

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning		, 2013, and ending			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CHRIST FOR HUMANITY, INC. 6314 E. 13TH STREET TULSA, OK 74112				D Employer Identification Number 73-1421083
	F Name and address of principal officer: SAME AS C ABOVE				E Telephone number (918) 836-2424
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				G Gross receipts \$ 5,280,553.	
J Website: CHRISTFORHUMANITY.COM				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
L Year of formation: 1992				M State of legal domicile: OK	
H(c) Group exemption number					

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CHRIST FOR HUMANITY (CFH) IS A CHRISTIAN HUMANITARIAN RELIEF ORGANIZATION WHOSE PURPOSE IS TO GLORIFY GOD BY ENABLING THE CHURCH TO ADVANCE THE GOSPEL OF JESUS CHRIST TO THE NEEDY. (CONTINUED ON SCHEDULE O)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	3
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	5	6
	6 Total number of volunteers (estimate if necessary).....	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	6,593,999.	5,145,020.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	5,152.	24,112.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	5,672.	768.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	6,604,823.	5,169,900.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	3,811,033.	3,574,153.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	203,372.	203,957.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,822.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	124,986.	186,013.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,139,391.	3,964,123.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12.....	2,465,432.	1,205,777.
	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	4,688,554.	5,950,430.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	2,138.	2,265.
		4,686,416.	5,948,165.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ROBERT ASHINHURST		COO/SECRETARY		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THERESA BERRY	THERESA BERRY	10/27/15		P00876158
	Firm's name	Firm's EIN ▶ 27-2343837			
	Firm's address	Phone no. 850-502-8031			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,854,401. including grants of \$ 17,832.) (Revenue \$)

INTERNATIONAL MISSIONS AND HUMANITARIAN RELIEF PROGRAM: THE ORGANIZATION PROVIDED INTERNATIONAL HUMANITARIAN RELIEF IN MORE THAN 25 NATIONS BY CONTRIBUTING FOOD, CLOTHING, MEDICAL SUPPLIES AND EQUIPMENT, AND HELPING TO FUND WATER WELL PROJECTS. THEY ALSO PROVIDED OPPORTUNITIES FOR LOCAL CHURCH MEMBERS TO TAKE TEAM TRIPS OVER TO THEIR NATIONS OF INTEREST.

4b (Code:) (Expenses \$ 518,921. including grants of \$) (Revenue \$)

DOMESTIC HUMANITARIAN RELIEF PROGRAM TO MINISTRIES & ORGANIZATIONS: THROUGHOUT THE YEAR, CHRIST FOR HUMANITY DONATED FOOD, HOUSEHOLD ITEMS, MEDICINE & MEDICAL EQUIPMENT TO MORE THAN 35 DOMESTIC ORGANIZATIONS AND MINISTRIES WHO PROVIDE FOR THE NEEDY THROUGH FOOD DISTRIBUTION PROGRAMS, DISASTER RELIEF, HEALTH & HOSPICE CARE, ETC.

4c (Code:) (Expenses \$ 463,075. including grants of \$ 3,160.) (Revenue \$)

DOMESTIC HUMANITARIAN RELIEF PROGRAM TO INDIVIDUALS: IN 2013, THE ORGANIZATION PROVIDED FOR THE NEEDS OF MORE THAN 5,500 HOUSEHOLDS IN THE GREATER TULSA AREA BY CONTRIBUTING FOOD, HOUSEHOLD ITEMS, FINANCIAL ASSISTANCE, MEDICINE AND MEDICAL EQUIPMENT TO FAMILIES AND INDIVIDUALS IN NEED.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,836,397.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		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.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		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.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	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.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	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.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
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.....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="1"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="6"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/>		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <input type="checkbox"/>		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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? <input type="checkbox"/>		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="checkbox"/>		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? <input type="checkbox"/>		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand. <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 7 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ OK
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ KASEY CARRADINI 6314 E. 13TH STREET TULSA OK 74112 (918) 855-7111

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK ROLLINS BOARD MEMBER	1 0	X						0.	0.	0.
(2) CHRISTINA ROLLINS CEO	40 0	X		X				0.	0.	0.
(3) CAMILLE WELLNITZ TREASURER	40 0	X		X			46,810.	0.	0.	0.
(4) ROBERT ASHINHURST COO/SECRETARY	40 0	X		X			64,152.	0.	0.	0.
(5) JERRY LEDFORD BOARD MEMBER	0 0	X					0.	0.	0.	0.
(6) BOB HUDSPETH CHAIRMAN	1 0	X		X			0.	0.	0.	0.
(7) BRUCE RANDALL BOARD MEMBER	1 0	X					0.	0.	0.	0.
(8) -----	-----									
(9) -----	-----									
(10) -----	-----									
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							110,962.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							110,962.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 5,145,020.				
	g Noncash contributions included in lines 1a-1f: \$	4,912,308.				
h Total. Add lines 1a-1f	▶ 5,145,020.					
PROGRAM SERVICE REVENUE	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 25,019.			25,019.	
	4 Income from investment of tax-exempt bond proceeds..	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory..	(i) Securities	109,746.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	110,481.	172.		
		c Gain or (loss)	-735.	-172.		
	d Net gain or (loss)	▶ -907.	-172.		-735.	
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME		768.			768.	
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d	▶	768.				
12 Total revenue. See instructions	▶	5,169,900.	-172.	0.	25,052.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	433,911.	433,911.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	371,205.	371,205.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,769,037.	2,769,037.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110,962.	88,770.	11,096.	11,096.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	78,502.	62,802.	7,850.	7,850.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,493.	11,595.	1,449.	1,449.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,575.	1,260.	158.	157.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,269.	1,317.	3,952.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,237.		4,447.	17,790.
12 Advertising and promotion	657.	525.	66.	66.
13 Office expenses	4,981.	3,985.	498.	498.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	417.	333.	42.	42.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,699.	16,559.	2,070.	2,070.
23 Insurance	14,137.	11,309.	1,414.	1,414.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DONATIONS: INKIND SMALL MEDICAL</u>	40,838.	8,168.	24,502.	8,168.
b <u>DONATIONS: CASH</u>	13,115.	2,623.	7,869.	2,623.
c <u>AUTO EXPENSES</u>	8,704.	6,965.	869.	870.
d <u>UTILITIES</u>	8,579.	6,863.	858.	858.
e All other expenses	44,805.	39,170.	2,764.	2,871.
25 Total functional expenses. Add lines 1 through 24e	3,964,123.	3,836,397.	69,904.	57,822.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing.....	145,016.	1	95,710.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	3,354,876.	8	4,681,275.
	9 Prepaid expenses and deferred charges.....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 647,340.		
	b Less: accumulated depreciation.....	10b 515,678.	148,753.	10c 131,662.
	11 Investments – publicly traded securities.....	1,039,909.	11	1,041,783.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	4,688,554.	16	5,950,430.	
LIABILITIES	17 Accounts payable and accrued expenses.....		17	
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	2,138.	25	2,265.
	26 Total liabilities. Add lines 17 through 25.....	2,138.	26	2,265.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	4,686,416.	27	5,948,165.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	4,686,416.	33	5,948,165.
	34 Total liabilities and net assets/fund balances.....	4,688,554.	34	5,950,430.

BAA

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,169,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,964,123.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,205,777.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,686,416.
5	Net unrealized gains (losses) on investments	5	55,972.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,948,165.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
 - a Type I 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,774,818.	3,790,061.	4,845,376.	6,593,999.	5,145,020.	25,149,274.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	4,774,818.	3,790,061.	4,845,376.	6,593,999.	5,145,020.	25,149,274.
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).						0.
6 Public support. Subtract line 5 from line 4.						25,149,274.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	4,774,818.	3,790,061.	4,845,376.	6,593,999.	5,145,020.	25,149,274.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,892.	1,849.	1,506.	5,152.	24,112.	35,511.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	150.	834.	1,152.	5,672.	768.	8,576.
11 Total support. Add lines 7 through 10.						25,193,361.
12 Gross receipts from related activities, etc (see instructions).					12	70,195.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	99.83 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	99.90 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add lns 9,10c, 11 and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

CLIENT CFH

CHRIST FOR HUMANITY, INC.

73-1421083

10/27/15

11:24AM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
MISCELLANEOUS INCOME	\$ 768.	\$ 1,442.	\$ 1,152.	\$ 834.	\$ 150.
REFUNDS & REIMBURSEMENTS		4,230.			
TOTAL	<u>\$ 768.</u>	<u>\$ 5,672.</u>	<u>\$ 1,152.</u>	<u>\$ 834.</u>	<u>\$ 150.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

CHRIST FOR HUMANITY, INC.

Employer identification number

73-1421083

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General 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.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 *exclusively* 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 *exclusively* 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 *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
or 990-PF.

Name of organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BROKEN ARROW NEIGHBORS 322 WEST BROADWAY BROKEN ARROW, OK 74012	\$ 690,365.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	CLAREHOUSE 7617 SOUTH MINGO ROAD TULSA, OK 74133	\$ 361,322.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	GOOD SAMARITAN HEALTH SERVICES 1725 E. 19TH STREET TULSA, OK 74104	\$ 296,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HILLCREST HOSPITAL SOUTH 8801 SOUTH 101ST EAST AVENUE TULSA, OK 74133	\$ 354,612.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	ARMS AROUND BROKEN ARROW 700 W. FORT WORTH ST. BROKEN ARROW, OK 74012	\$ 194,068.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101	\$ 108,814.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEIGHBOR ALONG THE LINE 5000 CHARLES PAGE BLVD. TULSA, OK 74127	\$ 122,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	NEIGHBOR FOR NEIGHBOR 505 E. 36TH STREET N. TULSA, OK 74126	\$ 344,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	OMNI MEDICAL GROUP 1021 E. BRYAN SAPULPA, OK 74066	\$ 205,650.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	ST JOHN MEDICAL 1900 WHEELING AVE. TULSA, OK 74104	\$ 414,625.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	TULSA FAMILY PHYSICIANS 4720 S. HARVARD, SUITE 100 TULSA, OK 74135	\$ 152,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	WARREN CLINIC 2950 S. ELM PLACE TULSA, OK 74012	\$ 303,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WESTERN OK FAMILY CARE CENTER 609 W. AVENUE E. ELK CITY, OK 73644	\$ 279,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CHRIST FOR HUMANITY, INC.

Employer identification number

73-1421083

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICAL SUPPLIES	\$ 690,365.	
2	MEDICAL SUPPLIES, CLOTHING, HOUSEHOLD ITEMS.	\$ 361,322.	
3	MEDICAL SUPPLIES.	\$ 296,480.	
4	MEDICAL SUPPLIES.	\$ 354,612.	
5	MEDICAL SUPPLIES	\$ 194,068.	
6	FOOD	\$ 108,814.	

Name of organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICAL SUPPLIES ----- ----- -----	\$ 122,450.	
8	MEDICAL SUPPLIES. ----- ----- -----	\$ 344,350.	
9	MEDICAL SUPPLIES. ----- ----- -----	\$ 205,650.	
10	MEDICAL SUPPLIES. ----- ----- -----	\$ 414,625.	
11	MEDICAL SUPPLIES. ----- ----- -----	\$ 152,000.	
12	MEDICAL SUPPLIES. ----- ----- -----	\$ 303,000.	

Name of organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	MEDICAL SUPPLIES. ----- ----- -----	\$ 279,000.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization: CHRIST FOR HUMANITY, INC. Employer identification number: 73-1421083

Part III 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 total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

CHRIST FOR HUMANITY, INC.

73-1421083

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	1,037,546.	23,996.	27,953.	0.	0.
b Contributions		1,010,075.		27,963.	
c Net investment earnings, gains, and losses	6,859.	3,595.	-3,824.	14.	
d Grants or scholarships					
e Other expenditures for facilities and programs	131.			0.	
f Administrative expenses	5,269.	120.	133.	24.	
g End of year balance	1,039,005.	1,037,546.	23,996.	27,953.	0.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		396,155.	297,362.	98,793.
c Leasehold improvements		13,709.	3,332.	10,377.
d Equipment		138,048.	115,620.	22,428.
e Other		99,428.	99,364.	64.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				131,662.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	2,263.
(3) ROUNDING	2.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,265.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....		1	5,225,872.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments.....	2 a 55,972.		
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2 a through 2 d		2 e	55,972.
3	Subtract line 2 e from line 1		3	5,169,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.).....		5	5,169,900.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....		1	3,964,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	3,964,123.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.).....		5	3,964,123.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 - ▶ Attach to Form 990. ▶ See separate instructions.
 - ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CHRIST FOR HUMANITY, INC.

Employer identification number

73-1421083

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			CASH GRANT	FOOD ASSISTANCE	2,000.
(2) NORTH AMERICA			CASH GRANT	MISSIONARY SUPPORT	3,200.
(3) NORTH AMERICA			PROGRAM SERVICE	MEDICAL SUPPLIES	533,033.
(4) EAST ASIA			CASH GRANT	MISSIONARY SUPPORT	2,632.
(5) EAST ASIA			PROGRAM SERVICE	MEDICAL SUPPLIES	5,500.
(6) SOUTH ASIA			CASH GRANT	EVANGELISM SUPPORT	5,000.
(7) SOUTH ASIA			CASH GRANT	HUMANITARIAN PROJECT	5,000.
(8) CENTRAL AMERICA			PROGRAM SERVICE	MEDICAL SUPPLIES	1,157,892.
(9) MIDDLE EAST			PROGRAM SERVICE	MEDICAL SUPPLIES	9,770.
(10) AFRICA			PROGRAM SERVICE	MEDICAL SUPPLIES	1,045,010.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total.....					2,769,037.
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	0			2,769,037.

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

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA	MED PROV			19,733.	MEDICAL EQUIPMT	FMV
(2)			CENTRAL AMERICA	MED PROV			283,622.	MEDICINE	FMV
(3)			CENTRAL AMERICA	MED PROV			336,638.	MEDICINE	FMV
(4)			CENTRAL AMERICA	MED PROV			400,000.	MEDICAL EQUIPT	FMV
(5)			CENTRAL AMERICA	MED PROV			6,300.	MEDICAL EQUIPMT	FMV
(6)			CENTRAL AMERICA	MED PROV			8,500.	MEDICINE	FMV
(7)			CENTRAL AMERICA	MED PROV			93,499.	MEDICINE	FMV
(8)			CENTRAL AMERICA	MED PROV			9,600.	MEDS & MED EQPT	FMV
(9)			EAST ASIA	MED PROV			5,500.	MEDS & MED EQPT	FMV
(10)			MIDDLE EAST	MED PROV			9,770.	MEDS & MED EQPT	FMV
(11)			NORTH AMERICA	MED PROV			207,739.	MEDICINE	FMV
(12)			NORTH AMERICA	MED PROV			325,294.	MEDICINE	FMV
(13)			SOUTH ASIA	EVANGELISM	10,000.	CHECK			
(14)			SUB-SAHARAN AFR	MED PROV			355,010.	MEDICINE	FMV
(15)			SUB-SAHARAN AFR	MED PROV			480,000.	MEDICAL EQUIP	FMV
(16)			SUB-SAHARAN AFR	MED PROV			210,000.	MEDICINE	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 16

3 Enter total number of other organizations or entities ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FOOD, MISSIONS, SPORTS CAMPS	NORTH AMERICA	3	5,200.	CHECK			FMV
(2) MISSIONARY SUPPORT/PRINTING	EAST ASIA	1	2,632.	CHECK			FMV
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

CHRIST FOR HUMANITY REQUIRES PERIODIC PROGRESS REPORTS, AS WELL AS ANNUAL REPORTS FROM THE GRANT RECIPIENTS. THE ORGANIZATION WORKS ONLY WITH HIGHLY VETTED INTERNATIONAL PARTNERS, KNOWN PERSONALLY BY THE MINISTRY'S ADMINISTRATORS, WHO HAVE PROVEN TRACK RECORDS IN COMPLETING HUMANITARIAN PROJECTS ABROAD. WHEN PROJECTS ARE COMPLETED, THESE PARTNERS PROVIDE CHRIST FOR HUMANITY WITH A WRITTEN REPORT AND, IF POSSIBLE, PICTURES DOCUMENTING HOW FUNDS WERE USED. ALL REPORTS, DOCUMENTATION AND PICTURES ARE FILED AND LOGGED IN THE ORGANIZATIONS RECORDS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CHRIST FOR HUMANITY, INC.

Employer identification number

73-1421083

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIRST BAPTIST CHURCH OF MOORE 301 NE 27TH ST. MOORE, OK 73160	73-6068803	501C3	11,250.	0.			TORNADO DIASTER RELIEF
(2) GOOD SAMARITAN HEALTH SVCS 7600 S. LEWIS AVE TULSA, OK 74104	73-1559561	501C3	0.	259,555.	FMV	MEDS & MEDICAL EQUIP	HUMANITARIAN RELIEF
(3) GRACE HOSPICE PO BOX 35894 TULSA, OK 74153	45-0495780	501C3	0.	79,715.	FMV	MEDICAL EQUIP	HUMANITARIAN RELIEF
(4) JOHN 3:16 205 E PINE ST, STE 103 TULSA, OK 74106	73-0744834	501C3	0.	24,050.	FMV	HOME ITEMS	RELIEF FOR SHELTER
(5) TERRI CLARK MINISTRIES PO BOX 135 PEARCY, AR 71964	03-0515318	501C3	0.	6,500.	FMV	MEDICAL EQUIP	HUMANITARIAN RELIEF
(6) TULSA DREAM CENTER 200 W. 46TH STREET N. TULSA, OK 74126	73-1610216	501C3	0.	52,841.	FMV	MEDICAL EQUIP	HUMANITARIAN RELIEF
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD PANTRY PROGRAM & OUTREACH	10,669		238,504.	FMV	EMERGENCY FOOD PANTRY & OUTREACH
2 MEDICAL SUPPLIES			63,478.	FMV	MEDICAL EQUIPMENT
3 HOME ITEMS			58,013.	FMV	GIFTS OF HOME ITEMS TO FAMILIES
4 FINANCIAL AID		3,160.			FINANCIAL ASSIST. TO THOSE IN NEED
5 FIRST STEPS PROGRAM	360		8,050.	FMV	MONDAY FIRST STEPS FOOD PROGRAM
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE MAJORITY OF OF ASSISTANCE GIVEN TO INDIVIDUALS IN THE UNITED STATES IS IN THE FORM OF FOOD, CLOTHING, MEDICINE AND MEDICAL SUPPLIES, WHICH ARE DISTRIBUTED PERSONALLY BY CHRIST FOR HUMANITY, ITS DIRECTORS, STAFF AND VOLUNTEERS. THEREFORE, THE ORGANIZATION MONITORS THE DISTRIBUTION OF ASSISTANCE GIVEN TO INDIVIDUALS FIRSTHAND. THE ORGANIZATION MONITORS THE USE OF GRANTS AND ASSISTANCE GIVEN TO DOMESTIC ORGANIZATIONS AND MINISTRIES BY REQUIRING REPORTS, AND PICTURES WHEN POSSIBLE, DETAILING HOW THE GRANTS WERE USED. ADDITIONALLY, THE ORGANIZATION ONLY WORKS WITH HIGHLY VETTED PARTNERS WHO ARE KNOWN PERSONALLY BY ITS ADMINISTRATORS, WHO HAVE PROVEN TRACK RECORDS IN COMPLETING HUMANITARIAN PROJECTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization CHRIST FOR HUMANITY, INC.	Employer identification number 73-1421083
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications			617.	FMV
5 Clothing and household goods			71,760.	FMV
6 Cars and other vehicles		2	12,200.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	28	115,694.	FMV
20 Drugs and medical supplies	X	276	4,712,037.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (-----)				
26 Other ▶ (-----)				
27 Other ▶ (-----)				
28 Other ▶ (-----)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
---	-----------	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2013

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - ADDITIONAL INFORMATION

CHRIST FOR HUMANITY IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B,
SCHEDULE M, PART I.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

CHRIST FOR HUMANITY, INC.

Employer identification number

73-1421083

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CHRIST FOR HUMANITY (CFH) IS A CHRISTIAN HUMANITARIAN RELIEF ORGANIZATION WHOSE
PURPOSE IS TO GLORIFY GOD BY ENABLING THE CHURCH TO ADVANCE THE GOSPEL OF JESUS
CHRIST TO THE NEEDY. CFH'S GOAL IS TO PROVIDE CHRISTIAN FIELD WORKERS WITH THE MEANS
TO MEET THE PHYSICAL NEEDS OF THOSE THEY ARE SERVING PRIMARILY THROUGH THE PROVISION
OF FOOD, CLOTHING, MEDICATION, MEDICAL EQUIPMENT AND OTHER SUPPLIES. LOCALLY, CFH
FACILITATES MONTHLY OUTREACHES BETWEEN LOCAL CHURCHES AND 15 AREA HOUSING PROJECTS.
CFH ALSO PROVIDES WEEKLY IN-HOUSE PROGRAMS, TARGETING YOUNG ADULTS AND HANDICAPPED
INDIVIDUALS. INTERNATIONALLY, CFH OFTEN PARTNERS WITH WELL VETTED MINISTRIES,
SPONSORING COMMUNITY DEVELOPMENT PROJECTS LIKE DRILLING WATER-WELLS, BUILDING
SCHOOLS, CLINICS AND CHURCHES, AND PROVIDING SEED MONEY FOR MICRO-BUSINESSES.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MARK & TINA ROLLINS, FOUNDERS OF THE ORGANIZATION, ARE HUSBAND AND WIFE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD MEMBERS REVIEW FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEETING REVIEW, AND ANY ACTION TAKEN AS NECESSARY

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE REVIEW AND APPROVAL PROCESS OF COMPENSATION FOR TOP MANAGEMENT RESIDES DIRECTLY
WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE REVIEW AND APPROVAL PROCESS OF COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES
RESIDES DIRECTLY WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE PROVIDED TO INDIVIDUALS OR ORGANIZATIONS UPON REQUEST.

CLIENT CFH

CHRIST FOR HUMANITY, INC.

73-1421083

10/27/15

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**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	3,836,397.	3,836,397.	PART IX, LINE 25, COL. B
GRANTS	0.	3,574,153.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONSULTING	22,237.		4,447.	17,790.
TOTAL	<u>\$ 22,237.</u>	<u>\$ 0.</u>	<u>\$ 4,447.</u>	<u>\$ 17,790.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	381.	305.	38.	38.
BENEVOLENCE	3,502.	3,502.		
CONTRACT LABOR	500.	400.	50.	50.
DUES & SUBSCRIPTIONS	450.	360.	45.	45.
FOREIGN TAXES PAID	131.	13.	118.	
FUNDRAISING	225.			225.
GIFTS	2,148.	1,718.	215.	215.
MEALS & ENTERTAINMENT	1,306.	1,044.	131.	131.
MISCELLANEOUS	232.	186.	23.	23.
MISSIONS	778.	778.		
OUTREACH	3,088.	3,088.		
POSTAGE AND SHIPPING	1,623.	1,299.	162.	162.
PRINTING AND PUBLICATIONS	3,688.	2,950.	369.	369.
PROGRAM EXPENSE: FOOD	6,782.	6,782.		
REPAIRS & MAINTENANCE	7,391.	5,913.	739.	739.
RESTRICTED DONATIONS	1,000.	1,000.		
SECURITY	770.	616.	77.	77.
SUPPLIES	1,607.	1,285.	161.	161.
SUPPLIES-PROGRAM EXPENSE	2,842.	2,842.		
TELEPHONE	6,361.	5,089.	636.	636.
TOTAL	<u>\$ 44,805.</u>	<u>\$ 39,170.</u>	<u>\$ 2,764.</u>	<u>\$ 2,871.</u>

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CHRIST FOR HUMANITY, INC.

73-1421083

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
1	2000 ISUZU TRUCK	6/07/00		29,256			16,236	200DB	3	0
43	BUS	10/24/06		58,117			57,631	S/L	5	0
TOTAL AUTO / TRANSPORT EQUI				87,373		0	73,867			0
BUILDINGS										
2	BUILDING	10/18/96		350,000			254,531	S/L	22	15,909
3	CONCRETE WORK	10/12/98		21,029			13,583	S/L	22	956
4	FURNACE	12/02/98		6,375			4,072	S/L	22	290
5	ROOF	12/19/00		6,956			3,805	S/L	22	316
6	ROOF	1/25/01		5,000			1,531	S/L	39	128
7	ROOF	2/07/01		6,795			2,067	S/L	39	174
TOTAL BUILDINGS				396,155		0	279,589			17,773
FURNITURE AND FIXTURES										
8	SHELVING	6/01/93		1,355			1,291	200DB	6	0
9	WOODCRAFT FURNITURE	11/04/95		240			240	S/L	4	0
10	FURNITURE/FIXTURES	10/18/96		88,470			88,470	200DB	4	0
11	CHAIR-RELAX THE BACK STOR	10/11/99		523			523	200DB	4	0
12	CARPETING	10/13/00		8,840			8,840	200DB	4	0
TOTAL FURNITURE AND FIXTURE				99,428		0	99,364			0
IMPROVEMENTS										
44	BUILDING IMPROVEMENTS	10/03/06		5,200			1,593	S/L	20	260
49	GARAGE DOOR	5/07/09		4,149			725	S/L	20	207
53	BUILDING REPAIRS	1/18/11		3,125			299	S/L	20	156
54	IMPROVEMENTS	11/20/12		1,235			10	S/L MQ	15	82
TOTAL IMPROVEMENTS				13,709		0	2,627			705
MACHINERY AND EQUIPMENT										
13	GENERATOR	6/01/92	12/31/13	1,200			1,136	200DB	6	0
14	DENTAL AIR COMPRESSOR	6/01/92	12/31/13	1,352			1,280	200DB	6	0
15	DUPLICATION EQUIPMENT	6/01/92	12/31/13	670			634	200DB	6	0

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73-1421083

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
16	COMPUTER EQUIPMENT	3/30/94	12/31/13	1,199			1,199	S/L	3	0
17	COMPUTER EQUIPMENT	4/02/94	12/31/13	2,100			2,100	S/L	3	0
18	COMPUTER - DELL	11/13/97	12/31/13	2,892			2,892	200DB	3	0
19	XEROX MACHINE	8/29/97		1,200			1,200	200DB	3	0
20	EQUIPMENT	10/18/96		500			500	200DB	4	0
21	FORKLIFT	9/16/97		14,865			14,865	200DB	4	0
22	COMPUTER	12/07/98	12/31/13	900			900	200DB	3	0
23	SECURITY SYSTEM	3/17/98	12/31/13	1,142			1,142	200DB	4	0
24	CAMERA	3/19/99	12/31/13	863			863	200DB	4	0
25	COMPUTER	3/23/99	12/31/13	1,588			1,588	200DB	3	0
26	TELEPHONE	5/28/99		299			299	200DB	3	0
27	DIGITAL CAMERA	12/21/00		899			899	200DB	4	0
28	PHONE SYSTEM	2/08/01		1,800			1,601	200DB	7	0
29	PHONE SYSTEM	2/20/01		1,681			1,498	200DB	7	0
30	PHOTOCOPY & PRINTER	2/25/01		810			810	200DB	5	0
31	COMPUTER	7/06/01	12/31/13	961			961	200DB	5	0
32	COMPUTER	11/06/01	12/31/13	1,200			1,200	200DB	5	0
33	40' CONTAINER-2	6/06/02		3,000			2,700	200DB	7	0
34	EQUIPMENT	12/17/03		750			695	200DB	5	0
35	COMPUTERS	4/15/03	12/31/13	2,925			2,925	200DB	3	0
36	CAMERA	10/22/03		1,562			1,434	200DB	5	0
37	COMPUTERS	8/03/04	12/31/13	5,846			5,846	S/L	5	0
38	LAPTOP COMPUTER	8/03/04	12/31/13	1,160			1,160	S/L	5	0
39	SOFTWARE	8/05/04	12/31/13	1,907			1,907	S/L	3	0
40	NETWORKING SOFTWARE	8/05/04	12/31/13	349			349	S/L	3	0
41	PRINTER	12/14/04	12/31/13	309			309	S/L	5	0
42	COMPUTER COMP USA	8/01/05	12/31/13	1,425			1,425	S/L	5	0
45	40' CONATINER-3	1/01/07		4,500			4,050	S/L	5	0
46	COMPUTER COMP USA - TINA	7/01/07		2,080			2,080	S/L	5	0
47	SECURITY SYSTEM	4/01/08		2,109			1,899	S/L	5	105
48	FORKLIFT #2	8/06/09		7,500			3,750	S/L	7	1,071
50	COMPUTER	3/17/09		791			553	S/L	5	158
51	WAL-MART COMPUTER	4/01/11		707			247	S/L	5	141
52	BEST BUY COMPUTER	8/01/11		1,200			340	S/L	5	240
55	PROJECTOR	3/01/12		642			112	S/L MQ	5	128
56	4 TOSHIBA LAPTOP COMPUTER	3/29/13		3,780				S/L HY	5	378
	TOTAL MACHINERY AND EQUIPME			80,663		0	69,348			2,221
	TOTAL DEPRECIATION			677,328		0	524,795			20,699

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CHRIST FOR HUMANITY, INC.

73-1421083

10/27/15

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			<u>677,328</u>		<u>0</u>	<u>524,795</u>			<u>20,699</u>
	DEPRECIATION ASSETS SOLD			29,988		0	29,816			0
	DEPR REMAINING ASSETS			<u>647,340</u>		<u>0</u>	<u>494,979</u>			<u>20,699</u>

12/31/13

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

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CHRIST FOR HUMANITY, INC.

73-1421083

10/27/15

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>AUTO / TRANSPORT EQUIPMENT</u>																
1	2000 ISUZU TRUCK	6/07/00		29,256							29,256	16,236	200DB	3		0
43	BUS	10/24/06		58,117							58,117	57,631	S/L	5		0
TOTAL AUTO / TRANSPORT EQUIP				87,373		0	0	0	0	0	87,373	73,867				0
<u>BUILDINGS</u>																
2	BUILDING	10/18/96		350,000							350,000	254,531	S/L	22		15,909
3	CONCRETE WORK	10/12/98		21,029							21,029	13,583	S/L	22		956
4	FURNACE	12/02/98		6,375							6,375	4,072	S/L	22		290
5	ROOF	12/19/00		6,956							6,956	3,805	S/L	22		316
6	ROOF	1/25/01		5,000							5,000	1,531	S/L	39		128
7	ROOF	2/07/01		6,795							6,795	2,067	S/L	39		174
TOTAL BUILDINGS				396,155		0	0	0	0	0	396,155	279,589				17,773
<u>FURNITURE AND FIXTURES</u>																
8	SHELVING	6/01/93		1,355							1,355	1,291	200DB	6		0
9	WOODCRAFT FURNITURE	11/04/95		240							240	240	S/L	4		0
10	FURNITURE/FIXTURES	10/18/96		88,470							88,470	88,470	200DB	4		0
11	CHAIR-RELAX THE BACK STOR	10/11/99		523							523	523	200DB	4		0
12	CARPETING	10/13/00		8,840							8,840	8,840	200DB	4		0
TOTAL FURNITURE AND FIXTURE				99,428		0	0	0	0	0	99,428	99,364				0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
44	BUILDING IMPROVEMENTS	10/03/06		5,200							5,200	1,593	S/L	20		260
49	GARAGE DOOR	5/07/09		4,149							4,149	725	S/L	20		207
53	BUILDING REPAIRS	1/18/11		3,125							3,125	299	S/L	20		156
54	IMPROVEMENTS	11/20/12		1,235							1,235	10	S/L MQ	15	.06670	82
	TOTAL IMPROVEMENTS			13,709		0	0	0	0	0	13,709	2,627				705
MACHINERY AND EQUIPMENT																
13	GENERATOR	6/01/92	12/31/13	1,200							1,200	1,136	200DB	6		0
14	DENTAL AIR COMPRESSOR	6/01/92	12/31/13	1,352							1,352	1,280	200DB	6		0
15	DUPLICATION EQUIPMENT	6/01/92	12/31/13	670							670	634	200DB	6		0
16	COMPUTER EQUIPMENT	3/30/94	12/31/13	1,199							1,199	1,199	S/L	3		0
17	COMPUTER EQUIPMENT	4/02/94	12/31/13	2,100							2,100	2,100	S/L	3		0
18	COMPUTER - DELL	11/13/97	12/31/13	2,892							2,892	2,892	200DB	3		0
19	XEROX MACHINE	8/29/97		1,200							1,200	1,200	200DB	3		0
20	EQUIPMENT	10/18/96		500							500	500	200DB	4		0
21	FORKLIFT	9/16/97		14,865							14,865	14,865	200DB	4		0
22	COMPUTER	12/07/98	12/31/13	900							900	900	200DB	3		0
23	SECURITY SYSTEM	3/17/98	12/31/13	1,142							1,142	1,142	200DB	4		0
24	CAMERA	3/19/99	12/31/13	863							863	863	200DB	4		0
25	COMPUTER	3/23/99	12/31/13	1,588							1,588	1,588	200DB	3		0
26	TELEPHONE	5/28/99		299							299	299	200DB	3		0
27	DIGITAL CAMERA	12/21/00		899							899	899	200DB	4		0
28	PHONE SYSTEM	2/08/01		1,800							1,800	1,601	200DB	7		0
29	PHONE SYSTEM	2/20/01		1,681							1,681	1,498	200DB	7		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
30	PHOTOCOPY & PRINTER	2/25/01		810							810	810	200DB	5		0
31	COMPUTER	7/06/01	12/31/13	961							961	961	200DB	5		0
32	COMPUTER	11/06/01	12/31/13	1,200							1,200	1,200	200DB	5		0
33	40' CONTAINER-2	6/06/02		3,000							3,000	2,700	200DB	7		0
34	EQUIPMENT	12/17/03		750							750	695	200DB	5		0
35	COMPUTERS	4/15/03	12/31/13	2,925							2,925	2,925	200DB	3		0
36	CAMERA	10/22/03		1,562							1,562	1,434	200DB	5		0
37	COMPUTERS	8/03/04	12/31/13	5,846							5,846	5,846	S/L	5		0
38	LAPTOP COMPUTER	8/03/04	12/31/13	1,160							1,160	1,160	S/L	5		0
39	SOFTWARE	8/05/04	12/31/13	1,907							1,907	1,907	S/L	3		0
40	NETWORKING SOFTWARE	8/05/04	12/31/13	349							349	349	S/L	3		0
41	PRINTER	12/14/04	12/31/13	309							309	309	S/L	5		0
42	COMPUTER COMP USA	8/01/05	12/31/13	1,425							1,425	1,425	S/L	5		0
45	40' CONATINER-3	1/01/07		4,500							4,500	4,050	S/L	5		0
46	COMPUTER COMP USA - TINA	7/01/07		2,080							2,080	2,080	S/L	5		0
47	SECURITY SYSTEM	4/01/08		2,109							2,109	1,899	S/L	5		105
48	FORKLIFT #2	8/06/09		7,500							7,500	3,750	S/L	7		1,071
50	COMPUTER	3/17/09		791							791	553	S/L	5		158
51	WAL-MART COMPUTER	4/01/11		707							707	247	S/L	5		141
52	BEST BUY COMPUTER	8/01/11		1,200							1,200	340	S/L	5		240
55	PROJECTOR	3/01/12		642							642	112	S/L MQ	5	.20000	128
56	4 TOSHIBA LAPTOP COMPUTER	3/29/13		3,780							3,780		S/L HY	5	.10000	378
TOTAL MACHINERY AND EQUIPME				80,663		0	0	0	0	0	80,663	69,348				2,221
TOTAL DEPRECIATION				<u>677,328</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>677,328</u>	<u>524,795</u>				<u>20,699</u>

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	GRAND TOTAL DEPRECIATION			<u>677,328</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>677,328</u>	<u>524,795</u>				<u>20,699</u>
	DEPRECIATION ASSETS SOLD			29,988		0	0	0	0	0	29,988	29,816				0
	DEPR REMAINING ASSETS			<u>647,340</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>647,340</u>	<u>494,979</u>				<u>20,699</u>