23-7363262 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Volunteer hours . . . . . . . . . . . . . . . . Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955 . . . 2 4a Was a correction made? . . . . . . . . . Yes No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section . . . . . . . . . 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Did the filing organization file Form 1120-POL for this year? . . . 4 Enter the names, addresses and employer identification number (EIII) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. 5 (a) Name (b) Address (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds If none, enter -0delivered to a separate political organization If none, enter -0-. (1)(2) (3)(4) (5) (6) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

				l II			raye 🕰
Part	II-A Complete if the organiza section 501(h)).	ition is exempt	t under section	n 5	01(c)(3) and filed	Form 5768 (ele	ction under
A C	heck ▶ ☐ if the filing organization						up member's
	name, address, EIN, ex	penses, and sh	nare of excess	lob	bying expenditur	es).	•
<u>B</u> C	heck ▶ ☐ if the filing organization			con	trol" provisions a	pply.	
		obbying Expend		li		(a) Filing	(b) Affiliated
	(The term "expenditures			<del>      -   -     -   -   -   -   -   -  </del>		organization's totals	group totals
1a	, ,					12,105	·
b	, , ,		body (direct ldb.	byin	g) i	0	
С	Total lobbying expenditures (add line	·	· · · · · .	-		12,105	
d	Other exempt purpose expenditures			-		720,112	
е	Total exempt purpose expenditures	•	-	-		732,217	<del></del>
f	Lobbying nontaxable amount. Ent	er the amount	from the follo	wing	g table in both		
	columns			Щ_		134,833	
	If the amount on line 1e, column (a) or (b		ng nontaxable an	737	it is:		
	Not over \$500,000	<del></del>	amount on line 1e	<del>-1-1</del> -			
	Over \$500,000 but not over \$1,000,000		us 15% of the exc				
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the eko				
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the exce	ess c	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.	·	-  -			<del></del>
g	Grassroots nontaxable amount (ente	Įį.				33,708	<del></del> -
h	Subtract line 1g from line 1a. If zero			11		0	
į	Subtract line 1f from line 1c. If zero o	. 1		₩		0	<del></del>
, 	If there is an amount other than z reporting section 4911 tax for this ye		e 1h or line 1	, dic	the organization	file Form 4/20	Yes No
	(Some organizations that	-Year Averaging made a section w. See the instr	501(h) election	r do	ction 501(h) not have to comp a through 2f on pa	olete all of the five ge 4.)	
	Lobby	ing Expenditure	es During 4-Yea	ar A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011		(c) 2012	( <b>d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount	133,55	1 125,	645	129,407	134,833	523,436
b	Lobbying ceiling amount (150% of line 2a, column (e))	344 3					785,154
С	Total lobbying expenditures	12,66	11,	302	18,939	12,105	55,512
d		33,38	8 31,	4 11	32,352	33,708	130,859
е	Grassroots ceiling amount (150% of line 2d, column (e))		,\	3		x**	196,289
f	Grassroots lobbying expenditures	12,66	6 11,	302 302	18,939	12,105	55,512
			·			Schedule C (Form	990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

Part	II-B Complete if the organization is exempt under (election under section 501(h)).	section	7 5	501(c)(3) and has NOT (	iled	Form	5768	
For e	each "Yes," response to lines 1a through 1i below,	orovide		in Part IV a detailed	(8	a)	(b)	
	ription of the lobbying activity.			,,, , a,, ,,, a a a a a a a a a a a a a	Yes	No	Amount	1
1	During the year, did the filing organization attempt to influen legislation, including any attempt to influence public opereferendum, through the use of:							
a	Volunteers?							
b	Media advertisements?		11	on lines to unrough tij?				
c d			II					
e	Publications, or published or broadcast statements?		ш					
f	Grants to other organizations for lobbying purposes?		∦.					
g	Direct contact with legislators, their staffs, government officials		301  -					
h	Rallies, demonstrations, seminars, conventions, speeches, lec				<u> </u>			
i	011 1/2 11 0	. [.]			i		-	
i	Total. Add lines 1c through 1i	. [.]						
2a	Did the activities in line 1 cause the organization to be not desi		n s	section 501(c)(3)?		,		
b	If "Yes," enter the amount of any tax incurred under section 49							
C	If "Yes," enter the amount of any tax incurred by organization r		ıs	under section 4912 .				
d	If the filing organization incurred a section 4912 tax, did it file F				İ	1		
Part	III-A Complete if the organization is exempt under s 501(c)(6).	section	15	501(c)(4), section 501(c	)(5), c	or se	ction	
			il T				Yes	No
1	Were substantially all (90% or more) dues received hondeduct	ble by	nε	embers?			1	<u></u>
2	Did the organization make only in-house lobbying expenditures	s of \$2,	pο	0 or less?			2	
3	Did the organization agree to carry over lobbying and political						3	<u> </u>
Part	III-B Complete if the organization is exempt under a 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."							3, is
1	Dues, assessments and similar amounts from members		1			1		
2	Section 162(e) nondeductible lobbying and political expen political expenses for which the section 527(f) tax was paid		(d	do not include amounts	of	-		
а	Current year		I			2a		
b	Carryover from last year	. ]	11			2b		
С	Total		Щ		. [	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of	nonded	ЦC	tible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the							_
	excess does the organization agree to carryover to the reasona	able est	ļф	ate of nondeductible lobby	/ing			
	and political expenditure next year?		$\mathbb{H}$			4	·	
5	Taxable amount of lobbying and political expenditures (see ins	truction	刂	<u> </u>		5	·	
	Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; P  -B, line 1. Also, complete this part for any additional information			e 5; Part II-A (affiliated gro	up list	t); Par	t II-A, line 2;	and
			╫-					
			#					
			-₩.					
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		t	-††					~ <del></del>

			edula C (Form 990 or 990-EZ) 2013	ichedule C (For
		<i>y</i>	edule C (Form 990 or 990-EZ) 2013  art IV. Supplemental Information (continued)	Part IV.
- <del></del>	1			
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4-14	- .			
Schedule C (Form 990 or 990-EZ				

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number ECUMENICAL MINISTRIES, INC. 23-7363262 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Addregate value at end of year . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor dr donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form \$90, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements . . . . . Number of conservation easements on a certified historic structure |ncluded in (a) . . . Number of conservation easements included in (c) acquired after \$1/17/06, and not on a historic structure listed in the National Register . | . . . . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is ocated ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . 6 Staff and volunteer hours devoted to monitoring, inspecting, and enjoying conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisty the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990 Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for bubblic exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

If the organization received or held works of art, historical treasures or other similar assets for financial gain, provide the

Assets included in Form 990, Part X . . . .

(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . . . .

public service, provide the following amounts relating to these items:

Revenues included in Form 990, Part VIII, line 1 . . . . . . . .

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	Organizations Maintaining (	Collection	of	Art, His	tori	ca	I Treasures	, or O	her Similar A	ssets (cont	inued)
3	Using the organization's acquisition, accollection items (check all that apply):										
а	☐ Public exhibition			ď		L\o	an or exchan	ge prog	rams		
b	☐ Scholarly research			e							
С	☐ Preservation for future generations					$\ $					
4	Provide a description of the organization XIII.	n's collection	ons a	and expl	aın	10\	w they further	the org	ganization's exe	mpt purpose	in Part
5	During the year, did the organization s	olicit or rec	eive	donation	ns of	fa	rt, historical t	reasure	s, or other simi	lar	
	assets to be sold to raise funds rather t	han to be m	ainta	ained as	part	φŧ	the organizat	ion's co	llection?	☐ Yes	☐ No
Par				-		Til					
	Complete if the organization a 990, Part X, line 21.				1	-					orm
1a	Is the organization an agent, trustee,										
	included on Form 990, Part X?				·  -					Yes	☐ No
þ	If "Yes," explain the arrangement in Par	t XIII and co	mple	ete the fo	oiio	/in	g table:				
					l				- F	\mount	
С	Beginning balance							10			
d	Additions during the year		١.		. }	Щ		10			
е	Distributions during the year							1e			
f	Ending balance							11			
2a	Did the organization include an amount									Yes	No
b	If "Yes," explain the arrangement in Par										$\overline{\Box}$
Par						Ti				_	
	Complete if the organization a	nswered "	Yes'	" to For	n 9	эф	Part IV, line	e 10.			
		(a) Current ye	_	<b>(b)</b> Pri					(d) Three years bac	k (e) Four yea	ars back
1a	Beginning of year balance		abla			Ti					
ь	Contributions		$\Box$			T					
c	Net investment earnings, gains, and losses	<del></del>				+			<del></del> -		
ď	Grants or scholarships		$\vdash$			$\pm$				<del></del>	
e	Other expenditures for facilities and		+-+			-	<del>                                     </del>			<del></del>	
-	programs		ΙÍ			,					
f	Administrative expenses	<del></del>	┼╌┤						<del></del>		
g	End of year balance		+			+	<del>   </del>			<del> </del>	
2	Provide the estimated percentage of the	Current ver	T en	d balanc	- (lu	$\exists$	1 a column /s	)) beld		l	
a	Board designated or quasi-endowment	Current yea	7 011	%	·C (II	۱٦	ng, coluini (a	ij) Held i	<b>13.</b>		
	Permanent endowment	0%		10							
b C	Temporarily restricted endowment	''	04			lÌ					
C	The percentages in lines 2a, 2b, and 2c	chould equ	. 10	006		П					
За	Are there endowment funds not in the				zatio		that are held	and ad	ministered for th	20	
ou	organization by:	000000000000000000000000000000000000000	Υ΄	o organi	Zanq	'	That are new	and ad	minotored for a	Ye	s No
	(i) unrelated organizations					U					3 140
	-		ļ. '		٠ .	li				3a(i)	+
<b>L</b>	(ii) related organizations						dula DO	• •		3a(ii) 3b	+-
_								• •		30	Ц
4 Part	Describe in Part XIII the intended uses of Land, Buildings, and Equipm		ZaliO	ni s endo	WILL	F'\	rurius.		<del></del>		
Part			Vaa,	" to For	Or		Dow N. Line	. 11. (	`aa Farm 000	Dort V. line	10
	Complete if the organization a		_								
	Description of property		estme	her basis ent)	(b)	Co	or other basis (other)	de	Accumulated epreciation	(d) Book va	
1a	Land				<u>L</u>	Ц	27,550				7,550
b	Buildings	<u> </u>	$\bot$		<u> </u>	Ц	520,510	L	194,309	32	6,201
С	Leasehold improvements		Щ.		<u> </u>	L	<b></b>				
d	Equipment		_		<u> </u>	L	59,343		55,630		3,713
e	Other					L					
Total.	Add lines 1a through 1e. (Column (d) mu	st equal For	m 99	90, Part 2	<, co	u	nn (B), line 10	O(c).)	>	35	7,464

Part VII	Investments—Other Securities.					П	1					
	Complete if the organization answ	ered	'Yes	" to Fo	rm	<u>99</u>	0,	Part IV, line	e 11b. See Fo	orm 990,	Part X, line	12.
	(a) Description of security or category (including name of security)					h	16) I	Book value		) Method of r end-of-yea	valuation r market value	
(1) Financial	derivatives					П	Ĭ					
(2) Closely-ł	neld equity interests											
(3) Other							Ì					
(A)												
(B)												
(C)							ij					_
(D)												
(E)						П						
(F)			\			П	11		<u> </u>			
(G)			ļ			Ц	Щ				<del></del>	
(H)			ļ		_	L	Ц					
Part VIII	b) must equal Form 990, Part X, col. (B) line 12 )  Investments—Program Related.		<del> </del>		Щ.	╀	-					
	Complete if the organization answ	ered "	Yes'	' to Fo	rm 9	<b>d</b> 9	Ö,	Part IV, line	e 11c. See Fo	rm 990,	Part X, line	13.
	(a) Description of investment					_	1-1-	Book value	(c)	Method of		
(1)			T		<del> </del>	T	11					
(2)			1			1	11					
(3)			_			T	11				*	
(4)					1	T	П					
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(8)	······································				L		Щ					
(9)												
	b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>			1	Ш					`
Part IX	Other Assets.						Ш					
	Complete if the organization answ			to Fo	rm 9	990	<u>q.</u>	Part IV, line	11d. See Fo	orm 990,		
		Descript	ion			4	-[]				(b) Book value	
	ed interest receivable		+			4	-14					4,310
	ential real estate					+	-{				<u>8</u>	5,000
(3) Other	assets		<del> </del>			╬	╢			_		199
(4)	<del></del>		+			+	-#	<del></del>			<del></del> -	
(5)			+			╁	-11					
<u>(6)</u>			+			╁	╢					
(7)			+-			┽	-{}					
(8)	<del> </del>		+			╁	╢	<del>-</del>				
Total, (Colui	nn (b) must equal Form 990, Part X, col.	(B) lin	e 15.	)		$\pm$	∄	<del></del>			29	9,509
Part X	Other Liabilities. Complete if the organization answeline 25.					T				See Form		
1.	(a) Description of liability		b) Bo	ok value		+	тН				· · · · · · · · · · · · · · · · · · ·	······································
(1) Federal in			-, 55			-	1	,	· · · · · ·	F		
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(8)						-1		1	. **	** *		. ′ '
(9)			+-			ᅥ						
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 25.)		+-									
2. Liability for	uncertain tax positions. In Part XIII, provide	the te	xt of t	he footi	note	to	th	e organizatior	n's financial stat	ements the	at reports the	,,,, <del>_</del>
organization's	s liability for uncertain tax positions under F	IN 48 (/	ASC 7	40). Ch	eck l	nei	je j	the text of the	ne footnote has	peen prov	ided in Part X	III 🔲

Part							Retur	٦,
	Complete if the organization answered "Y		_	_		/, line 12a.		<del> </del>
1	Total revenue, gains, and other support per audited		en	ts			1	986,123
2	Amounts included on line 1 but not on Form 990, Pa	irt VIII, line 12:	<b>l</b> 11	Ϊ,		ı	1	
a	_		ł	ŀ.	2a			
b	Donated services and use of facilities		H	ŀ.	2b			
	Recoveries of prior year grants		H	-	2c	165 507		
	Other (Describe in Part XIII.)				2d	165,587	1 _	165 507
	Add lines 2a through 2d		H	ì			2e	165,587
3			ł II	il i	 i i		3	820,536
4	Amounts included on Form 990, Part VIII, line 12, bu							
	Investment expenses not included on Form 990, Par Other (Describe in Part XIII.)		ll	<u> </u>	4a		{	
			П	ļ !	4b		1 4- 1	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal	 Form 990 Part	١,,	. ما	 12 l		4c	820,536
Part			_					
· arc	Complete if the organization answered "						i iici	4111
1	Total expenses and losses per audited financial state			Ť			1	897,804
	Amounts included on line 1 but not on Form 990, Pa						<u> </u>	<del></del>
	Donated services and use of facilities		$\mathbf{I}$		2a			
	Prior year adjustments		]		2b	<del> </del>	1 1	
	Other losses		]	]	2c		1 1	
	Other (Describe in Part XIII.)		$1 \mid$	]	2d	165,587	1	
	Add lines 2a through 2d		]	'			2e	165,587
	Subtract line <b>2e</b> from line <b>1</b>		11	1			3	732,217
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:	Ш					
а	Investment expenses not included on Form 990, Par	t VIII, line 7b	11	i '	4a		1 1	
b	Other (Describe in Part XIII.)		.] ]		4b		] ]	
С	Add lines <b>4a</b> and <b>4b</b>		.] ]	]]			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equa	l Form 990, Par	t /,	line	e 18.)	<u> </u>	5	732,217
Part 2			Ш					
	the descriptions required for Part II, lines 3, 5, and 9							
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Als	o complete this	s pa	ant t	to pro	vide any additional in	formati	on.
Part	XI, Line 2d		-]	₽				
			U	ll -				
This	amount represents the cost of sales	of invent	<u>qr</u>	<u>  -</u>	Fo	r financial st	ateme	ent purposes,
				Ш				
1t 1s	disclosed as an expense, for tax p	urposes, 1	<u>t</u>	ns	ded	lucted from rev	enue.	
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Dart	XII, Line 2d		ı					
rait	AII, Line 2u	<del> </del>	╌╂╌	╂╫╼				
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Schedule D (Fo	rm 990) 2013				Page <b>5</b>
Part XIII	rm 990) 2013 <b>Supplemental Information</b> (continued)				
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# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization INC.

ECUMENICAL MINISTRIES,

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.

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2013	Open to Public Inspection
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OMB No 1545-0047

Employer identification number

23-7363262

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ºN □ (h) Purpose of grant or assistance X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Part I Part II <u>(8)</u> က N € Ξ 3 <u>ල</u> 3 車 0 6 5 E (12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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	es. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

1		in a position of a position				
	(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 Emer	1 Emergency Aid	935	149,674			
2 Food	2 Food Pantries	760	3,221			
3 Home	3 Home Repair	95	57,882			
4 Cost	4 Cost of meals to elderly and disabled	06	64,230			
5 Util	5 Utility Relief	350	31, 663			
မှ						
7						
Part IV	Supplemental Information. Provide the information		equired in Part I, In	e 2. Part III. column	required in Part I. line 2. Part III. column (b), and any other additional information.	onal-information.

Part I, Line 2

The Organization conducts interviews with client's requesting aid. If the individual meets the Organization's criteria

for assistance, assistance is provided to the individual through a cash disbursement for the benefit of the individual made payable to a vendor, bank, or hospital. For example, individuals needing assistance with utility bills who meet

the Organization's criteria have a check disbursed by the Organization to the utility company on their behalf.

Schedule 1 (Form 990) (2013)

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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

ECUMENICAL MINISTRIES, INC.			23-7363262
Form 990, Part VI, Line 11a - A	copy of th	лф П	final form of the Form 990
and the required schedules were	provided	φ.	the Board of Directors
electronically for their review	prior to t	h	e return being filed.
Form 990, Part VI, Line 12c - The	e Organiza	ı t	ion, on an annual basis, asks
each member of the Board of Dire	ctors to i	e	view the Conflict of Interest
Policy to verify that they do no	t have any		conflicts of interest with the
Organization.			
Form 990, Part VI, Line 15a - The	e compensa	t	ion of the Executive Director
was reviewed by the Budget and F	inance Com	m	ttee and approved by the
Board of Directors as part of the	approval	-	of the annual budget.
Form 990, Part VI, Line 18 - The	Organizat	i	on's Form 990 will be mailed to
anyone who requests a copy of the	e form.		 
Form 990, Part VI, Line 19 - The	Organizat	j.	on's governing documents,
Conflict of Interest Policy, the	annual Au	d	ited Financial Statements and
the Form 990 are made available t	to anyone	w.	ho requests the documents.
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Schedule O (Form 990 or 990-EZ) (2013)		H		Page 2
Name of the organization		1+	╫	Employer Identification number
ECUMENICAL MINISTRIES, INC.		$\  \cdot \ $		23-7363262
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

ECUMENICAL MINISTRIES, INC.

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

Open to Public Employer identification number

23-7363262

(g) Section 512(b)(13) controlled entity? (f) Direct controlling entity ŝ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity one or more related tax exempt organizations during the tax year (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization Part I Part II

Schedule R (Form 990) 2013

Section 512(b)(13) controlled entity? .018 (k)
Percentage
ownership Schedule R (Form 990) 2013 ş × Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? ŝ 100% Percentage end-of-year assets ownership Yes  $\bowtie$ N/A amount in box 20 of Schedule K-1 (i) Code V – UBI (Form 1065) 0 Share of 8 (g) (h)
Share of end-of- Deproportionate year assets allocations? ŝ × Share of total (14)Yes псоте (85,580)Type of entity (C corp, S corp, or trust) Corp. (14) (f) Share of total Income O (d) Direct controlling entity Related Predominant income (related, unrelated, excluded from tax under sections 512-514) N/A (state or foreign country) (d) Direct controlling AL N/A (b) Primary activity Real Estate (c) Legal domicile (state or foreign country) AL Low Income Housing Primary activity GP Inc. Name, address, and ElN of related organization (1) Ecumenical Meadowview, 564 Fairhope Avenue (2) Fairhope, AL 36532 Meadowview, LTD (a) Name, address, and EIN of (1) The Village at related organization 26-0424142 Part III Part IV 8 ල  $\mathbf{\epsilon}$ **£** 9 9 <u>ල</u> € (2) 9 8

Page 3

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ne or more related organ	nizations listed in Part	S II-IV?		
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a ×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				1 <del>4</del>	×
e Loans or loan guarantees by related organization(s)				16	×
			-		:
T Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)				1i	×
j Lease of facilities, equipment, or other assets to related organization(s)				1)	×
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				· *	, ×
	(s)t			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	(6)			2	
	· · · · · · · · · · · · · · · · · · ·			= =	< ×
		- ·		. 0	×
				d :	×
d neilliodisellett bald by related organization(s) for experises					
Cother transfer of cash or property to related organization(s)     Other transfer of cash or property from related organization(s)				7 5	××
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	st complete this line, incl	uding covered relation	nships and transaction	on thresho	olds.
	מונים מונים מונים וונים	מייום ספיסים וסומוים	Disposition of the comment		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	3 amount inv	olved
(1) The Village at Meadowview, LTD	m	57,759	compounded	interest	
(2)					
(6)				į i	
(4)					
(5)					
(9)					
			Schedule B (Form 990) 2013	7 (Form 99	0 2013

- Page 4

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership																		990) 2013
General or P managing c partner?	Yes No					+						-						Schedule R (Form 990) 2013
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)																		Sched
n) ortionate ions?	Yes No																	
(g) Share of end-of-year assets				:										i i				
(f) Share of total income																		
(e) Are all partners section 501(c)(3) organizations?	Yes No																	
(d) Predomnant income (related, unrelated, excluded from tax under sections 512-514)		-																
(c) Legal domicile (state or foreign country)																		
(b) Primary activity		•	 							=======================================	 							
(a) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

	Form 990) 2013		<b>!</b>	III.	Page <b>5</b>
Part VII	Supplemental Information Provide additional information for response			Ī	
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