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# Form 990

Department of the Treasury Internal Revenue Service

## **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.

2014
Open to Public Inspection

| <u>A_</u>                              | For the          | 2014 calendar year, or tax year beginning , and ending  |                   |                     |                               |
|--|------------------|---|-------------------|---------------------|-------------------------------|
| В                                      | Check if app     | olicable C Name of organization   |                   | D Employe           | r identification number       |
| $\Box$                                 | Address cha      | ange Transforming Jail Ministries   |                   |                     |                               |
| $\equiv$                               |                  | Doing histores as   |                   | 7 26-0              | 727601                        |
| Ш                                      | Name chan        | Number and street (or P O box if mail is not delivered to street address)                                   | Room/suite        | E Telephon          | e number                      |
|  | Initial return   | 4015 Executive Park Drive   | 404               | 513-                | 794-9999                      |
|  | Final return     | City or town, state or province, country, and ZIP or foreign postal code                                    |                   | 1                   |                               |
|  | terminated       | Cincinnati OH 45241   |                   | G Gross rece        | eipts <b>84</b> ,524          |
| Ш                                      | Amended re       | F Name and address of principal officer   | 1                 | <b>O</b> 0/033/1000 |                               |
|  | Application      |   | H(a) Is this a g  | group return for si | ubordinates? Yes X No         |
|  | пррпоция         | Pending Rev. W. Jack Marsh, CEO   |                   |                     | uded? Yes No                  |
|  |                  |   | ľ                 | ubordinates incli   |                               |
|  | _                |   | If "N             | o," attach a list   | (see instructions)            |
| 1                                      | Tax-exemp        | ot status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527   |                   |                     |                               |
| J                                      | Website          |   | H(c) Group ex     | xemption numbe      | ır 🕨                          |
|  | Form of org      |   | Year of formation |                     | M State of legal domicile OH  |
|  |                  |   | real of tornation | 200,                | m State of legal domicile O11 |
|  | art I            | Summary   |                   |                     | <del></del>                   |
|  | 1                | riefly describe the organization's mission or most significant activities                                   |                   |                     |                               |
| ė                                      |                  | Engaging those in jail with a servant heart and a hope  | ful messa         | age.                |                               |
| Ĕ                                      |                  |   |                   |                     |                               |
| Ë                                      |                  |   |                   |                     |                               |
| & Governance                           | ٠, ١             | hook this how N in the ergonization discontinued to energiation or disposed of more than 2                  | EO/ of its pot s  | anata .             |                               |
| ဖိ                                     | 1                | heck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2                | 5% or its net a   | 1 1                 | 0                             |
| ంర                                     | 3 N              | umber of voting members of the governing body (Part VI, line 1a)  |                   | 3                   | 8                             |
| es                                     | 4 N              | umber of independent voting members of the governing body (Part VI, line 1b)                                |                   | 4                   | 8                             |
| ž                                      | 5 To             | otal number of individuals employed in calendar year 2014 (Part V, line 2a)                                 |                   | 5                   | 2                             |
| Activities                             | 6 To             | otal number of volunteers (estimate if necessary)   |                   | 6                   | 0                             |
| ⋖                                      |                  | otal unrelated business revenue from Part VIII, column (C), line 12   |                   | 7a                  | 0                             |
|  | 1                | ···   |                   |                     | 0                             |
|  | D N              | et unrelated business taxable income from Form 990-T, line 34   | Prior Y           | 7b                  | Current Year                  |
| 5                                      | ١                |   |                   | 31,992              | 84,309                        |
| Revenue                                |                  | ontributions and grants (Part VIII, line 1h)  |                   |                     |                               |
| ֝֞֞֝֝֓֞֝֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 9 Pi             | rogram service revenue (Part VIII, line 2g)   |                   | 2,093               | 200                           |
| , ₹                                    | <b>10</b> In     | vestment income (Part VIII, column (A), lines 3, 4, and 7d)   |                   | 13                  | <u>15</u>                     |
| œ                                      | 11 0             | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                     |                   |                     | 0                             |
|  |                  | otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)                           | 8                 | 34,098              | 84,524                        |
| :                                      |                  |   |                   | ,,,,,,              | 0                             |
|  |                  | rants and similar amounts paid (Part IX, column (A), lines 1–3)   |                   |                     | 0                             |
| -,                                     | l .              | enefits paid to or for members (Part IX, column (A), line 4)  |                   |                     | <u></u>                       |
| ္မ်ိဳး                                 | 15 S             | alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                            | :                 | 55,306              | 66,230                        |
| ≨ē<br>ZĒ                               | 16a Pi           | rofessional fundraising fees (Part IX, column (A), line 11e)  |                   |                     | 0                             |
| Expenses                               | ьт               | otal fundrasing expenses (Part IX, column (D), line 25)   |                   | 1                   |                               |
| ِ لَلْنَيْ                             |                  | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1                 | L6,737              | 18,293                        |
| Ť                                      | 18 T             | otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                     |                   | 72,043              | 84,523                        |
|  | 40 0             | over the community of the section 48 forming 42   |                   | 12,055              | 1                             |
| _ @                                    | 19 K             | evenue less expenses Subtract line-18 from line 12  | Beginning of C    |                     | End of Year                   |
| Net Assets or Fund Balances            | 20 T             | otal assets (Part X, line 16)   |                   | 30,061              | 30,062                        |
| SSe                                    | 20 10            | $\mathcal{A} = \mathcal{B}_{\omega} + \mathcal{A}$  |                   |                     | 30,002                        |
| 달                                      | 21 10            | otal liabilities <sup>t</sup> (Părt X, line 26)   |                   | 0                   | 20.000                        |
|  |                  | et assets or fund balances Subtract line 21 from line 20  |                   | 30,061              | 30,062                        |
| _ P                                    | art II           | Signature Block   |                   |                     |                               |
| U                                      | nder pena        | alties of perjury, I declare that I have examined this return, including accompanying schedules and statem  | ents, and to the  | best of my kn       | owledge and belief, it is     |
| trı                                    | ие, соптес       | ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer | has any knowled   | dge                 |                               |
|  |                  | 1 Com   |                   | 10                  | 127/15                        |
| e:                                     |                  | Signature of officer  |                   | Date                |                               |
| Sig                                    |                  | · ·   |                   |                     |                               |
| He                                     | re               | W. JACK MARSH CEO   |                   |                     |                               |
|  |                  | Type or print name and title  |                   |                     |                               |
|  |                  | Print/Type preparer's name Preparer's signature   | Date              | Check               | if PTIN                       |
| Paid                                   | d   <sub>I</sub> | David M. Pelfrey, CPA David M. Pelfrey, CPA   | 10/2              | 3/15 self-em        | ployed P00292983              |
| Pre                                    | narer            | Dolfman C Commons CDALS Too   |                   | Firm's EIN          | 31-1712761                    |
|  | Only             | 10855 Indeco Drive  | <del></del>       | I IIII S EIN F      | <u> </u>                      |
| _,,,                                   | 1                | Cincinnti OII AFOA1   |                   |                     | E12_702.1200                  |
| _                                      |                  | Firm's address  Cincinnati, OH 45241  |                   | Phone no            | 513-793-1200                  |
|  |                  | discuss this return with the preparer shown above? (see instructions)                                       |                   |                     | X Yes No                      |
| For                                    | Paperwo          | ork Reduction Act Notice, see the separate instructions.  |                   |                     | Form 990 (2014)               |

| 4d | Other program services (Describe in S | chedule O )            |               | <del></del>            |
|----|---------------------------------------|------------------------|---------------|------------------------|
|    | (Expenses \$                          | including grants of \$ | ) (Revenue \$ | )                      |
| 4e | Total program service expenses ▶      | 21,433                 |               |                        |
| AA |                                       |                        |               | Form <b>990</b> (2014) |

|             | n 990 (2014) Transforming Jail Ministries 26-0727601  |     | P  | age            |
|-------------|---|-----|--|----------------|
| <u> P</u> ; | art IV . Checklist of Required Schedules  |     | Yes  | No             |
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |     | 163  | 140            |
|             | complete Schedule A   | 1   | x  |                |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | X  |                |
| 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   |  | X              |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   |     |  |                |
|             | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |  | X              |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |     |  |                |
|             | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   |     |  |                |
|             | Part III  | 5   |  | X              |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   |     |  |                |
|             | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   |     |  |                |
|             | "Yes," complete Schedule D, Part I  | 6   |  | X              |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |  |                |
|             | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |  | X              |
| 8           | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   |     |  |                |
|             | complete Schedule D, Part III   | 8   |  | X              |
| 9           | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   |     |  |                |
|             | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or  |     | İ  | 1              |
|             | 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  |  | X              |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |     |  |                |
|             | VII, VIII, IX, or X as applicable   |     |  |                |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |     |  |                |
|             | complete Schedule D, Part VI  | 11a | X  |                |
| þ           | 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 | ļ  | X              |
| C           | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more   |     |  |                |
|             | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c | ļ  | X              |
| d           | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets  |     |  | l              |
|             | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |  | X              |
| 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> -  | X              |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |  | 3.5            |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |  | X              |
| 12a         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |  | 37             |
|             | Schedule D, Parts XI and XII  | 12a | <del> </del>                                     | X              |
| 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 | -  | X              |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | -  | X              |
| 14a         |   | 14a | -  | X              |
| b           |   |     |  |                |
|             | fundraising, business, investment, and program service activities outside the United States, or aggregate   |     |  | ~              |
| 4-          | 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   | 45  |  | x              |
| 40          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  | <del>                                     </del> | <del>  ^</del> |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  | 46  |  | x              |
| 47          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 16  | 1  | 1              |
| 17          | The the organization renor a inizi of more than \$15 you be expenses for dirigissional initialising services on   | 1   | •  | 1              |

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

17

19

20a

20b

Part IV . 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  |      |          |            |
|          | domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II  | 21   |          | <u>X</u>   |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      |          |            |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |          | <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  |      |          | v          |
|          | employees? If "Yes," complete Schedule J   | _23_ |          | <u>x</u>   |
| 24a      | 0  |      |          |            |
|          | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |      |          | v          |
|          | through 24d and complete Schedule K. If "No," go to line 25a   | 24a_ |          | <u> </u>   |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |          |            |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | 24-  |          |            |
|          | to defease any tax-exempt bonds?   | 24c  |          |            |
| d<br>250 | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 504(a)(3), 504(a)(4), and 504(a)(39) organizations. Did the organization engage in an expect benefit. | 24d  |          |            |
| 25a      |  | 25a  |          | x          |
| <b>h</b> | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior        | 25a  |          |            |
| b        | 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  |          | x          |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   | 200  |          |            |
| 20       | current or former officers, directors, trustees, key employees, highest compensated employees, or  |      |          |            |
|          | disqualified persons? If "Yes," complete Schedule L, Part II   | 26   |          | x          |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,   |      |          |            |
|          | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |      |          |            |
|          | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |          | 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  |          | X          |
| b        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   |      |          |            |
|          | Schedule L, Part IV  | 28b  |          | X          |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |      |          |            |
|          | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c  |          | X          |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   |          | X          |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |      |          |            |
|          | conservation contributions? If "Yes," complete Schedule M  | 30   |          | X          |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |      |          |            |
|          | Part I   | 31   |          | X          |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |      |          |            |
|          | complete Schedule N, Part II   | 32   |          | <u> </u>   |
| 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   |          | <u> </u>   |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,  |      |          |            |
|          | or IV, and Part V, line 1  | 34   |          | <u>X</u>   |
| 35a      |  | 35a  |          | <u> </u>   |
| Ь        | 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  | 35b  | <u> </u> |            |
| 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   |          | <u> </u>   |
| 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? If "Yes," complete Schedule R,   |      |          | 37         |
| ••       | Part VI  | 37   |          | <u> </u>   |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   | 20   |          | x          |
|          | 19? Note. All Form 990 filers are required to complete Schedule O  | 38   | _ 990    | (2014)     |
|          |  | For  | m フンし    | . (∠U141 • |

|         | n 990 (2014) Transforming Jail Ministries 26-0727601   |                      | Р  | age      |
|---------|--|----------------------|--|----------|
| Pa      | art V Statements Regarding Other IRS Filings and Tax Compliance  |                      |  |          |
|         | Check if Schedule O contains a response or note to any line in this Part V   |                      |  | <u> </u> |
|         |  |                      | Yes  | No       |
| 1a      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0  |                      |  |          |
| b       |  |                      |  |          |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and   | 4-                   |  |          |
| 2-      | reportable gaming (gambling) winnings to prize winners?  | <u>1c</u>            |  | <b> </b> |
| 2a      | 1 1 2  |                      |  |          |
|         | ,,,,   |                      | T.   | •        |
| b       |  | <u>2b</u>            | X  | $\vdash$ |
| 2-      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 30                   | 1  | х        |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 900. If for this year? If "No," to lie 3h, provide an explanation in Schodule O.                    | 3a<br>3b             |  |          |
| b<br>4a | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |                      |  |          |
| 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 |                      |  | İ        |
|         | · · · · · · · · · · · · · · · · · · ·  | 4a                   |  | x        |
| h       | account)?  If "Yes," enter the name of the foreign country ▶   | <del>4a</del>        |  | -        |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |                      |  |          |
|         | (FBAR)   |                      |  |          |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a                   | 1  | x        |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b                   | <del>                                     </del> | X        |
| c       | 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   | 55                   |  |          |
| ou      | 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?   | 6Ь                   |  |          |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |                      |  |          |
| a       |  |                      |  |          |
|         | and services provided to the payor?  | 7a                   | 1  | x        |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b                   |  |          |
| C       |  |                      |  |          |
|         | required to file Form 8282?  | 7c                   |  | X        |
| d       |  |                      |  |          |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e                   |  | X        |
| 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 r   | equired? 7g          |  |          |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo   | rm 1098-C? <b>7h</b> |  |          |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |                      |  |          |
|         | sponsoring organization have excess business holdings at any time during the year?   | 8                    |  |          |
| 9       | Sponsoring organizations maintaining donor advised funds.  |                      |  |          |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a                   |  |          |
| b       | Did the sponsoring 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  |                      |  |          |
| 11      | Section 501(c)(12) organizations. Enter  |                      |  |          |
| а       | Gross income from members or shareholders  |                      |  |          |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   |                      |  |          |
|         | against amounts due or received from them )  |                      |  | •        |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a                  | <b></b>  | ļ        |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |                      |  |          |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                      | <u> </u>   | ļ        |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a                  | ļ  | <u> </u> |
|         | 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   |                      |  |          |
| С       | Enter the amount of reserves on hand   |                      | 1  |          |

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se                          |          |              | าร  |  |  |  |  |
|------------|---|----------|--------------|-----|--|--|--|--|
|            | Check if Schedule O contains a response or note to any line in this Part VI   |          | <b>u</b> 00. | X   |  |  |  |  |
| Sec        | tion 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 1a 8  |          |              |     |  |  |  |  |
|            | If there are material differences in voting rights among members of the governing body, or  | 7 /      |              |     |  |  |  |  |
|            | 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 8   |          |              |     |  |  |  |  |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      | 1 1      |              |     |  |  |  |  |
|            | 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                           |          |              |     |  |  |  |  |
| •          | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3        |              | х   |  |  |  |  |
| 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        |              | X   |  |  |  |  |
| 6          | Did the organization have members or stockholders?  | 6        |              | X   |  |  |  |  |
| 7a         | Did the organization have members of stockholders, or other persons who had the power to elect or appoint                           | -        |              |     |  |  |  |  |
| <i>,</i> a | one or more members of the governing body?  | 7a       |              | x   |  |  |  |  |
| h          | b Are any governance decisions of the organization reserved to (or subject to approval by) members,                                 |          |              |     |  |  |  |  |
| U          |   | 7b       |              | x   |  |  |  |  |
|            | stockholders, or persons other than the governing body?   | 7.0      |              |     |  |  |  |  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following    |          | x            |     |  |  |  |  |
| a          | The governing body?   | 8a       | X            |     |  |  |  |  |
| ь          | Each committee with authority to act on behalf of the governing body?   | 8b       |              |     |  |  |  |  |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |          |              | ₹.  |  |  |  |  |
|            | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9        |              | X   |  |  |  |  |
| <u> </u>   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C                         | oge )    |              | ·   |  |  |  |  |
|            |   |          | Yes          | -   |  |  |  |  |
| 10a        | Did the organization have local chapters, branches, or affiliates?  | 10a      |              | X   |  |  |  |  |
| Ь          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      |          |              |     |  |  |  |  |
|            | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b      |              |     |  |  |  |  |
| 11a        |   | 11a      | X            |     |  |  |  |  |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |          |              |     |  |  |  |  |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      |              | X   |  |  |  |  |
| þ          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b      |              |     |  |  |  |  |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |          |              |     |  |  |  |  |
|            | describe in Schedule O how this was done  | 12c      |              |     |  |  |  |  |
| 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      | X            |     |  |  |  |  |
| 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      |              | X   |  |  |  |  |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      |          |              |     |  |  |  |  |
|            | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |          |              |     |  |  |  |  |
|            | organization's exempt status with respect to such arrangements?   | 16b      |              |     |  |  |  |  |
| Sec        | tion C. Disclosure  |          |              |     |  |  |  |  |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶ None   |          |              |     |  |  |  |  |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)      |          |              |     |  |  |  |  |
| . •        | available for public inspection. Indicate how you made these available. Check all that apply  |          |              |     |  |  |  |  |
|            | Own website Another's website Upon request X Other (explain in Schedule O)  |          |              |     |  |  |  |  |
| 10         |   |          |              |     |  |  |  |  |
| 19         | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     |          |              |     |  |  |  |  |
| 20         | financial statements available to the public during the tax year  |          |              |     |  |  |  |  |
| 20<br>P    | State the name, address, and telephone number of the person who possesses the organization's books and records                      |          |              |     |  |  |  |  |
|            | ev. W. Jack Marsh 4015 Executive Park Drive   | 3-79     | A _ 0        | 999 |  |  |  |  |
| CJ         | ncinnati OH 45241 51  | <u> </u> | <u> </u>     | 777 |  |  |  |  |

| •  |  |                                |                       |                                  |              |                                 |        |   |   |   |
|--|--|--------------------------------|-----------------------|----------------------------------|--------------|---------------------------------|--------|---|---|---|
| om 990 (2014) Transform  |  |                                |                       |                                  |              |                                 |        |   |   | Page 7  |
|  |  | Dire                           | ecto                  | rs,                              | Tru          | ıste                            | es,    | Key Employees, Hig                                | hest Compensated  | Employees, and                                      |
| Independent C  |  |                                | .oor                  |                                  |              | rno                             | .ta t  | o any lina in this Bart                           | V/II  |   |
|  |  |                                |                       |                                  |              |                                 |        | o any line in this Part to Compensated Employee   |   |   |
| ia Complete this table for all person organization's tax year  |  |                                |                       |                                  |              |                                 |        |   |   |   |
| <ul> <li>List all of the organization's cucompensation Enter -0- in columns</li> </ul>   |  |                                |                       |                                  |              |                                 |        |   | s), regardless of amount o  | f   |
| <ul> <li>List all of the organization's cu</li> </ul>  |  |                                |                       |                                  |              |                                 |        |   | ployee "  |   |
| <ul> <li>List the organization's five cur<br/>who received reportable compensat<br/>organization and any related organization</li> </ul>                                 | ion (Box 5 of For  |                                |                       |                                  |              |                                 |        |   |   |   |
| <ul> <li>List all of the organization's fo<br/>\$100,000 of reportable compensation</li> </ul>   | on from the orga   | nızal                          | ion                   | and a                            | any          | relate                          | ed or  | ganizations                                       |   |   |
| <ul> <li>List all of the organization's forganization, more than \$10,000 of<br/>List persons in the following order in<br/>compensated employees, and formed</li> </ul> | reportable compendividual trustee:                             | ensa                           | tion                  | from                             | the          | orga                            | ınıza  | ition and any related organi                      | zations   |   |
| Check this box if neither the org  | anization nor an   | y rela                         | ated                  | orga                             | nıza         | tion                            | com    | pensated any current office                       | r, director, or trustee   | <u> </u>  |
| (A)<br>Name and Title  | (B) Average hours per week (list any                           | ρο                             | x, unk                | Pos<br>check<br>ess pe<br>nd a c | rson         | than costs both                 | an     | (D) Reportable compensation from the organization | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer                          | Key employee | Highest compensated<br>employee | Former | (W-2/1099-MISC)                                   | (W-2/1039-MISC)   | organization<br>and related<br>organizations        |
| (1) Charlene Calhou  | <b>h</b>   |                                |                       |                                  |              |                                 |        |   |   |   |
| Treasurer  | 0.25<br>0.00   | x                              |                       | x                                |              |                                 |        | 0   | 0   | 0   |
| (2) Mike Ehrensberge   |  |                                |                       |                                  |              |                                 |        |   |   |   |
| Board Member   | 0.50   | x                              |                       |                                  |              |                                 |        | o   | 0   | <u> </u>  |
| (3) Dryden Jones   |  |                                |                       |                                  |              |                                 |        |   |   |   |
|  | 0.50   |                                |                       |                                  |              |                                 |        |   | •   | _   |
| Board Member   | 0.00   | X                              |                       |                                  | _            |                                 | _      | 0   | 0   | 0   |
| (4) Rev. Howard E. 1   | 0.25   | Jr.                            | 1                     |                                  |              |                                 |        |   |   |   |
| Board Member   | 0.00   | x                              |                       |                                  |              |                                 |        | 0   | 0   | 0   |
| (5) Rev. Ennis Tait  |  |                                |                       |                                  |              |                                 |        |   |   |   |
| Board Member   | 0.25   | x                              |                       |                                  |              |                                 |        | o   | 0   | o   |
| (6) Roman Walton   | 0.00   | ^                              | $\vdash$              |                                  | $\vdash$     | $\vdash$                        |        |   | <u> </u>  | <u>_</u>  |
| (v) = 1 v am v v v v v v v v v v v v v v v v v   | 0.25   |                                |                       |                                  |              |                                 |        |   |   |   |
| Board Member   | 0.00   | X                              |                       |                                  |              |                                 |        | 0   | 0   | 0   |
| A Cat Dambana Car  |  |                                |                       |                                  |              | 1                               |        | 1   |   | İ   |

(7) Sgt. Barbara Campbell
0.25
Board Member 0.00 X 0 0 0
(8) Rev. W. Jack Marsh
40.00

CEO 0.00 X 39,063 0 28,077

(10)

DAA Form **990** (2014)

| ra        | rt VII Section A. Officers (A) Name and title                      | (A)  ame and title  Average hours per week (list any boxus for |                                   |  |         |              | than o                       | ne<br>an<br>ee) | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations (W-2/1099-MISC) |                   | (F) Estimated amount of other compensation from the |               |         |
|-----------|--|--|-----------------------------------|--|---------|--------------|------------------------------|-----------------|--|---|-------------------|---|---------------|---------|
|           |  | related<br>organizations<br>below dotted<br>line)              | Individual trustee<br>or director | nstitutional trustee                         | Officer | Key employee | Highest compensated employee | Former          | (W-2/1099-MISC)                                    |   | 1                 | organizat<br>and relat<br>irganizati                | ted           |         |
| (12)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               | •       |
| (13)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| (14)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| (15)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| (16)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   | -             |         |
| (17)      | .,   |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| (18)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| (19)      |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| 1b        | Sub-total  | 1  |                                   | <u>.                                    </u> |         | i            |                              | <b>&gt;</b>     | 39,063   |   |                   | 28,077  |               |         |
| c<br>d    | Total from continuation she<br>Total (add lines 1b and 1c)         | ets to Part VII,   | Secti                             | ion A  | 4       |              |                              | <b>&gt;</b>     | 39,063   |   |                   |   | 8.            | 077     |
| 2         | Total number of individuals (in                                    |  |                                   |  | thos    | e lis        | ted a                        | bov             | <del></del>  | \$100,000 of  |                   |   |               | <u></u> |
|           | reportable compensation from                                       | the organization   | ) <u> </u>                        | U  |         |              |                              |                 |  |   |                   |   | Yes           | No      |
| 3         | Did the organization list any for employee on line 1a? If "Yes,"   |  |                                   |  |         |              |                              |                 | oyee, or highest compensa                          | ited  |                   | 3   |               | X       |
| 4         | For any individual listed on lin organization and related organ    | e 1a, is the sum   | of re                             | port   | able    | com          | pens                         | atıo            |  |   |                   |   |               |         |
| _         | ındıvıdual   | _  |                                   |  |         |              |                              |                 |  |   | -                 | 4   |               | X       |
| 5<br>——   | Did any person listed on line 1<br>for services rendered to the or | rganization? If "Y   | rue (<br>es,"                     | com  | plete   | ation<br>Sc  | hedu                         | n an<br>le J    | for such person                                    | Ilidividual   |                   | 5   |               | X       |
| Sect<br>1 | ion B. Independent Contractor Complete this table for your fire    |  | ensa                              | ıted i                                       | nder    | end          | lent c                       | ·onti           | ractors that received more                         | than \$100 000 of   |                   |   |               |         |
| <u>.</u>  | compensation from the organ  | zation Report c  |                                   |  |         |              |                              |                 | dar year ending with or with                       | in the organization's tax ye  | ∍ar               |   | (C)           |         |
|           | Name and   | (A)<br>business address  |                                   |  |         |              |                              |                 | Descrip  | (B)<br>fion of services   | $\longrightarrow$ | Com   | (C)<br>npensa | tion    |
|           |  |  |                                   |  |         |              |                              | L               |  |   |                   |   |               |         |
|           |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
|           |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
|           |  |  |                                   |  |         |              |                              | <del> </del>    | <u></u>  |   |                   |   |               |         |
|           |  | <u>,</u>   |                                   |  |         |              |                              |                 |  | <u>. , </u>   |                   |   |               |         |
|           |  |  |                                   |  |         |              |                              |                 |  |   |                   |   |               |         |
| 2         | Total number of independent  |  |                                   |  |         |              |                              |                 | se listed above) who                               |   |                   |   |               |         |
| DAA       | received more than \$100,000                                       | or compensation  | Tror                              | n the  | org     | anız         | ation                        | <u> </u>        |  | 0   |                   | Form  | 990           | (2014)  |

| 1 4  | itt V   | Check if Schedule  |               | s a response or                                  | note to any line in  | this Part VIII                         |   |  |
|--|---------|--|---------------|--|----------------------|--|---|--|
|  | •       |  |               |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts  | 1a      | Federated campaigns                                      | 1a            |  |                      |  |   |  |
| Program Service Revenue Contributions, Gifts, Grants | b       | Membership dues  | 1b            |  |                      |  |   |  |
| S, (A  | С       | Fundraising events                                       | 1c            |  |                      |  |   |  |
| ar, a  | d       | Related organizations                                    | 1d            |  |                      |  |   |  |
| im;  | е       | Government grants (contributions)                        | 1e            | 33,538   |                      |  |   |  |
| tior<br>r. S   | f       | All other contributions, gifts, grants,                  |               |  |                      |  |   |  |
| 部  |         | and similar amounts not included above                   | 1f            | 50,771   |                      |  |   |  |
| ar o   | g       | Noncash contributions included in lines 1a               | +1f \$        |  |                      |  |   |  |
| <u>3</u> 6   | h       | Total. Add lines 1a-1f                                   |               | <u> </u>   | 84,309               |  |   |  |
| E  |         |  |               | Busn Code  |                      |  |   |  |
| Ş.   | 2a      | Training Revenue   |               |  | 200                  | 200                                    |   |  |
| 8  | b       |  |               |  |                      |  |   |  |
| <u>Ş</u>   | С       |  |               |  |                      |  |   |  |
| Ser  | d       |  |               |  |                      |  |   |  |
| am   | е       |  |               |  |                      |  |   |  |
| rogi   | f       | All other program service reve                           | enue          |  |                      |  |   |  |
| ٩  | g       | Total. Add lines 2a–2f                                   |               | <b>•</b>   | 200                  |  |   |  |
|  | 3       | Investment income (including                             | dıvıdends, ı  | nterest,   |                      |  |   |  |
|  |         | and other similar amounts)                               |               | ▶  _   | 15                   |  |   | 15   |
|  | 4       | Income from investment of tax                            | x-exempt bo   | ond proceeds ►                                   |                      |  |   |  |
|  | 5       | Royalties  |               | <b>•</b>   |                      |  |   |  |
|  |         | (ı) Real   |               | (II) Personal                                    |                      |  |   |  |
|  | 6a      | Gross rents  |               |  |                      |  |   |  |
|  | þ       | Less rental exps   |               |  |                      |  |   |  |
|  | С       | Rental inc or (loss)                                     |               |  |                      |  |   |  |
|  | d<br>7a | Net rental income or (loss) Gross amount from            |               | <b>•</b>   |                      |  |   |  |
|  |         | sales of assets (i) Securities                           | s             | (II) Other                                       |                      |  |   |  |
|  |         | other than inventory                                     |               |  |                      |  |   |  |
|  | þ       | Less cost or other                                       | İ             | į  |                      |  |   |  |
|  |         | basis & sales exps                                       |               |  |                      |  |   |  |
|  | С       | · ·/   |               |  |                      |  |   |  |
|  | d       | Net gain or (loss)                                       |               | <b>•</b>   |                      |  |   |  |
| e e  | 8a      | Gross income from fundraising eve                        | ents          |  |                      |  |   |  |
| ē  |         | (not including \$  |               |  |                      |  |   |  |
| 8  |         | of contributions reported on line 1c                     | ;)            |  |                      |  |   |  |
| Other Revenue  |         | See Part IV, line 18                                     | a             |  |                      |  |   |  |
| 盲  | þ       | •  | , bL          |  |                      |  |   |  |
|  | C       | Net income or (loss) from fund                           |               | nts <b>P</b>                                     |                      |  |   |  |
|  | 9a      | Gross income from gaming activities                      | - 1           |  |                      |  |   |  |
|  |         | See Part IV, line 19                                     | a             |  |                      |  |   |  |
|  |         | Less direct expenses                                     | b[            |  |                      | 1                                      |   |  |
|  |         | Net income or (loss) from gam                            |               | s P  |                      |  |   |  |
|  | ıua     | Gross sales of inventory, less                           |               |  |                      |  |   |  |
|  |         | returns and allowances                                   | a             |  |                      |  |   |  |
|  |         | Less cost of goods sold                                  | b             |  |                      | İ                                      |   |  |
| ŀ  | C       | Net income or (loss) from sale                           | es of invento |  |                      |  |   |  |
| - }  | 44-     | Miscellaneous Revenue                                    |               | Busn Code  |                      |  |   |  |
|  | 11a     |  |               | <del>                                     </del> |                      |  |   |  |
|  | b       |  |               | <del>                                     </del> |                      |  |   |  |
|  | C       | All other recons   |               | <del>                                     </del> |                      |  |   | <u> </u>   |
|  | d       | All other revenue  |               |  |                      | 1                                      |   |  |
| ļ  | e<br>12 | Total. Add lines 11a–11d  Total revenue. See instruction |               |  | 84,524               | 200                                    | 0                                       | 15   |
| ı  | 14      | Lotal revenue, See Instruction                           | ПS            | ▶  | 04,344               | 200                                    | U                                       | 13   |

Part IX Statement of Functional Expenses

| <u> </u> | Check if Schedule O contains a respor   |                    |                              | note column (A)                     |                          |
|----------|---|--------------------|------------------------------|-------------------------------------|--------------------------|
|          | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.                         | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1        | Grants and other assistance to domestic organizations   |                    |                              |                                     |                          |
|          | and domestic governments. See Part IV, line 21  |                    |                              |                                     |                          |
| 2        | Grants and other assistance to domestic   |                    |                              |                                     |                          |
|          | individuals See Part IV, line 22  |                    |                              |                                     |                          |
| 3        | Grants and other assistance to foreign  |                    |                              |                                     |                          |
|          | organizations, foreign governments, and foreign   |                    |                              |                                     |                          |
|          | individuals See Part IV, lines 15 and 16  |                    |                              |                                     |                          |
| 4        | Benefits paid to or for members   |                    |                              |                                     |                          |
| 5        | Compensation of current officers, directors,  |                    |                              |                                     |                          |
| •        | trustees, and key employees   | 49,807             | 17,433                       | 29,884                              | 2,490                    |
| 6        | Compensation not included above, to disqualified  |                    | <u> </u>                     |                                     |                          |
| •        | persons (as defined under section 4958(f)(1)) and   |                    |                              |                                     |                          |
|          | persons described in section 4958(c)(3)(B)  |                    |                              |                                     |                          |
| 7        | Other salaries and wages  | 12,480             |                              | 12,480                              |                          |
| 8        | Pension plan accruals and contributions (include  | 22/100             |                              |                                     |                          |
| U        | section 401(k) and 403(b) employer contributions)   |                    |                              |                                     |                          |
| 9        | Other employee benefits   |                    |                              |                                     |                          |
| 10       | Payroll taxes   | 3,943              |                              | 3,943                               |                          |
| 11       | Fees for services (non-employees).  | 3,343              |                              | 3,343                               |                          |
|          | ` ' ' '   |                    |                              |                                     |                          |
| a        |   |                    |                              |                                     |                          |
| b        | <u> </u>  | 825                |                              | 825                                 |                          |
|          | Accounting  | 025                | -                            | 025                                 |                          |
|          | Lobbying Con Bod IV Inc. 17   |                    | -                            |                                     |                          |
| _        | Professional fundraising services See Part IV, line 17  |                    |                              |                                     |                          |
| f        | Investment management fees  |                    |                              |                                     |                          |
| g        | Other (If line 11g amount exceeds 10% of line 25, column  | 2,265              | 911                          | 1,354                               |                          |
| 40       | (A) amount, list line 11g expenses on Schedule O )  | 468                | 468                          | 1,334                               |                          |
| 12       |   |                    |                              | 1 904                               |                          |
| 13       | Office expenses   | 2,905              | 1,101                        | 1,804                               |                          |
| 14       | Information technology  | 2,763              | 1,247                        | 1,516                               |                          |
| 15       | Royalties   | 6 240              |                              | 6 240                               |                          |
| 16       | Occupancy   | 6,342              |                              | 6,342                               |                          |
| 17       | Travel  |                    |                              |                                     |                          |
| 18       | Payments of travel or entertainment expenses  |                    |                              |                                     |                          |
|          | for any federal, state, or local public officials   |                    | 0.00                         |                                     |                          |
| 19       | Conferences, conventions, and meetings  | 589                | 273                          | 316                                 |                          |
| 20       | Interest  |                    |                              |                                     | ·                        |
| 21       | Payments to affiliates  |                    |                              |                                     |                          |
| 22       | Depreciation, depletion, and amortization   | 46                 |                              | 46                                  |                          |
| 23       | Insurance   | 2,090              |                              | 2,090                               |                          |
| 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>                 |
| а        | L   |                    |                              |                                     |                          |
| b        | _   |                    |                              |                                     |                          |
| С        | L   |                    |                              |                                     |                          |
| d        | L   |                    |                              |                                     |                          |
| е        | All other expenses  |                    |                              |                                     |                          |
| 25       | Total functional expenses. Add lines 1 through 24e  | 84,523             | 21,433                       | 60,600                              | 2,490                    |
| 26       | Joint costs. Complete this line only if the   |                    |                              |                                     |                          |
|          | organization reported in column (B) joint costs from a combined educational campaign <u>and</u> |                    |                              |                                     |                          |
|          | fundraising solicitation. Check here  |                    |                              |                                     |                          |
|          | following SOP 98-2 (ASC 958-720)  |                    |                              |                                     |                          |
| DAA      |   |                    |                              |                                     | Form <b>990</b> (2014)   |

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 15,347 4,881 1 Cash-non-interest bearing 14,597 25,150 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 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 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 2,057 other basis Complete Part VI of Schedule D 10a 77 10b 2,026 b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 40 15 Other assets See Part IV, line 11 15 30,061 30,062 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 30,061 30,062 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 30,061 33 30,062 33 Total net assets or fund balances 30,061 30,062 Total liabilities and net assets/fund balances

| om | 1990 (2014) Transforming Jail Ministries 26-0727601   |    |    | Pa            | <u>ige 12</u> |
|----|---|----|----|---------------|---------------|
| Pa | rt XI Reconciliation of Net Assets  |    |    |               |               |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |    |               |               |
| 1  | Tofal revenue (must equal Part VIII, column (A), line 12)   | 1  |    | 84,           | 524           |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  |    | 84,           | 523           |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  |    |               | 1             |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  |    | 30,           | 061           |
| 5  | Net unrealized gains (losses) on investments  | 5  |    |               |               |
| 6  | Donated services and use of facilities  | 6  |    |               |               |
| 7  | Investment expenses   | 7  |    |               |               |
| 8  | Prior period adjustments  | 8  |    |               |               |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |    |               |               |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |    |    |               |               |
|    | 33, column (B))   | 10 |    | <u>30,</u>    | <u>062</u>    |
| Pa | rt XII Financial Statements and Reporting   |    |    |               |               |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |    |               |               |
|    |   |    |    | Yes           | No            |
| 1  | Accounting method used to prepare the Form 990 X Cash Accrual Other   |    |    |               |               |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    |    |               |               |
|    | Schedule O  |    | 1  |               |               |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?               |    | 2a | <u> </u>      | X             |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    |    |               |               |
|    | reviewed on a separate basis, consolidated basis, or both   |    |    |               |               |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |    |    |               |               |
| b  | Were the organization's financial statements audited by an independent accountant?                            |    | 2b |               | X             |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |    |               |               |
|    | separate 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 oversight   |    |    | [             |               |
|    | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |    | 2c |               |               |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in |    |    |               |               |
|    | Schedule O  |    |    |               |               |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |    |               |               |
|    | the Single Audit Act and OMB Circular A-133?  |    | 3a | $oxed{oxed}$  | X             |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |    |               |               |
|    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 3b |               |               |
|    |   |    | Fo | m <b>99</b> 6 | 0 (2014)      |

#### **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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

|          |           | _   | Transforming   | Jail Ministrie  | s             |                              | 26-072                                 | 7601                              |  |  |  |  |
|----------|-----------|---|--|---|---------------|------------------------------|--|-----------------------------------|--|--|--|--|
| P        | art I     | Reas  | on for Public Charity  | Status (All organizations   | must co       | omplete                      | this part ) See instruction            | ns.                               |  |  |  |  |
| The      | orga      |   |  | se it is (For lines 1 through 11, o                                   |               |                              |  |                                   |  |  |  |  |
| 1        | X         | A church, co  | nvention of churches, or ass   | ociation of churches described  | ın sectioi    | 170(b)(ʻ                     | I)(A)(i).                              |                                   |  |  |  |  |
| 2        |           | A school des  | scribed in section 170(b)(1)(  | A)(ii). (Attach Schedule E )  |               |                              |  |                                   |  |  |  |  |
| 3        |           | A hospital or   | a cooperative hospital servi   | ce organization described in sec                                      | ction 170     | (b)(1)(A)(                   | iii).                                  |                                   |  |  |  |  |
| 4        |           | A medical re  | search organization operate  | d in conjunction with a hospital o                                    | described     | ın sectio                    | n 170(b)(1)(A)(iii). Enter the h       | ospital's name,                   |  |  |  |  |
|          |           | city, and state   |  |   |               |                              |  |                                   |  |  |  |  |
| 5        |           | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |   |               |                              |  |                                   |  |  |  |  |
|          | _         | section 170   | ction 170(b)(1)(A)(iv). (Complete Part II )  |   |               |                              |  |                                   |  |  |  |  |
| 6        |           | A federal, sta  | ate, or local government or g  | overnmental unit described in s                                       | ection 17     | <sup>7</sup> 0(b)(1)(A       | )(v).                                  |                                   |  |  |  |  |
| 7        |           | An organizat  | rganization 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). (C   | omplete Part II)  |               |                              |  |                                   |  |  |  |  |
| 8        | Ц         | A community   | trust described in section 1   | <b>170(b)(1)(A)(vi)</b> . (Complete Part                              | : II )        |                              |  |                                   |  |  |  |  |
| 9        |           | _   | •  | 1) more than 33 1/3% of its supp                                      |               |                              | •                                      | oss                               |  |  |  |  |
|          |           | -   |  | npt functions—subject to certain                                      | -             | •                            | •                                      |                                   |  |  |  |  |
|          |           |   | -  | nd unrelated business taxable in                                      |               |                              | ·                                      |                                   |  |  |  |  |
|          |           |   | -  | 0, 1975 See section 509(a)(2).  | •             |                              | •                                      |                                   |  |  |  |  |
| 10       | $\square$ | •   | •  | exclusively to test for public safe                                   | •             |                              | · / /                                  |                                   |  |  |  |  |
| 11       | Ш         | -   | · ·  | exclusively for the benefit of, to                                    | •             |                              | • • •                                  |                                   |  |  |  |  |
|          |           |   |  | ions described in section 509(a                                       |               |                              |  | Clieck                            |  |  |  |  |
| а        |           |   |  | cribes the type of supporting org<br>ed, supervised, or controlled by |               |                              |  |                                   |  |  |  |  |
| a        | لــا      |   |  | to regularly appoint or elect a ma                                    |               | -                            |  | n                                 |  |  |  |  |
|          |           |   | You must complete Part I   |   | ajonty or t   | ancon                        | or a doces of the supportant           | 5                                 |  |  |  |  |
| ь        |           | _   | ·  | vised or controlled in connection                                     | with its s    | upported                     | organization(s), by having             |                                   |  |  |  |  |
|          |           |   |  | organization vested in the same                                       |               |                              |  |                                   |  |  |  |  |
|          |           |   | s) You must complete Par   | -   | •             |                              |  |                                   |  |  |  |  |
| С        |           | Type III fund   | tionally integrated. A supp  | orting organization operated in o                                     | connectio     | n with, an                   | d functionally integrated with,        |                                   |  |  |  |  |
|          |           | its supported   | organization(s) (see instruc   | tions) You must complete Par  | t IV, Sec     | tions A, I                   | ), and E.                              |                                   |  |  |  |  |
| ď        |           | Type III non-   | -functionally integrated. A  | supporting organization operate                                       | d in conn     | ection wit                   | h its supported organization(s)        |                                   |  |  |  |  |
|          |           | that is not fur   | nctionally integrated. The org   | panization generally must satisfy                                     | a distrib     | ution requ                   | irement and an attentiveness           |                                   |  |  |  |  |
|          | _         | requirement   | (see instructions) You must  | t complete Part IV, Sections A  | and D, a      | nd Part \                    | <b>/</b> .                             |                                   |  |  |  |  |
| е        |           | Check this bo   | ox if the organization receive   | d a written determination from t                                      | he IRS th     | at it is a T                 | ype I, Type II, Type III               |                                   |  |  |  |  |
|          | _         | -   |  | nctionally integrated supporting                                      | organizat     | ion                          |  |                                   |  |  |  |  |
| f        |           |   | r of supported organizations   |   |               |                              |  |                                   |  |  |  |  |
| <u>g</u> |           |   | ving information about the su  | · · · · · · · · · · · · · · · · · · ·                                 | 1             |                              |  |                                   |  |  |  |  |
| (        |           | e of supported<br>anization   | (ii) EIN   | (III) Type of organization<br>(described on lines 1–9                 | (IV) Is the d | organization<br>or governing | (v) Amount of monetary<br>support (see | (vi) Amount of other support (see |  |  |  |  |
|          | 3         |   |  | above or IRC section  |               | ment?                        | instructions)                          | instructions)                     |  |  |  |  |
|          |           |   |  | (see instructions))   | Yes           | No                           |  |                                   |  |  |  |  |
| (A)      |           | <del></del> -   |  |   | 168           | 140                          | ·                                      |                                   |  |  |  |  |
| (~)      |           |   |  |   |               |                              |  |                                   |  |  |  |  |
| (B)      |           |   |  |   |               |                              |  |                                   |  |  |  |  |
| (-,      |           |   |  |   |               |                              |  |                                   |  |  |  |  |
| (C)      |           |   |  |   |               |                              |  |                                   |  |  |  |  |
| ` '      |           |   |  |   |               |                              |  |                                   |  |  |  |  |
| (D)      |           |   |  |   |               |                              |  |                                   |  |  |  |  |
|          |           |   |  |   |               |                              |  |                                   |  |  |  |  |
| (E)      |           |   |  | :   |               |                              |  |                                   |  |  |  |  |
|          |           |   |  |   |               |                              |  |                                   |  |  |  |  |
|          |           |   |  |   |               |                              |  |                                   |  |  |  |  |

Section A. Public Support

· 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)

| Cale      | ndar year (or fiscal year beginning in)   | (a) 2010              | <b>(b)</b> 2011      | (c) 2012              | (d) 2013                                | (e) 201      | 4   | (f) Total         |
|-----------|---|-----------------------|----------------------|-----------------------|---|--------------|-----|-------------------|
| 1         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  |                       |                      |                       |   |              |     |                   |
| 2         | Tax revenues levied for the<br>organization's benefit and either paid<br>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   |                       |                      |                       |   |              |     |                   |
|           | tion B. Total Support   |                       |                      |                       |   |              |     |                   |
| Cale      | ndar year (or fiscal year beginning in)   | (a) 2010              | (b) 2011             | (c) 2012              | (d) 2013                                | (e) 201      | 4   | (f) Total         |
| 7         | Amounts from line 4   |                       |                      |                       |   |              |     |                   |
| 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 VI)   |                       |                      |                       |   |              |     |                   |
| 11        | Total support. Add lines 7 through 10   |                       |                      |                       | <u> </u>                                | <u> </u>     |     |                   |
| 12        | Gross receipts from related activities, etc   | •                     |                      |                       |   |              | 12  |                   |
| 13        | First five years. If the Form 990 is for the  | <del>-</del>          | t, second, third, fo | urth, or fifth tax ye | ar as a section 50                      | 1(c)(3)      |     |                   |
| <u>C</u>  | organization, check this box and stop her   |                       | <u> </u>             |                       |   |              |     | <u> </u>          |
|           | tion C. Computation of Public Su  | • •                   |                      |                       |   |              | T T |                   |
| 14        | Public support percentage for 2014 (line 6  |                       | =                    | nn (t))               |   |              | 14  | <u>%</u>          |
| 15<br>40- | Public support percentage from 2013 Sch   |                       |                      | 40. and line 44 in    | 22 4/20/                                | ahaali Ahia  | 15  | %                 |
| 16a       | 33 1/3% support test—2014. If the organ box and stop here. The organization qual  |                       |                      |                       | 33 1/3% of more,                        | cneck this   |     | ▶ □               |
| <b>h</b>  | 33 1/3% support test—2013. If the organ   | •                     | •                    |                       | 15 is 33 1/3% or m                      | oore         |     | ▶ [               |
| b         | check this box and stop here. The organi  |                       |                      |                       | 13 15 33 1/3 /6 01 11                   | iore,        |     | ▶ □               |
| 17a       | 10%-facts-and-circumstances test—201  | •                     |                      | -                     | 6a or 16b and line                      | e 14 is      |     |                   |
|           | 10% or more, and if the organization meet   | •                     |                      |                       |   |              |     |                   |
|           | Part VI how the organization meets the "fa  |                       |                      |                       | = |              |     | ▶ □               |
| b         | 10%-facts-and-circumstances test—201  | 13. If the organizati | on did not check a   | a box on line 13, 10  | 6a, 16b, or 17a, ar                     | nd line      |     |                   |
|           | 15 is 10% or more, and if the organization  | -                     |                      |                       |   |              |     |                   |
|           | Explain in Part VI how the organization me  |                       |                      |                       |   |              |     |                   |
|           | supported organization  |                       |                      | -                     | •                                       | -            |     | ▶ [               |
| 18        | <b>Private foundation.</b> If the organization de instructions  | d not check a box o   | on line 13, 16a, 16  | 6b, 17a, or 17b, ch   | eck this box and s                      | ee           |     | <b>&gt;</b> [     |
|           |   |                       | <del></del>          |                       | 0-1                                     | andula A /Fa | 000 | ) or 990 EZ\ 2014 |

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

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

| Sec      | tion A. Public Support   | quality allasi t    | 110 (0010 110104 1   | oolow, ploace c       | ompioto i ait ii    |          | <u> </u>      |
|----------|--|---------------------|----------------------|-----------------------|---------------------|----------|---------------|
|          | ndar year (or fiscal year beginning in)  | (a) 2010            | <b>(b)</b> 2011      | (c) 2012              | (d) 2013            | (e) 2014 | (f) Total     |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)  |                     |                      |                       |                     |          |               |
| 2        | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                     |                      | •                     |                     |          |               |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513   |                     |                      |                       |                     |          |               |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                     |                      |                       |                     |          |               |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                     |                      |                       |                     |          |               |
| 6        | Total. Add lines 1 through 5   |                     |                      |                       |                     |          |               |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                     |                      |                       |                     |          |               |
| 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           |                     |                      |                       |                     |          |               |
| С        | Add lines 7a and 7b  |                     |                      |                       |                     | -        |               |
| 8        | Public support (Subtract line 7c from  |                     |                      |                       |                     |          |               |
|          | line 6)  |                     | <u>L</u>             | <u> </u>              | <b>!</b>            |          |               |
|          | tion B. Total Support  |                     |                      | 1                     |                     |          |               |
|          | ndar year (or fiscal year beginning in)  | (a) 2010            | <b>(b)</b> 2011      | (c) 2012              | (d) 2013            | (e) 2014 | (f) Total     |
| 9        | Amounts from line 6  |                     |                      |                       |                     |          |               |
| 10a      | Gross income from interest, dividends,<br>payments received on securities loans, rents,<br>royalties and income from similar sources                                     |                     |                      |                       |                     |          |               |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                     |                      |                       |                     |          |               |
| С        | Add lines 10a and 10b  |                     |                      |                       |                     |          |               |
| 11       | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                     |                      |                       |                     |          |               |
| 12       | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                     |                      |                       |                     |          |               |
| 13       | Total support. (Add lines 9, 10c, 11, and 12)  |                     |                      |                       |                     |          |               |
| 14       | First five years. If the Form 990 is for the   | organization's firs | t, second, third, fo | urth, or fifth tax ye | ar as a section 501 | (c)(3)   |               |
|          | organization, check this box and stop her  |                     |                      |                       |                     |          | <b>&gt;</b> _ |
| Sec      | tion C. Computation of Public Su   | ipport Percen       | tage                 |                       |                     |          |               |
| 15       | Public support percentage for 2014 (line 8   | , column (f) dıvıde | d by line 13, colun  | nn (f))               |                     | 15       | %             |
| 16_      | Public support percentage from 2013 Scho   |                     |                      |                       |                     |          | %             |
|          | tion D. Computation of Investme  | nt Income Pe        | rcentage             |                       |                     |          |               |
| 17       | Investment income percentage for 2014 (i   |                     | · -                  | 3, column (f))        |                     | 17       | <u>%</u>      |
| 18       | Investment income percentage from 2013   |                     |                      |                       |                     |          | %             |
| 19a      | 33 1/3% support tests—2014. If the orga  |                     |                      |                       |                     |          | ▶ □           |
| <b>h</b> | 17 is not more than 33 1/3%, check this be 33 1/3% support tests—2013. If the orga   |                     | -                    |                       |                     |          |               |
| b        | line 18 is not more than 33 1/3%, check th   |                     |                      |                       |                     |          | ▶ □           |
| 20       | Private foundation. If the organization did  |                     | · ·                  |                       | - · · · · ·         |          |               |

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

|      | Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp  |              |     |               |
|------|--|--------------|-----|---------------|
| Sect | ion A. All Supporting Organizations  | icic i ait v |     | <del></del> - |
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing   |              | Yes | No            |
|      | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by   |              |     |               |
|      | class or purpose, describe the designation. If historic and continuing relationship, explain   | 1 1          |     |               |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status   |              |     |               |
|      | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported  |              |     |               |
|      | organization was described in section 509(a)(1) or (2)   | 2            |     |               |
| 3a   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer   |              |     |               |
|      | (b) and (c) below  | 3a           |     |               |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and   |              |     |               |
|      | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the   |              |     |               |
|      | organization made the determination  | 3b           |     |               |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)  |              |     |               |
|      | (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use  | 3с           |     |               |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If   |              |     |               |
|      | "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below  | 4a           |     |               |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign  |              |     |               |
|      | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion   |              |     |               |
|      | despite being controlled or supervised by or in connection with its supported organizations  | 4b           |     |               |
| С    | Did the organization support any foreign supported organization that does not have an IRS determination  |              |     |               |
|      | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used  |              |     |               |
|      | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)   |              |     |               |
|      | purposes   | 4c           |     |               |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"   |              |     |               |
|      | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN  |              |     |               |
|      | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,  |              |     |               |
|      | (III) the authority under the organization's organizing document authorizing such action, and (iv) how the action  |              |     |               |
|      | was accomplished (such as by amendment to the organizing document)   | 5a           |     |               |
| b    | Type I or Type II only. Was any added or substituted supported organization part of a class already  |              |     |               |
|      | designated in the organization's organizing document?  | 5b           |     |               |
| С    | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c           |     |               |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to   |              |     |               |
|      | anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class   |              |     |               |
|      | benefited by one or more of its supported organizations, or (c) other supporting organizations that also   |              |     |               |
|      | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in   | _            |     |               |
|      | Part VI.   | 6            |     |               |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial  |              |     |               |
|      | contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent  | _            |     |               |
|      | controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)   | 7            |     |               |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  |              |     |               |
| •    | If "Yes," complete Part I of Schedule L (Form 990)   | 8            |     |               |
| 9a   | Was the organization controlled directly or indirectly at any time during the tax year by one or more  |              |     |               |
|      | disqualified persons as defined in section 4946 (other than foundation managers and organizations described  | 00           | :   |               |
|      | in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a           |     |               |
| b    | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which  | 9b           |     |               |
| _    | the supporting organization had an interest? If "Yes," provide detail in Part VI.  | 90_          |     |               |
| С    | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit  | 00           |     |               |
| 100  | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   | 9c           |     |               |
| 10a  | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting |              |     |               |
|      | organizations)? If "Yes," answer (b) below   | 10a          |     |               |
| ь    | Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to   | .00          |     | <b></b>       |

10b

determine whether the organization had excess business holdings )

| Par  | t IV Supporting Organizations (continued)  |            |     |          |
|------|--|------------|-----|----------|
|      |  |            | Yes | No       |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?                                      |            |     |          |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                 |            |     |          |
|      | below, the governing body of a supported organization?   | 11a        |     | ļ        |
| b    | A family member of a person described in (a) above?  | 11b        |     |          |
|      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.        | 11c        |     | <u> </u> |
| Sect | on B. Type I Supporting Organizations  | .,,        |     |          |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to                          |            | Yes | No       |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the           |            |     |          |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                |            |     |          |
|      | controlled the organization's activities. If the organization had more than one supported organization,                      |            |     |          |
|      | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                    |            |     |          |
| _    | organizations and what conditions or restrictions, if any, applied to such powers during the tax year                        | 1          |     | ļ        |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported                          |            |     |          |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part              |            |     |          |
|      | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                       |            |     | 1        |
| Coot | supervised, or controlled the supporting organization  | 2          |     | <u> </u> |
| Seci | on C. Type II Supporting Organizations   |            |     | I        |
|      | Marie a second of the second of the description of the description of the description  |            | Yes | No       |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors             |            |     |          |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                |            |     |          |
|      | or management of the supporting organization was vested in the same persons that controlled or managed                       |            |     |          |
| Sect | the supported organization(s) ion D. All Type III Supporting Organizations   |            |     | ļ        |
|      | on b. All Type III duppersing diguinzations  |            | Yes | No       |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the               |            | 103 | 110      |
| •    | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax        |            |     |          |
|      | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the          |            |     |          |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?             | 1          |     | Ì        |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported             |            |     |          |
| _    | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how           |            |     |          |
|      | the organization maintained a close and continuous working relationship with the supported organization(s)                   | 2          |     |          |
| 3    | By reason of the relationship described in (2), did the organization's supported organizations have a                        |            |     |          |
|      | significant voice in the organization's investment policies and in directing the use of the organization's                   |            |     |          |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                 |            |     |          |
|      | supported organizations played in this regard  | 3          |     |          |
| Sect | on E. Type III Functionally-Integrated Supporting Organizations  |            |     |          |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi | ons)       |     |          |
| а    | The organization satisfied the Activities Test Complete line 2 below   |            |     |          |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below                                 |            |     |          |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins         | tructions) |     |          |
|      |  | 1          |     |          |
| 2 /  | Activities Test Answer (a) and (b) below.  |            | Yes | No       |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of           |            |     |          |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                   |            |     |          |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,                     |            |     |          |
|      | how the organization was responsive to those supported organizations, and how the organization determined                    |            |     |          |
|      | that these activities constituted substantially all of its activities  | 2a         |     |          |
| b    | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more          |            |     |          |
|      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                 |            |     |          |
|      | reasons for the organization's position that its supported organization(s) would have engaged in these                       |            |     |          |
|      | activities but for the organization's involvement  | 2b         |     |          |
| 3    | Parent of Supported Organizations Answer (a) and (b) below.  |            |     |          |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                  |            |     |          |
|      | trustees of each of the supported organizations? Provide details in Part VI.   | 3a         |     |          |
| b    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each          |            |     |          |
|      | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard             | 3b         |     |          |

1

2

3

4

5

| 6 D         | istributable Amount. Subtract line 5 from line 4, unless subject to                           |         | <b>!</b>                    |   |
|-------------|---|---------|-----------------------------|---|
| <u>emer</u> | gency temporary reduction (see instructions)  | 6       |                             |   |
| 7           | Check here if the current year is the organization's first as a non-functionally-integrated T | ype III | supporting organization (se | е |
|             | instructions)   |         |                             |   |

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

2 Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014

**Current Year** 

| _Par   | Type III Non-Functionally Integrated 509(a)(3) S                              | Supporting Organiza         | tions (continued)                       | r   |
|--|---|-----------------------------|---|---|
| Sect   | ion D - Distributions   |                             |   | Current Year                              |
| 1  | Amounts paid to supported organizations to accomplish exempt purpor           | ses                         |   |   |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes       | s of supported              |   |   |
|  | organizations, in excess of income from activity                              |                             |   |   |
| 3  | Administrative expenses paid to accomplish exempt purposes of support         | orted organizations         |   |   |
| 4  | Amounts paid to acquire exempt-use assets                                     |                             | <del></del>                             |   |
| 5  | Qualified set-aside amounts (prior IRS approval required)                     | <u></u>                     |   |   |
| 6  | Other distributions (describe in Part VI) See instructions                    |                             |   |   |
|  | Total annual distributions. Add lines 1 through 6                             |                             |   |   |
| 8  | Distributions to attentive supported organizations to which the organizations | ation is responsive         |   |   |
|  | (provide details in Part VI) See instructions                                 |                             |   | · <u></u>                                 |
| 9  | Distributable amount for 2014 from Section C, line 6                          | -                           |   |   |
| 10   | Line 8 amount divided by Line 9 amount  |                             |   |   |
|  | Section E - Distribution Allocations (see instructions)                       | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014  | (iii)<br>Distributable<br>Amount for 2014 |
| 1_   | Distributable amount for 2014 from Section C, line 6                          |                             |   |   |
| 2  | Underdistributions, if any, for years prior to 2014                           |                             |   |   |
|  | (reasonable cause required-see instructions)                                  |                             |   |   |
| 3  | Excess distributions carryover, if any, to 2014                               |                             |   |   |
| a  |   |                             |   |   |
| b  |   |                             |   |   |
| <u>c</u>                                     |   |                             | *************************************** |   |
| <u>d</u>                                     |   |                             | *************************************** |   |
| е  | From 2013   |                             | ······································  |   |
| f  | Total of lines 3a through e   |                             |   |   |
| g  | Applied to underdistributions of prior years                                  |                             | · · · · · · · · · · · · · · · · · · ·   |   |
| <u>h</u>                                     | Applied to 2014 distributable amount  |                             |   |   |
| <u>     i                               </u> | Carryover from 2009 not applied (see instructions)                            |                             |   |   |
|  | Remainder Subtract lines 3g, 3h, and 3i from 3f                               |                             |   |   |
| 4  | Distributions for 2014 from Section   |                             |   |   |
|  | D, line 7 \$  |                             |   |   |
|  | Applied to underdistributions of prior years                                  |                             |   |   |
|  | Applied to 2014 distributable amount  |                             |   |   |
| С  | Remainder Subtract lines 4a and 4b from 4                                     |                             |   |   |
| 5  | Remaining underdistributions for years prior to 2014, if                      |                             |   |   |
|  | any Subtract lines 3g and 4a from line 2 (if amount                           |                             |   |   |
|  | greater than zero, see instructions)  |                             |   |   |
| 6  | Remaining underdistributions for 2014 Subtract lines 3h                       |                             |   |   |
|  | and 4b from line 1 (if amount greater than zero, see                          |                             |   |   |
|  | instructions)   |                             |   |   |
| 7  | Excess distributions carryover to 2015. Add lines 3j and 4c                   |                             |   |   |
| 8  | Breakdown of line 7   |                             |   |   |
| а  |   |                             |   |   |
| b  |   |                             |   |   |
| С  |   |                             |   |   |
| d  | Excess from 2013  |                             |   |   |
| е  | Excess from 2014  |                             |   |   |

Schedule A (Form 990 or 990-EZ) 2014

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

#### **SCHEDULE D** (Form 990).

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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

Open to Public Inspection

|    | ransforming Jail Ministries art I Organizations Maintaining Donor Advised Fu  | nds or Other Similar Funds or A               |                 |                                 |
|----|---|---|-----------------|---------------------------------|
|    | Complete if the organization answered "Yes" to f  | Form 990. Part IV. line 6                     | ccount          | s.                              |
|    |   | (a) Donor advised funds                       | (b              | ) Funds and other accounts      |
| 1  | Total number at end of year   |   | `               | <u></u>                         |
| 2  | Aggregate value of contributions to (during year)   |   |                 |                                 |
| 3  | Aggregate value of grants from (during year)  |   |                 |                                 |
| 4  | Aggregate value at end of year  |   |                 | · ·                             |
| 5  | Did the organization inform all donors and donor advisors in writing that   | t the assets held in donor advised            |                 |                                 |
| ,  | · ·   |   |                 | ☐ Yes ☐ No                      |
| 6  | funds are the organization's property, subject to the organization's exc<br>Did the organization inform all grantees, donors, and donor advisors in | _   |                 | ☐ fes ☐ No                      |
| U  | only for charitable purposes and not for the benefit of the donor or don  | <u> </u>                                      |                 |                                 |
|    | conferring impermissible private benefit?   | or advisor, or for any other purpose          |                 | Yes No                          |
| D: | art II Conservation Easements.  |   |                 | IES NO                          |
|    | Complete if the organization answered "Yes" to F  | Form 990, Part IV, line 7                     |                 |                                 |
| 1  | 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 a historically impor          | rtant land      | l 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 conse   | rvation contribution in the form of a conser- | vation          |                                 |
|    | easement on the last day of the tax year  |   |                 | Held at the End of the Tax Year |
| а  | Total number of conservation easements  |   | 2a              | ·<br>                           |
| b  | Total acreage restricted by conservation easements  |   | 2b              |                                 |
| С  | Number of conservation easements on a certified historic structure inc  | luded in (a)                                  | 2c              |                                 |
| d  | Number of conservation easements included in (c) acquired after 8/17  | 06, and not on a                              |                 |                                 |
|    | historic structure listed in the National Register  |   | 2d              |                                 |
| 3  | Number of conservation easements modified, transferred, released, ex  | tinguished, or terminated by the organization | on during       | the                             |
|    | tax year ▶  |   |                 |                                 |
| 4  | Number of states where property subject to conservation easement is   | located ►                                     |                 |                                 |
| 5  | Does the organization have a written policy regarding the periodic mor  | itoring, inspection, handling of              |                 |                                 |
|    | violations, and enforcement of the conservation easements it holds?   |   |                 | Yes No                          |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, and enfor  | cing conservation easements during the year   | ar              |                                 |
|    | <b>&gt;</b>   |   |                 |                                 |
| 7  | Amount of expenses incurred in monitoring, inspecting, and enforcing  | conservation easements during the year        |                 |                                 |
|    | <b>▶</b> \$   |   |                 |                                 |
| 8  | Does each conservation easement reported on line 2(d) above satisfy   | the requirements of section 170(h)(4)(B)(i)   |                 |                                 |
|    | and section 170(h)(4)(B)(ii)?   |   |                 | Yes No                          |
| 9  | In Part XIII, describe how the organization reports conservation easem  | ents in its revenue and expense statement     | , and           |                                 |
|    | balance sheet, and include, if applicable, the text of the footnote to the  | organization's financial statements that de   | scribes ti      | he                              |
|    | organization's accounting for conservation easements  |   |                 |                                 |
| Pa | Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F  |   | imilar <i>i</i> | Assets.                         |
| 10 | If the organization elected, as permitted under SFAS 116 (ASC 958), r   |   | alance sh       | neet                            |
| ıα | works of art, historical treasures, or other similar assets held for public   | •   |                 | icct                            |
|    | public service, provide, in Part XIII, the text of the footnote to its finance  |   | ianoc oi        |                                 |
| h  | If the organization elected, as permitted under SFAS 116 (ASC 958), t   |   | ca shaat        |                                 |
| U  | works of art, historical treasures, or other similar assets held for public   | ·   |                 |                                 |
|    | public service, provide the following amounts relating to these items   | oximonially conducting of research in future  | 01              |                                 |
|    | (i) Revenues included in Form 990, Part VIII, line 1  |   |                 | \$                              |
|    |   |   |                 | ¥<br>\$                         |
| 2  | (ii) Assets included in Form 990, Part X  | other cimilar assets for financial coin asset | ude the         | Ψ                               |
| 2  | If the organization received or held works of art, historical treasures, or   |   | nue ule         |                                 |
| _  | following amounts required to be reported under SFAS 116 (ASC 958)  | relating to these items                       |                 | ¢                               |
|    | Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990. Part X   |   |                 | •                               |

| <u>Sche</u> | edule D (Form 990) 2014 Tra  | nsforming             | g Jail          | Minis          | tries           |                | 26-0          | <u> 7276</u> | 01           |          |              | Page 2             |
|-------------|--|-----------------------|-----------------|----------------|-----------------|----------------|---------------|--------------|--------------|----------|--------------|--------------------|
|             | urt III Organizations M  |                       |                 |                |                 | reasures,      | or Other      | Simi         | iar A        | ssets    | (continue    | ed)                |
| 3           | Using the organization's acquisit collection items (check all that a |                       | nd other reco   | ords, check    | any of the fo   | llowing that a | re a signific | cant use     | of its       | 3        |              |                    |
| а           | Public exhibition  |                       | d [             | Loan or        | exchange pro    | grams          |               |              |              |          |              |                    |
| b           |  |                       | e               | Other          | g- p            | <b>J</b>       |               |              |              |          |              |                    |
| C           | Preservation for future gene   | rations               |                 |                |                 |                |               |              |              |          |              |                    |
| 4           | Provide a description of the orga                                    |                       | ons and exp     | lain how the   | ev further the  | organization'  | s exempt p    | urpose       | ın Pai       | rt       |              |                    |
|             | XIII   |                       |                 |                | •               |                |               | •            |              |          |              |                    |
| 5           | During the year, did the organiza                                    | ation solicit or rece | eive donation   | ns of art, his | storical treasu | res, or other  | sımılar       |              |              |          |              |                    |
|             | assets to be sold to raise funds                                     |                       |                 |                |                 |                |               |              |              |          | Yes          | No                 |
| Pa          | ert IV Escrow and Cus  |                       |                 |                |                 | -              |               |              |              |          |              | <del>. –</del> – – |
|             | Complete if the or   | ganization ans        | wered "Ye       | es" to For     | m 990, Pa       | rt IV, line 9  | , or repo     | rted a       | n am         | ount o   | n Form       |                    |
|             | 990, Part X, line 2  | •                     |                 |                | ,               | ·              | •             |              |              |          |              |                    |
| 1a          | Is the organization an agent, true                                   | stee, custodian or    | other interm    | nediary for c  | contributions   | or other asse  | ts not        |              |              |          |              |                    |
|             | included on Form 990, Part X?  |                       |                 | •              |                 |                |               |              |              |          | Yes          | No                 |
| ь           | If "Yes," explain the arrangemen                                     | it in Part XIII and o | omplete the     | following ta   | able            |                |               |              |              |          |              |                    |
|             |  |                       |                 |                |                 |                |               |              |              |          | Amount       |                    |
| С           | Beginning balance  |                       |                 |                |                 |                |               |              | 1c           |          |              |                    |
|             | Additions during the year  |                       |                 |                |                 |                |               |              | 1d           |          |              |                    |
| е           | Distributions during the year  |                       |                 |                |                 |                |               |              | 1e           |          |              |                    |
| f           | Ending balance   |                       |                 |                |                 |                |               |              | 1f           |          |              |                    |
| 2a          | Did the organization include an a                                    | amount on Form 9      | 90. Part X. I   | line 21, for e | escrow or cus   | todial accour  | nt liability? |              |              |          | Yes          | No                 |
|             | If "Yes," explain the arrangemen                                     |                       |                 |                |                 |                | -             |              |              |          |              | П                  |
|             | ert V Endowment Fun  |                       |                 |                | •               |                |               |              |              |          | ,            |                    |
|             | Complete if the or   | ganization ans        | wered "Ye       | es" to For     | m 990, Pa       | rt IV, line 1  | 0             |              |              |          |              |                    |
|             |  | (a)                   | Current year    | (b)            | Prior year      | (c) Two yes    | ars back      | (d) Th       | ree year     | s back   | (e) Four ye  | ears back          |
| 1a          | Beginning of year balance  |                       |                 |                |                 |                |               |              |              |          |              |                    |
| b           | Contributions  |                       |                 |                |                 |                |               |              |              |          |              |                    |
| С           | Net investment earnings, gains,                                      | and                   | •               |                |                 |                |               |              |              |          |              |                    |
|             | losses   |                       |                 |                |                 |                |               |              |              |          |              |                    |
| d           | Grants or scholarships   |                       |                 |                |                 |                |               |              |              |          |              |                    |
|             | Other expenditures for facilities                                    | and                   |                 |                |                 |                |               |              |              |          |              |                    |
| _           | programs   |                       |                 |                |                 |                |               |              |              |          |              |                    |
| f           | Administrative expenses  |                       |                 |                |                 |                |               |              |              |          | <b></b>      |                    |
| ď           | End of year balance  |                       |                 |                |                 |                |               |              |              |          |              |                    |
| 2           | Provide the estimated percentage                                     | re of the current v   | ear end hala    | ince (line 1c  | column (a))     | held as        |               |              |              |          | 1            |                    |
|             | Board designated or quasi-endo                                       | -                     |                 |                | , ooiaiiii (a)) | noid do        |               |              |              |          |              |                    |
|             | Permanent endowment ▶  | %                     | 70              |                |                 |                |               |              |              |          |              |                    |
|             | Temporarily restricted endowme                                       |                       | %               |                |                 |                |               |              |              |          |              |                    |
| ·           | The percentages in lines 2a, 2b,                                     |                       |                 |                |                 |                |               |              |              |          |              |                    |
| 3a          | Are there endowment funds not  |                       |                 | nization that  | are held and    | administere    | d for the     |              |              |          |              |                    |
|             | organization by  | and possession        | or and organ    |                | u. 0 110.0 0110 |                |               |              |              |          | T            | es No              |
|             | (i) unrelated organizations  |                       |                 |                |                 |                |               |              |              |          | 3a(i)        |                    |
|             | (ii) related organizations   |                       |                 |                |                 |                |               |              |              |          | 3a(ii)       |                    |
| b           | If "Yes" to 3a(II), are the related                                  | organizations liste   | d as require    | d on Sched     | ule R?          |                |               |              |              |          | 3b           |                    |
| 4           | Describe in Part XIII the intender                                   | =                     |                 |                |                 |                |               |              |              |          | <u> </u>     |                    |
| Pa          | rt VI Land, Buildings,   |                       |                 |                |                 |                |               |              |              |          |              |                    |
| . •         | Complete if the or   |                       |                 | es" to For     | m 990. Pa       | rt IV. line 1  | 1a See        | Form         | 990.         | Part X   | . line 10.   |                    |
|             | Description of property  |                       | (a) Cost or oth |                | (b) Cost or     |                |               | ccumulate    |              |          | (d) Book val | ue                 |
|             |  |                       | (investme       |                | (oth            |                |               | oreciation   |              |          |              |                    |
| 1a          | Land   |                       |                 |                |                 |                |               |              |              |          |              |                    |
|             | Buildings  |                       |                 |                |                 |                |               |              |              | <b></b>  |              |                    |
|             | Leasehold improvements   | <u> </u>              | <del></del> .   |                |                 |                |               |              |              | +        | <del></del>  |                    |
|             | Equipment  |                       |                 |                |                 |                |               |              |              | _        |              |                    |
|             | Other  |                       |                 |                |                 | 2,057          |               | 2            | ,02          | 6        | <del> </del> | 31                 |
|             | Add lines 1a through 1e (Colum                                       | nn (d) must equal     | Form 990 F      | Part X colur   | nn (B) line 1   |                |               |              | <del>,</del> | <u> </u> |              | 31                 |

| •  |   |   | b See Form 990, Part X, line 12.                |
|--|---|---|---|
|  | (a) Description of security or category   | (b) Book value  | (c) Method of valuation                         |
|  | (including name of security)  |   | Cost or end-of-year market value                |
| Financial  |   |   |   |
| -  | eld equity interests  | <u> </u>  | <del></del>                                     |
| Other  |   |   | ·   |
| (A)  |   |   |   |
| (B)  |   |   | <del></del>                                     |
| (C)  |   |   |   |
| (D)  |   |   |   |
| (E)  |   |   |   |
| (F)  |   |   |   |
| (G)  |   |   |   |
| (H)  |   |   |   |
|  | n (b) must equal Form 990, Part X, col. (B) line 12)  | ) <b>&gt;</b>   |   |
| art VIII   | Investments—Program Related.  |   |   |
|  | Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | c. See Form 990, Part X, line 13.               |
|  | (a) Description of investment   | (b) Book value  | (c) Method of valuation                         |
|  |   |   | Cost or end-of-year market value                |
| 1)   |   |   |   |
| 2)   |   |   |   |
| 3)   |   |   |   |
| 4)   |   |   |   |
| <del>5)</del><br>5)  |   |   |   |
| 6)   |   |   |   |
|  |   |   |   |
| 7)<br>•\   |   |   |   |
| 8)   |   |   |   |
| 9)   | <del></del>   |   |   |
|  | n /h) must saus   Earm 000   Dart V   sal /D) line 12 )   | \ <b>\</b>  |   |
| otal. (Columi  | n (b) must equal Form 990, Part X, col (B) line 13 )  | <u> </u>  |   |
|  | Other Assets.   |   | d Soo Form 990 Part Y line 15                   |
| tal. (Columi   | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| otal. (Columi<br>Part IX   | Other Assets. Complete if the organization answered '   |   | •   |
| ptal. (Column<br>Part IX   | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| Part IX  | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | d See Form 990, Part X, line 15. (b) Book value |
| Part IX  | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     |   |
| part IX  1) 2) 3)  | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| part IX  1) 2) 3) 4)   | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| otal. (Column<br>Part IX<br>1)<br>2)<br>3)<br>4)<br>5)   | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | ·   |
| otal. (Column<br>Part IX<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)   | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| 1) 2) 3) 4) 5)   | Other Assets. Complete if the organization answered '   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| Part IX  1) 2) 3) 4) 5) 6) 7)  | Other Assets. Complete if the organization answered (a) De  | "Yes" to Form 990, Part IV, line 11                                     | •   |
| part IX  1) 2) 3) 4) 5) 6) 7) 8) 9)  | Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) line 15)   | "Yes" to Form 990, Part IV, line 11                                     | •   |
| 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column   | Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities.   | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| part IX  1) 2) 3) 4) 5) 6) 7) 8) 9)  | Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) line 15)   | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| part IX  1) 2) 3) 4) 5) 6) 7) 8) 9)  | Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities.   | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| otal. (Column<br>Part IX<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)   | Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (b)   | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| part IX  1) 2) 3) 4) 5) 6) 7) 3) etal. (Column   | Other Assets. Complete if the organization answered (a) De (a) De (a) De (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| Part IX  1) 2) 3) 4) 5) 6) 7) Bart X  Part X   | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| tal. (Column<br>Part IX  | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| 1) (Column<br>Part IX<br>1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column<br>Part X  | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| otal. (Column<br>Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X  1) Federal 2) 3) 4)   | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| 1) 2) 3) 4) 5) 8) 9) btal. (Column Part X  1) Federal 2) 3) 4) 5)  | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X  1) Federal 2) 3) 4) 5) 6)   | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| 1) (Column Part IX  1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column Part X  1) Federal (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| 1) (Column<br>Part IX<br>1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column<br>Part X<br>1) Federal (2) (3) (4) (5) (6) (7) (8) (8)                  | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11                                     | (b) Book value                                  |
| 1) (Column<br>Part IX<br>1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column<br>Part X  | Other Assets. Complete if the organization answered (a) Decomplete if the organization answered (b) must equal Form 990, Part X, col (B) line 15 (b) Other Liabilities. Complete if the organization answered (line 25)  (a) Description of liability | "Yes" to Form 990, Part IV, line 11 "Yes" to Form 990, Part IV, line 11 | (b) Book value                                  |

4b

4c

5

Part XIII Supplemental Information.

b Other (Describe in Part XIII )c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2014 Transforming Jail Ministries

Part XII Supplemental Information (continued)

#### 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.

2014

Open to Public Inspection

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.

Transforming Jail Ministries

Employer identification number 26-0727601

Form 990, Part III, Line 4a - First Accomplishment

in their pastoral work inside the jails of Hamilton County, Ohio. By obtaining credentials withhin Transforming Jail Ministries Clergy Contact Program, clergy are exempt from teh normal restrictions and they may have visits face to face, unobstructed, rather than behind glass and through a telephone. Also, visits may take place outside the incarcerated person's normal visiting days/hours and visits do not count against the incarcerated person's one-visit-per-visit-day allowance.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Members of the Board of Directors are provided with draft copies of Form 990 for their review and comment prior to filing the return. Any comments, errors, or omissions are compiled by the Executive Director and discussed with the return preparer. Any necessary changes or corrections are incorporated into the final return prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Reviewed and approved by the board of directors.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation Upon written request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public