WHMII 09/18/2012 4:35 PM 990 Form

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

UMB No. 1545-0047
2011
Open to Public
Inspection

A	For the 2011 c	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization WOMEN OF THE HARVEST MINISTRIES INT	D	Emplo	yer identification number
	Address change	INTERNATIONAL, INC.			
П	Name change	Doing Business As		84-	-1457958
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	Teleph	one number
Ш	Initial return	P.O. Box 151297		303	3-985-2148
	Terminated	City or town, state or country, and ZIP + 4	$-\Gamma$		1000
П	Amended return	Lakewood CO 80215-9297	6	Gross rece	eipts\$ 694,415
		F Name and address of principal officer:	10	01033 100	***************************************
	Application pending		this a group	p return for	affiliates? Yes X No
		사용 보통 전에 있었다면 함께 있다면 함께 있다면 함께 있다면 한다. 그는 그리고	e all affilia	tes include	d? Yes No
		Lakewood CO 80232			(see instructions)
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: N			ption numb	
K	Form of organization:	X Corporation Trust Association Other ▶ L Year of formation	n: 19	98	M State of legal domicile: CO
P	art I Su	mmary			
	1 Briefly de	scribe the organization's mission or most significant activities:			
m	Prov	iding resources to North American women in cross-cultural	Lser	vice.	
nce					
Governance					
Ve	2 Chock this	s box ▶ if the organization discontinued its operations or disposed of more than 25% of its ne	et assets	ss	
õ	and the second s			3	6
య	The state of the s	f voting members of the governing body (Part VI, line 1a)		4	6
Activities &		f independent voting members of the governing body (Part VI, line 1b)		1	
2	the second of the second of the second of	ber of individuals employed in calendar year 2011 (Part V, line 2a)		5	15
Act		ber of volunteers (estimate if necessary)		6	0
		lated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrela	ated business taxable income from Form 990-T, line 34		7b	0
			or Year	000	Current Year
to to	8 Contributi	ons and grants (Part VIII, line 1h)	710,		692,190
Revenue		service revenue (Part VIII, line 2g)	31,	945	0
3Ve		at income (Part VIII, column (A), lines 3, 4, and 7d)		312	118
R		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113	516	2,107
		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	743,	009	694,415
		d similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		aid to or for members (Part IX, column (A), line 4)		0	0
		other compensation, employee benefits (Part IX, column (A), lines 5–10)	300,	121	340,185
ses		(), , , , , , , , , , , , , , , , , , ,	0007	0	0
Expenses	16a Protession	nal fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) ▶ 32,519			
xp	b Total fund	raising expenses (Part IX, column (D), line 25)	410	004	611 100
ш	17 Other exp		410,		411,102
	18 Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	711,		751,287
	19 Revenue l	ess expenses. Subtract line 18 from line 12		964	-56,872
Net Assets or Fund Balances		Beginning of			End of Year
sets	20 Total asse		162,		160,284
A A	21 Total liabil	ities (Part X, line 26)		541	59,236
Ž	22 Net assets	s or fund balances. Subtract line 21 from line 20	157,	920	101,048
P.	art II Sig	nature Block			
Un	der penalties of p	erjury, I declare that I have examined this return, including accompanying schedules and statements, and to t	he best o	of my kno	wledge and belief, it is
tru	e, correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	vledge.		
Sig	n Sid	inature of officer		Date	
		Lorrie Lindgren Executive I	Dire	ctor	
Her	1 100	pe or print name and title			
	1	preparer's name Preparer's signature Dat	e	Check	if PTIN
D-:		preparer s mante			□"
Paic	Item Ito		1	2 self-emp	loyed P01389203
	parer Firm's nam	Taylor Roth and Company	Firm's	s EIN 🕨	
Use	Only	800 Grant St Ste 310			202 022 0122
	Firm's add		Phon	e no.	303-830-8109
May	the IRS discuss	this return with the preparer shown above? (see instructions)			Yes No

Form	990 (2011) WOMEN OF THE HARVEST MINISTRIES INT 84-14579:	58	Page 2
	It III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
F	roviding resources to North American women in cross	-cultural se	rvice.
2	Did the organization undertake any significant program services during the year which were not listed on	the	
	prior Form 990 or 990-EZ?		Yes X No
	if "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?		Yes 🔀 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep	port the amount of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service report	ted.	
	granto dire dissociation of the state of the		
40	(Code:) (Expenses \$ 676,968 including grants of \$) (Revenue \$)
4a D	roduction of an on-line magazine with other on-line		
~	esources and hosting national and international ret	reats	
F	or North American women serving in cross-cultural		
	ervice.		
3	CT 4 TOO!		
	*		
	•		
	·		
	•		
		• • • • • • • • • • • • • • • • • • • •	
	0.000) (Berenie \$	1
4b	(Code:)(Expenses \$ 8,828 including grants of \$ he purpose of HOPE is to support cross-cultural wor y offering micro-loans as a viable way to help) (Revenue \$	······································
T	he purpose of HOPE is to support cross-cultural wor	vers	
þ	y offering micro-loans as a viable way to help		
i	mpoverished women around the world.	• • • • • • • • • • • • • • • • • • • •	
	•		

	·		
			_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
	•	• • • • • • • • • • • • • • • • • • • •	
	*		
	•	••••	
	•		
	•		• • • • • • • • • • • • • • • • • • • •
	(D. The In Orbital O.)		
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue	¢	1
	(Expenses 5	<u> </u>	
Aο	Total program service expenses ► 685 , 796		

P	The Checklist of Required Schedules			
4			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	- 1	{	l
	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		1	1
	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	ŀ	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,		1	ĺ
	Ded 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	ł		
	mar B 1 to October to D. Book t	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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	14 04 44 B B-4W	8		x
_	complete Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		x
	complete Schedule D, Part IV	- 9	-	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	*****	<u>~</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	- 1		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	İ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	many in the state of the state			
120	Schedule D. Parts XI, XII, and XIII	12a		X
ь	the first test of the second o			
v	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13		440		X
14a		1.70		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	\vdash	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	igsquare	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			4.5
	If "Yes." complete Schedule G. Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Fac	99 0	(2014)

300.00	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	The state of the state of the system of the state of the system of the state of the system?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
Ū	to defease any tax-exempt bonds?	24c		Ĺ
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	the state of the second in a second baselit temporation with a discussified person in a prior			
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		X
	If "Yes," complete Schedule L, Part I			
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	· · · · · · · · · · · · · · · · · · ·		
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):	28a	200200000	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		-21
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		X
	Schedule L, Part IV	28b		
C				₹.
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30	_	<u>X</u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	IV, and V, line 1	34		X
35a		35a		X
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			ı
U	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
JU	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ı
		37	l	X
	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Fart VI, most Front	38		x
	19? Note. All Form 990 filers are required to complete Schedule O			(2011)

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 1b 0 1c 1c 1c 1c 1c 1c 1c	Pa	Statements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 0 0		Check if Schedule O contains a response to any question in this Part V		<u></u>			$\frac{1}{1}$
Enter the number of Forms V-20 included in size is. Enter 0- if not applicable Enter the number of Forms V-20 included in size is. Enter 0- if not applicable Did the organization comply with backup withholding claes for reportable payments to vendors and reportable gampling (gambling) withholding to pize withrenings to pize with the pize overed by this return If at least one is reported on line 2a, did the organization file all required idental employment tax returns? Did the organization in a pize of the calculation of the size of			1.	١.	*******	Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners? Einter the rules of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filted for the calendar year ending with or within the year covered by this ratum? It all leads not is reported on line 28, did the organization the all required federal employment tax returns? Note. If the sum of fines 1s and 2s is greater than 250, you may be required to e-fits (see instructions) Did the organization have unrealed business gross income of \$1,000 or none during the year? At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a finencial account in a foreign country; I* See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. We are the organization a party to a prohibited tax shetter transaction at any time during the tax year? See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. We are the organization aparty to a prohibited tax shetter transaction at any time during the tax year? See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If yes to line See 5%, did the organization file Form 8886-17 See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If yes to line See 5%, did the organization file Form 8886-17 See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If yes to line See 5%, did the organization file Form 8886-17 See instructions for filling requirements for Form 8886-17 See instructions for seed any seed that are normally greater than \$100,000, and did the organization society and promises that are normally greater than \$100,000, and did the organization society and promises tha	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filted for the calendar year ending with or within the year covered by this return If at least one is reported on fine was a control of the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) If at least one is reported on line was called 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 account)? 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; leuch as a bank account, securities account, or other financial account)? Yes the signature of the foreign country; leuch as a bank account, securities account, or other financial account)? Yes the signature of the foreign country; leuch as a bank account, securities account, or other financial account)? Yes the signature of the foreign country; leuch as a bank account, securities account, or other financial account)? Yes the signature of the foreign country (such as a party to a prohibited tax sheater transaction? Yes the signature of the foreign country (such as a party to a prohibited tax sheater transaction? Yes the signature of the organization nature of the signature of the organization nature of the signature of	þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. —	1 0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fitted for the calendar year ending with or vitain the year covered by this return Note. If the sum of fines 1s and 2s is greater than 250, you may be required to e-fitte (see instructions) If at least one is reported on line 2s, did the organization heal enderal employment tax returns? Note. If the sum of fines 1s and 2s is greater than 250, you may be required to e-fitte (see instructions) If the calendar year, and the calendar year ending with the calendary of th	C				4.0	¥	
Statements, fleed for the calendary year endring with or within the year covered by this return [2] 1.5 2 b X Note. If the sum of fines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 38		reportable gaming (gambling) winnings to prize winners?			16		******
b flat least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Id the organization have urrelated business greats inchined to a flat (see instructions) 31 Id the organization have urrelated business greats inchined 50, 500 or more during the year? 32 Id the organization have urrelated business greats inchined 51, 500 or more during the year? 32 Id the organization have urrelated business greats inchined 51, 500 or more during the year? 32 At any time during the calenders year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; Ps on the structure of the frequency over, a financial account in a foreign country; Ps on instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 33 Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 34 Edward organization appray to a prohibited tax shelter transaction at any time during the tax year? 35 Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 36 Does the organization appray to a prohibited tax shelter transaction? 37 Organization solid any contributions that were not tax deductible? 38 If Yes, "did the organization in the every solicitation an express statement that such contributions or grits were not tax deductible? 39 If Yes, "did the organization necessed of STS made party as a contribution and party for goods and services provided to the payor? 40 If Yes, "did the organization necessed accounts that were not tax deductible? 41 If Yes, "did the organization makes any payment in excesse of STS made party as a contribution and party for goods and services provided to the payment in excesse of STS made party as a contribution and party for goods and services provided to the payment in excesse of STS made party as a contribution and party for the payment in exces	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1_	1 5			
Note. If the aum of lines it and 2 a is greater than 250, you may be required to e-fite (see instructions) Note. If the aum of lines it and 2 a is greater than 250, you may be required to e-fite (see instructions) If "Yes," has it fited a form 9057 for this year? If "No, provide a maptination in Schedule O A tarry time during the catendar 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 account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign account or the financial account in a foreign account or the financial account in a fitting requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fifting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fifting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fifting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fifting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for Entire Requirements for Form 8888-T? See instructions for Entire Requirements for Form 8888-T? See instructions for Calculation Foreign Bank and Financial Accounts. If "Yes a financial Accounts are accounts and the foreign Bank and Financial Accounts and Fi		Statements, filed for the calendar year ending with or within the year covered by this return			26	¥	
38 bit the organization have unrelated business gross income of \$1,000 or more during the year? 49 htt **cs*, has it filed a Form 990-71 for this year? If **not, provide an explanation in Schodule O 40 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 50 If **vs*, renter the name of the foreign country. ▶ 51 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 52 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 53 Was the organization a party to a prohibitiot as sheller transaction at any time during the tax year? 54 Did any taxable party notify the organization file Form 8886-7? 55 Did show the organization of the organization file Form 8886-7? 56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 56 If **vs**, of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible contributions under section 179(c). 58 If **vs**, of the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 58 If **vs**, of the organization notify the donor of the value of the goods or services provided? 59 If **vs**, of the organization organization organization organization organization and partity the donor of the value of the goods or services provided? 79 If **vs**, of the organization organiz	þ	If at least one is reported on line 2a, did the organization file all required rederal employment tax re	 				
b if "Yes," has it filted a Form 990-T for this year? If "No," provide an explanation in Schedule O If "Yes," has it filted a Form 990-T for this year? If "No," provide an explanation in Schedule O Jab		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-line (see instruction			3a	[.000000000	X
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country; (such as a bank account, securities account, or other financial account; account); accountry; 4a. If Yes, "enter the name of the foreign country; because the securities account, or other financial accounts. See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See Instructions provided that the sea or is a party to a prohibited tax shelter transaction? See Instructions of the organization has annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To particularly the organization notify the donor of the value of the goods or services provided? Did the organization receive a pay funds, directly or indirectly, to pay premiums on a personal benefit contract? To be the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 are required? If the organization make a distribution tof activities and section \$90(s) supporting organization have accessed funds and section \$		Did the organization have unrelated business gross income of \$1,000 of more during the year:					
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. Was the organization of the organization that it was or is a party to a prohibited tax shetter transaction at any time during the tax year? See X. Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction? See Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). If the organization shat may receive deductible contributions under section 170(c). If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms \$222 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? The section \$91(c)(12) organizations Enter: If the organization make any taxable distributions under section 49667 Body the organization make any taxable distributions under section 49667 Corsus received a contribution included on Part VIII, line 12	_	If "Yes," has it filed a Form 990-1 for this year? If No, provide an explanation in Schedule 0	er authori				
three the name of the foreign country: ▶ See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If Yes, 'enter the name of the foreign country: ▶ See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If Yes' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes' to line Sa or Sb, did the organization include with every solicitation an express statement that such contributions or organization solicit any contributions that were not tax deductible? If Yes' to line organization that it was or is a party to a prohibited tax shelter transaction? If Yes' to line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If Yes' to line organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If Yes' to lith en organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes' is did the organization notelly the donor of the value of the goods or services provided? If Yes	4a	At any time during the calendar year, did the organization have an interest in, or a signature of other	financial		1		
secondary: See instructions for filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization approach to a prohibited tax shelter transaction at any time during the tax year? 50 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 52 c					4a		X
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa X was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sc If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sc If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sc If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations shat may receive deductible contributions under section 170(c). Organizations that may receive deductible contributions under section 170(c). Organizations that may receive deductible contributions under section 170(c). Old the organization experiment of the value of the goods or services provided? To year of the organization neolity the donor of the value of the goods or services provided? If "Yes," did the organization neolity the donor of the value of the goods or services provided? If "Yes," did the organization neolity the donor of the value of the goods or services provided? If "Yes," did the organization received anothrough or the was dispose of tangible personal property for which it was required to file Form 8822? If "Yes," did the organization received anothrough or organization received anothrough organization or received anothrough organization or received anothrough organization organizat							
bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? bid the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? comparizations that may receive deductible contributions under section 170(c). bid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided and the payor? bif "Yes," did the organization notify the donor of the value of the goods or services provided? bif the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? bif "Yes," indicate the number of Forms 8292 filled during the year colid the organization orserive any funds, directly or indirectly, to pay premiums on a personal benefit contract? bid the organization received a contribution of qualified intellectual property, did the organization for selved a contribution of cars, boats, alignales, or other vehicles, did the organization for the self and contribution of cars, boats, alignales, or other vehicles, did the organization self and a contribution of cars, boats, alignales, or other vehicles, did the organization and and a contribution of cars, boats, alignales, or other vehicles, did the organization self and any taxable distributions under section 4860? bid the organization make at distribution and organization for payments and the supporting organization have excess business holdings at any time during the year? Sponsoring organization make a distribution to a donor,	ю	The Yes, enter the name of the foreign country.	ial Accou	ints.			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	P-	Nee the experience a party to a prohibited tax shelter transaction at any time during the tax year	?		5a		X
C If "Yes" to line 5 and 5 b, did the organization file Form 8886-T? 8a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 the "Yes," did the organization notify the donor of the value of the goods or services provided? 7 the "Yes," did the organization notify the donor of the value of the goods or services provided? 7 the "Yes," indicate the number of Forms 8282? liked during the year 9 Did the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required to file Form 8282? 1 o' Yes," indicate the number of Forms 8282? liked during the year 1 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 the propartization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 1 If the organization make and contribution of cards durind amatianied by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 2 Did the organization make a distribution to a donor, donor advised funds. 3 Did the organization make a distribution to a donor, donor advised funds. 4 Did the organization make a distribution to a donor, donor advised funds. 5 Section 501(c)(7) organizations. Enter: 6 Gross income from other sources (Do not net amounts due or paid to o		Did any taxable party rotify the organization that it was or is a party to a prohibited tax shelter trans	saction?				X
Does the organization solicl any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a							
organization solicit any contributions that were not tax deducible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 In the organization notify the donor of the value of the goods or services provided? 10 In the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 In the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization foreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make a distribution or donor advised funds and the section 4966 a	_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	I the				
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	va				6a		X
gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization for gone in the self of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file and Form 8299 as required? 11 If the organization received a contribution of cars, boasts, airplanes, or other vehicles, did the organization file a Form 1098-C? 12 The organization received a contribution of cars, boasts, airplanes, or other vehicles, did the organization file a Form 1098-C? 13 Sponsoring organizations malntaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, are an advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 13 Sponsoring organizations malntaining donor advised funds. 14 Did the organization make a distribution to a donor, donor advised funds. 15 Did the organization make any taxable distributions under section 4966? 16 Did the organization make any taxable distributions under section 4966? 17 Did the organization make any taxable distribution or advised funds. 18 Did the organization make any taxable distribution or advised funds. 19 Gross receipts, included on Form 990, Part VIII, line 12, for public use of	h	If "Yes" did the organization include with every solicitation an express statement that such contribu	utions or				
Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	·	Polyticular and the desirable of the control of the			6b_		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," id the organization notify the donor of the value of the goods or services provided? 7c X 7d If "Yes," include the number of Forms 2822? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 F Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 G X 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations are any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization make a distribution to a donor, donor advised fund maintained by a sponsoring organization make a distribution to a donor, donor advised funds. 10 Did the organization make a distribution to a donor, donor adviser, or related person? 8 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization members or shareholders. 11 Did	7						
and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization cevieve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization. have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on Part Vill, line 12 Gross receipts, included on Form 990, Part Vill, line 12 Gross income from embers or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(72) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(22) qualified nonprofit health insurance issuers. Is the organization incleaded to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the org		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods				
b If "Yes." did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year	_				7a		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If Yes, "indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 71 X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 71 X Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization there organization therefore the any taxable of the taxable therefore the any ta	b	If "Yes." did the organization notify the donor of the value of the goods or services provided?			7b		
required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f 7d				,	7c	**********	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 2 Did the organization make any taxable distributions under section 4866? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Gross income from members or shareholders 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 1 If "ves," enter the amount of tax-exempt interest received or accrued during the year 1 Initial Section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 1 Jab	d	If "Yes," indicate the number of Forms 8282 filed during the year		L			
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nave excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds and section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization file organizations. Enter: 10 Did the organization file form 10417 12 Did for Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Did for organization file organization file organization file formation file organization file formation file organization file formation file organization file formation file	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t contract	l?	7e		77
### The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ### The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ### Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ### Sponsoring organization make any taxable distributions under section 4966? ### Did the organization make any taxable distributions under section 4966? ### Did the organization make a distribution to a donor, donor advisor, or related person? ### Section 501(c)(7) organizations. Enter: ### Initiation fees and capital contributions included on Part VIII, line 12 ### Section 501(c)(12) organizations. Enter: ### Gross income from members or shareholders ### Gross income from members or shareholders ### Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ### Section 501(c)(12) organizations. Enter: ### Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ### Section 501(c)(29) qualified nonprofit health insurance issuers. ### It "Yes," enter the amount of tax-exempt interest received or accrued during the year ### Section 501(c)(29) qualified nonprofit health insurance issuers. ### Section 501(c)(29) qualified nonprofit health insurance issuers. ### It is the organization licensed to issue qualified health plans in more than one state? **Note. See the instructions for additional information the organization must report on Schedule O. ### 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 ### Circle Trust Profits Insurance is the programments of i	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?				
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Ital Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ital Kellow organization receive any payments for indoor tanning services during the tax year? Ital Kellow organization for advised funds.	g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 889	99 as required?			
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? It if "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? It was the tax year? It was the filter of Form 720 to report these payments? If "No," provide an explanation in Schedule O. He filter the amount of feed form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ization til	e a ronn 1096-Cr			
organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a 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: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	9				
organization, have excess business holdings at any time during the year Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4986? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 112a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a			ng			*********	(2000 2000
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b fr*Yes,* enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13a 13b 13c 14a X 14b 15c 16 Yes, "Is a stiffed a Form 700 to report these payments? If "No." provide an explanation in Schedule O.							
b Did the organization make any taxatie distributions to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15c 16	9	Sponsoring organizations maintaining donor advised funds.			Q ₂		
Section 501(c)(7) organizations. Enter: a 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 110 Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," here if filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	а	Did the organization make any taxable distributions under section 4966?					
a 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: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X 14a X 14b 15 Not." provide an explanation in Schedule O. 14b							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 c Enter the amount of reserves on hand 13c I she organization receive any payments for indoor tanning services during the tax year? 14a X			10a	l			
Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X 14a X 14b 150 organization receive any payments for indoor tanning services during the tax year? 14a 14b 150 organization is Schedule O.	_	Corse respirate included on Form 990 Part VIII line 12 for public use of club facilities					
a 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c Ital 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			. —				
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Interest the amount of reserves on hand 13c Interest the amount of reserves on hand 13d Interest the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b Interest the stripping of the payments for indoor tanning services during the tax year?			11a				
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12b		Cross income from other sources (Do not net amounts due or naid to other sources					
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X 14b	D		11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X 14b 15 Yees "here it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	122	Section 4947(aV1) pon-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041	?	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X 14b 15 Yees "here it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_	If "Ves." enter the amount of tax-exempt interest received or accrued during the year	12b				
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X 14b 15 Yes "hos it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Section 501(c)(29) gualified nonprofit health insurance issuers.					
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 c Enter the amount of reserves on hand 13c 14a X 14b 15 Yes "hos it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Is the organization licensed to issue qualified health plans in more than one state?			13a		
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 c Enter the amount of reserves on hand 13c 13b 13c 14a X 14a X 14b 15 Yees "hose it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	•	Note. See the instructions for additional information the organization must report on Schedule O.					
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b	h	Enter the amount of reserves the organization is required to maintain by the states in which		1			
c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Year he it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 14b 14b 14b 14c	-	the organization is licensed to issue qualified health plans					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b	С	Enter the amount of reserves on hand	13c				
b. 16 "Nos." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	1/10	Did the organization receive any payments for indoor tanning services during the tax year?			14a	 	
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheme	tule O		140	004	0 (2011)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule X O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X anv other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 9150 W. Jewell Ave., Suite 102 organization: ▶ Lorrie Lindgren

303-985-2148

CO 80232

Lakewood

 THOMEST	OF	mutt	TADVEST	MINISTRIES	INT	84-	-14	15'	79	5	٤

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest
 compensated employees; and former such persons.

Check this box if neither the orga (A) Name and Title	(B) Average hours per week (describe hours for	(de	o not o	Pos check ess pe nd a d	c) ition more rson i irecto	than o s both r/truste	ne an se)	(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 organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	`	organization and related organizations
(1)Lorrie Lindgren President	0.00	x		x				0	0	0
(2) David Craig Member	0.00	x						0	0	0
(3) Gene Erickson	0.00	X						0	0	0
(4)Donna Jeffries Member	0.00	x						0	0	0
(5) Patty Wolf Member	0.00	x						0	0	0
(6) Drew Wolford Finances	0.00	x		x				0	0	0
(7)Lorrie Lindgren CEO	40.00	_	_	x				62,400	0	0
(8)		_								
(9)		ļ			_					
(10)				_	_					
(11)		_		_						
(12)		-	_		_		_			
		╁	-	-	_	_				
(14)										000

WHIMI 09/18/2012 4:35 PM				T 3.700	OA 1 AE70E0
Form 990 (2011) WOMEN O	F THE	HARVEST	MINISTRIES	TMT	84-145/956

Section A. Officers (A) Name and title		(B) (C) Average Position hours per (do not check more that week box, unless person is bo officer and a director/frn.					than o	ne an 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 crganization
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Sub-total							•	62,400		
С	Total from continuation she								62,400		
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in					o lic	tod :	boy			
2	Total number of individuals (in reportable compensation from	the organization	n 🕨	0							Yes No
3	Did the organization list any for employee on line 1a? If "Yes,"	' complete Sche	aluh	.l for	SUC	h in	aiviai	Jal			3 X
4	For any individual listed on lin- organization and related organ	e 1a is the sum	of re	eport	able	CON	npen	satio	on and other compensation	from the	4 X
5	individual		e			atio	n froi	 n ar	nv unrelated organization or	r individual	5 X
	for services rendered to the or		res,	COII	ipiet	e 30	rieut	ile J	101 Sacri person		
1	ction B. Independent Contract Complete this table for your fi compensation from the organi	bishaat ooms	ensa	ated ensa	inde ation	pend for t	dent	contalen	dai year ending will or will	art are organization o tax ye	ear.
	Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
_											
	100										
2	Total number of independent received more than \$100,000	contractors (inc	ludin n fro	g bu	t not	limi gani:	ted to	o tho	ose listed above) who	0	000
	10001700 111010 111011 4 100,000										Form 990 (2011

	t VI	II Staten	ent of Reve	nue						
							(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							101111111111111111111111111111111111111	exempt function	business revenue	excluded from tax under sections
								revenue		512, 513, or 514
	1a	Federated can	npaigns	1a						
S a	b	Membership d	ues	1b						
Am G		Fundraising ev		1c						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organi	izations	1d						
ä,E	е	Government grants	(contributions)	1e						
할	f	All other contribution								
35		and similar amounts	not included above	1f		692,190				
들			ns included in lines 1a-							
	h	Total. Add line	es 1a-1f			······ <u> </u>	692,190			
ã.						Busn. Code				
ever	2a									
8	b									
울	С			. 						
Se	d									
ram	е									
Program Service Revenue			am service reve							
-		Total. Add line	es 2a-2f							
l	3		come (including				118			118
	_	and other simi	lar amounts) nvestment of tax		nt bond nr	roceeds -				
- 1						_				
ļ	5	Royalties	(i) Real			ersonal				
	٥-	0	(1) 1100							
- 1	6a	Gross rents								
	b	Less: rental exps.								
	C d	Rental inc. or (loss) Net rental inco								
		Gross amount from	(i) Securities		T	Other				
ļ		sales of assets other than inventory								
	b	Less: cost or other								
	_	basis & sales exps.								
	С	Gain or (loss)								
			ss)			▶				
			om fundraising eve							
enne										
		of contributions	reported on line 1c).						
Ŗ.		See Part IV, line		_						
Other Rev	b	Less: direct ex	kpenses	b	L					
٥			(loss) from fund		events .	<u></u>				
	9a	Gross income fr	om gaming activitie	es.						
			19							
			xpenses		L					
			(loss) from gan		tivities					
	10a		f inventory, less							
		returns and al			<u> </u>		1			
			goods sold			-				
	С		(loss) from sale	es of In	iventory	Busn. Code				
			cellaneous Revenue			900099	2,107	2,107		
	11a	*				700033	2,20.			
	b									
	C		nue							
	ا		es 11a–11d				2,107	7		
	40		e. See instruction				694,415			
	12	i Ulai Tevellu	e. 000 manaono		<u></u>					QQA (2011)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

require	d to complete columns (B), (C), and (D). Check if Schedule O contains a response	to any question in this Par	t IX		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	3b, 9b, and 10b of Part VIII.		- GADGISGS		
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2 (Grants and other assistance to individuals in				
	he U.S. See Part IV, line 22				
3 (Grants and other assistance to governments,				
c	organizations, and individuals outside the		İ		
Ų	J.S. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,			4 207	4,175
t	rustees, and key employees	62,401	53,939	4,287	3,113
6 (Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				16 100
•	Other salaries and wages	245,172	211,927	16,843	16,402
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	10,317	8,919	709	689
	· · · · · · · · · · · · · · · · · · ·	22,295	19,271	1,531	1,493
	Payroll taxes			1	
	- I				
	Management				
	Legal	3,820		3,820	
	Accounting	3/020			
	Lobbying				
	Professional fundraising services. See Part IV, line 17	***************************************			
	nvestment management fees	1,545		1,545	
	Other	24,025	24,025		
	Advertising and promotion	22,481	18,275	1,452	2,754
	Office expenses	6,402	5,573		409
14	Information technology	6,402	3,313		
15	Royalties	47 207	15,029	1,194	1,164
16	Occupancy	17,387	15,029	1,104	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 4 6 0	3 500	286	278
19	Conferences, conventions, and meetings	4,163	3,599	200	270
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization			0.44	237
	Insurance	3,548	3,067	244	231
24	Other expenses. Itemize expenses not covered	1			
	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.)				
а	Retreats and conventions	310,801	310,801		346
b	Bank charges	4,890	4,235	336	319
c	Deve-Special Events	4,008			4,008
ď	Online productions	2,834	2,834		
	All other expenses	5,198	4,302		
	Total functional expenses. Add lines 1 through 24e	751,287	685,796	32,972	32,519
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				
DAA	IDIOWING BOT 30-2 [ABC 330-120]				Form 990 (2011

Par	888	Balance Sheet			(A)		(B)
				_	Beginning of year		End of year
\neg	1	Cash—non-interest bearing			94,685	1	91,957
	2	Savings and temporary cash investments		2			
		Pledges and grants receivable, net				3	
- }		Accounts receivable, net			3,087	4	2,208
	5	Receivables from current and former officers, director	irs, trustees, k	ey			
	,	employees, and highest compensated employees. C					
- 1		Schedule L		5			
ł	6	Receivables from other disqualified persons (as defin					
	U	4958(f)(1)), persons described in section 4958(c)(3)(
- 1		employers and sponsoring organizations of section 5	01(c)(9) volun	itary			
		employees' beneficiary organizations (see instruction	ns)			6	
Assets	7	Notes and loans receivable, net				7	
¥		Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			64,689	9	66,119
١.	-	Land, buildings, and equipment: cost or					
ļ	104	other basis. Complete Part VI of Schedule D	10a	25,347			
1	h	Less: accumulated depreciation	10b	25,347		10c	
1.	11	Investments—publicly traded securities				11	
		Investments—other securities. See Part IV, line 11				12	
- 1		Investments—program-related. See Part IV, line 11				13	
- 1		Intangible assets				14	
1	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal lin	e 34)	· · · · · · · · · · · · · · · · · · ·	162,461		160,284
$\overline{}$	17	Accounts payable and accrued expenses	4,541	17	51,201		
- 1	17 18	Grants payable				18	
	19	Deferred revenue		19	8,035		
- 1	20	Tax-exempt bond liabilities				20	
	20 21	Escrow or custodial account liability. Complete Part		21			
- 1.	22						
Liabilities		employees, highest compensated employees, and d					
園		Complete Part II of Schedule L		22			
当1.	23	Secured mortgages and notes payable to unrelated		23			
	24	Unsecured notes and loans payable to unrelated thir		24			
l l	25	Other liabilities (including federal income tax, payabl					
		parties, and other liabilities not included on lines 17-		l			
1		of Schedule D		25			
	26	Total liabilities Add lines 17 through 25			4,541	26	59,236
\dashv		Organizations that follow SFAS 117, check here					
8		lines 27 through 29, and lines 33 and 34.					70 700
2	27	Unrestricted net assets			92,497		79,703
3afr	28	Temporarily restricted net assets			65,423		21,345
= 1	29					29	
3		Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and				l	
6		complete lines 30 through 34.					
st	30	Capital stock or trust principal, or current funds				30	
188	31	Paid-in or capital surplus, or land, building, or equipr	ment fund			31	<u> </u>
et l	32	Retained earnings, endowment, accumulated income, or other funds			457 000	32	101 040
Z	33	Total net assets or fund balances			157,920		101,048
	34	Total liabilities and net assets/fund balances	162,461	34	160,284 Form 990 (2011		

Earm	990 (2011) WOMEN OF THE HARVEST MINISTRIES INT 84-1457958			Pag	ge 12
-	Peconciliation of Net Assets				\Box
************	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		
		1 . 1		14	415
1	Total revenue (must equal Part VIII, column (A), line 12)	2			287
2	Total expenses (must equal Part IX, column (A), line 25)	-2			B72
3	Revenue less expenses. Subtract line 2 from line 1	3			920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			,,,	320
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		1.0		O # O
	column (B))	6	71	11,	048
Pa	nt XII Financial Statements and Reporting				
*********	Check if Schedule O contains a response to any question in this Part XII	· · · · · · · · · · · · · · · · · · ·	·····		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	and the second statements audited by an independent accountant?				X
0	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	***********
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
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		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Fort	n 99 ((2011)

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. ➤ See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN OF THE HARVEST MINISTRIES INT INTERNATIONAL, INC. Employer identification number 84-1457958

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III--Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (Iv) Is the organization (vi) Is the (vii) Amount of (v) Did you notify (iii) Type of organization (ii) EIN (i) Name of supported rganization in col the organization in in col. (i) listed in your (described on lines 1-9 organization (i) organized in the col. (i) of your governing document? ahove or IRC section U.S.? support? (see instructions)) Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 WOMEN OF THE HARVEST MINISTRIES INT 84-1457958 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.)

Sect	ion A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	608,929	609,665	675,571	710,236	692,190	3,296,591			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge						2 000 501			
4	Total. Add lines 1 through 3	608,929	609,665	675,571	710,236	692,190	3,296,591			
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						200 010			
	shown on line 11, column (f)						389,810			
6	Public support. Subtract line 5 from line 4						2,906,781			
Sec	tion B. Total Support	T		(-) 0000	(4) 2010	(e) 2011	(f) Total			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010		3,296,591			
7	Amounts from line 4	608,929	609,665	675,571	710,236	692,190	3,290,391			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,033	685	312	118	3,148			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10						3,299,739			
12	Gross receipts from related activities, etc.	(see instructions)					2,107			
13	First five years. If the Form 990 is for the organization, check this box and stop her	e organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)				
Sec	tion C. Computation of Public S	upport Percen	tage							
14	Public support percentage for 2011 (line 6	6. column (f) divide	d by line 11, colum	nn (f))		14	88.09%			
15	Public support percentage from 2010 Sch	nedule A, Part II, lin	e 14			15	84.93%			
16a	33 1/3% support test-2011. If the organ	nization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	▶ 5			
	boy and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶ <u>X</u>			
b	as a second of the assembly of the complete and the second of the second									
172	10%-facts-and-circumstances test—20	11. If the organizat	ion did not check a	box on line 13, 10	6a, or 16b, and line	e 14 is				
Ira	10% or more, and if the organization mee	ets the "facts-and-c	ircumstances" test	, check this box ar	nd stop here. Expl	ain in				
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
b	organization 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part IV how the organization m	eets the "facts-and	l-circumstances" te	est. The organization	on qualifies as a p	ublicly	> [
18	supported organization Private foundation. If the organization d	id not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee				
	instructions			······································						

Schedule A (Form 990 or 990-EZ) 2011 WOMEN OF THE HARVEST MINISTRIES INT 84-1457958

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.)

	II the organization rails to t	quanty arroor a					
Sect	ion A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	dar year (or fiscal year beginning in)	(a) 2007	(1) 2000				
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				1	 	
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			1 1 2 2 2 2 2	(4) 2040	(e) 2011	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(1) 10121
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, 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 fine 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 IV.)						
13	Total support. (Add lines 9, 10c, 11,	1				İ	
	and 12.)	L		<u> </u>	1	14(0)(2)	.1
14	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax y	ear as a section 50) ((C)(3)	. [
	organization, check this box and stop her	re					
Sec	tion C. Computation of Public St	upport Percer	itage			145	%
15	Public support percentage for 2011 (line 8	3, column (f) divide	ed by line 13, colur	nn (f))		15	
16	Public support percentage from 2010 Sch	edule A, Part III, li		<u> </u>		16	76
Sec	tion D. Computation of Investme	ent Income Pe	rcentage	0lust (0)		17	%
17	Investment income percentage for 2011 (line 10c, column (1	f) divided by line 1:	s, column (f))			
18	Investment income percentage from 2010	Schedule A, Part	III, line 17				76
19a	33 1/3% support tests—2011. If the orga	anization did not cl	heck the box on lin	e 14, and line 15	is more than 33 1/	o%, and line	
	17 is not more than 33 1/3%, check this b	ox and stop here	. The organization	qualifies as a put	niciy supported org	janization	
b	33 1/3% support tests—2010. If the orga	anization did not cl	heck a box on line	14 or line 19a, an	d line 16 is more t	han 33 1/3%, and	▶ □
	line 18 is not more than 33 1/3%, check to	his box and stop I	nere. The organiza	ition qualifies as a	publicly supported	organization	
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this t	oox and see instru	zions	

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-	1878

Department of the Treasury

For calendar year 2011, or fiscal year beginning _______, 2011, and ending ______, 20 Do not send to the IRS. Keep for your records.

2011

Internal Revenue Service Name of exempt organization

See instructions on back. WOMEN OF THE HARVEST MINISTRIES INT

Employer identification number

Name and title of officer

INTERNATIONAL, INC. Lorrie Lindgren

84-1457958

Executive Director

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _____ 2a Form 990-EZ check here D Total revenue, if any (Form 990-EZ, line 9) 2b ____ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b _

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

ERO firm name

Officer's PIN: check one box only

X | authorize Taylor Roth and Company

80203 as my signature

Enter five numbers, but

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84541780203

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2011)