# Form **990-EZ**

Department of the Treasury

For the 2012 calendar year, or tax year beginning

Internal Revenue Service

### **Short Form** 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)

OMB No. 1545-1150

2012

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

, 2012, and ending

Open to Public Inspection

, 20

Form **990-EZ** (2012)

C Name of organization Check if applicable: D Employer identification number Address change Mission Servants Ministries Inc 26-4016623 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 704-560-9024 4001 Trehurst Ct City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Charlotte, NC 28269-8361 Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ **H** Check ▶ ☐ if the organization is **not Website:** ▶ www.missionservants.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . 182,880 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . 1 182,880 2 2 Program service revenue including government fees and contracts 0 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory . . . . 5a 0 Less: cost or other basis and sales expenses . . . . . 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . C 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . . . 0 7b Less: cost of goods sold . . . . . . . . . . . . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . 9 182,880 10 Grants and similar amounts paid (list in Schedule O) . . . . . . . . . 10 129,576 11 Benefits paid to or for members . . . . . . . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . 12 0 13 Professional fees and other payments to independent contractors . . . 13 0 14 14 0 15 Printing, publications, postage, and shipping . . . . . . . . . . . 15 90 16 Other expenses (describe in Schedule O) . . . . . . . . . . . . . . 16 0 17 17 129,665 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 53,215 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 22,944 Ret 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 76,159

Form 990-EZ (2012) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 22,944 22 22 Cash, savings, and investments 76,159 0 23 23 Land and buildings . . . . . 0 0 24 24 Other assets (describe in Schedule O) 0 22,944 **25** 25 Total assets . . . . . 76,159 0 26 26 Total liabilities (describe in Schedule O) 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 22.944 27 76,159 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Raising funds to support Lord's Servants Home in Kenya 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. 28 Funds raised to help support the Lord's Servants Home in Kenya in its effort to provide food, shelter, education and life skills to orphaned children in rural Kenya. (Grants \$ 28a ) If this amount includes foreign grants, check here 129,576 29 29a ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 129,576 List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Robert D Hillebrand Director 4001 Trehurst Ct, Charlotte, NC 28269 15 hrs 0 0 0 Kathy C Hillebrand Secretary 4001 Trehurst Ct, Charlotte, NC 28269 15 hrs 0 0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . . 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 . . . . . . . . . . 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ► 0 ; section 4955 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . . . . . 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► N/A 41 **42a** The organization's books are in care of ► Kathy C Hillebrand 704-376-3855 Telephone no. ▶ Located at ► 4001 Trehurst Ct, Charlotte NC ZIP + 4 ▶ 28269-8361 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 99	90-EZ (2012)							Page 4
							Yes	No
46	Did the organization engage, directly or i							
	to candidates for public office? If "Yes,"		, Part I			. 46		✓
Part				50			c	
	All section 501(c)(3) organization 50 and 51	ns must answer que	estions 47–49b and	52, and cor	npiete tne	e tables	tor III	ies
	Check if the organization used Sc	shadula O ta raspana	to any question in t	hic Dart \/I				
	Check if the organization used Sc	nedule O to respond	to any question in	IIIS FAIL VI			Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect o	lurina the	tax	103	+
	year? If "Yes," complete Schedule C, Pai	the organization engage in lobbying activities or have a section 501(h) election in effect during the tax '? If "Yes," complete Schedule C, Part II						1
48							1	
49a	Did the organization make any transfers t	to an exempt non-cha	aritable related organi	zation?		. 49a	1	✓
b	If "Yes," was the related organization a se					. 49k		
50	Complete this table for the organization's							
	employees) who each received more that	n \$100,000 of comper	nsation from the orga	(d) Health		e, enter "	None.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions t	o employee	(e) Estima		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a	<b>I</b>	other co	mpensa	ıtion
None				Compon	Jation			
None		-						
		-						
		_						
		_						
		<b>*</b> * * * * * * * * * * * * * * * * * *						
f	Total number of other employees paid ov							
51	Complete this table for the organization \$100,000 of compensation from the organization	rs five nignest compo anization. If there is no	ensated independent one. enter "None."	contractors	wno each	received	more t	e tna
	· · · · · · · · · · · · · · · · · · ·							
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of ser	vice	(c)	Compensa	tion	
None								
			1					
			+					
			†					
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did the organization complete Schedule	•		and 4947(a)	(1)			
	nonexempt charitable trusts must attach				. ,	► ✓ Ye	s 🗌	No
	penalties of perjury, I declare that I have examined this					owledge ar	d belief	, it is
true, coi	rrect, and complete. Declaration of preparer (other tha	ın officer) is based on all info	ormation of which preparer	has any knowled	lge.			
C:								
Sign	Signature of officer Date							
Here	Robert D Hillebrand Type or print name and title	Director						
	Drint/Time memorar's name	Preparer's signature	l D:	ate		, PTIN		
Paid	01 1 0 0 111 0 0 4				Check Self-emplor	I <sup>†</sup> .	00074	<b>၁</b> 00
Prep					, , ,	14364		
Use	Firm's address ► 922 East Blvd, Charle	otte, NC 28203			ne no.	704-332		
May th	he IRS discuss this return with the prepare		instructions			► ✓ Ye		No

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) popeyempt charitable trust.

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

**Employer identification number** Name of the organization 26-4016623 Mission Servants Ministries, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 No Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	40.000		, р		,	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				T		
_	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the				or fifth tax v	12	n 501(c)(3)
	organization, check this box and <b>stop her</b>						
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2012 (line 6			1, column (f))		14	%
15	Public support percentage from 2011 Sch					15	%
16a							
b	331/3% support test—2011. If the organic check this box and stop here. The organi					15 is 33 <sup>1</sup> /3%	or more, . ► □
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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

Secti	on A. Public Support			, , ,	<u> </u>	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			49,746	52,322	182,880	284,948
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	<b>Total.</b> Add lines 1 through 5			49,746	52,322	182,880	284,948
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .			7,000	15,115	117,020	139,135
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						
_	Add lines 7a and 7b			7,000	15 115	117.000	120 125
с 8	Public support (Subtract line 7c from			7,000	15,115	117,020	139,135
·	line 6.)						145,813
Secti	on B. Total Support						143,013
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	(3)	(1)	49,746	52,322	182,880	284,948
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 line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)			46 - 41	E0 005	400.005	20
14	First five years. If the Form 990 is for the	o organization	's first secon	49,746	52,322	182,880	284,948
14	organization, check this box and <b>stop he</b>	•			•		. , . ,
Secti	on C. Computation of Public Suppor				<u> </u>		· · · ·
15	Public support percentage for 2012 (line 8			3 column (fl)		15	%
16	Public support percentage from 2011 Sch					16	<del></del>
	on D. Computation of Investment In	come Perce	ntage		<u>-</u>	- 1	
17	Investment income percentage for 2012 (			v line 13, colun	nn (f))	17	%
18	Investment income percentage from 2011		. ,	•		18	%
19a	331/3% support tests-2012. If the organ					ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organiz						
	line 18 is not more than 331/3%, check this l	box and <b>stop</b> h	ere. The organi	ization qualifies	as a publicly su	upported organi	zation 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	tions >

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

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**Employer identification number** 

Mission	Servants Ministries, In	с.	26-4016623				
Organi	zation type (check on	e):					
Filers o	of: Section:						
Form 990 or 990-EZ		✓ 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		☐ 527 political organization					
Form 99	90-PF	☐ 501(c)(3) exempt private foundation					
		☐ 4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
		☐ 501(c)(3) taxable private foundation					
instruct Genera	ions.	), (8), or (10) organization can check boxes for both the General Rule a	·				
Genera	al Rule						
✓	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.						
Specia	l Rules						
	under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 000 or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Ford II.	the year, a contribution of				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Cautio	<b>n.</b> An organization tha	t is not covered by the General Rule and/or the Special Rules does no	t file Schedule B (Form 990,				

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Name of organization Employer identification number

Mission Servants Ministries, Inc. 26-4016623

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Russell Guffee  102 Oak Hollow  Pendleton, SC 29670	\$15,000	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Central Free Will Baptist Church  2005 Rochester Road  Royal Oak, MI 48073	\$6,060	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Edward Van Romer  PO Box 687  Sandy Springs, SC 29677	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

Employer identification number Name of organization

Mission Servants Ministries, Inc. 26-4016623

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
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(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
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	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  (d) Description of noncash property given  \$  (e)  Description of noncash property given  \$  (f) FMV (or estimate) (see instructions)  \$  (h) Description of noncash property given  (h) Description of noncash property given  (h) Description of noncash property given  (h) Description of noncash property given			

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** Mission Servants Ministries, Inc. 26-4016623 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Mission Servants Ministries, Inc.	26-4016623
Form 990-EZ, Part 1, Line 10	
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Lord's Servants Home	
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