Form	990
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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012 Open to Public

OMB No. 1545-0047

A       For the 3012 calendar year, or tax year beginning       0.101       2012, and ending       1231       2012         B       Orchoid, Spanication, LUO OF JUDAH MINISTRIES INC       Deroport identification number       3012         Address dealogs       Number of address for PL bits with male inch delivered to steet address)       Promifulate       Transmitted         Amended rubin       Tax search (PL bits with male inch delivered to steet address)       Promifulate       Tracescript address       <	Depa	artment of nal Revenu	the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state repo	orting requir	ements.	Inspection						
B Check this box ▶ ☐ If the organization LON OF JUDAH MINISTRIES INC Address charge Uname drages A Address charge Address Address charge Address charge Address charge Ad	Ā	For the	2012 cale	ndar year, or tax year beginning 01/01 , 2012, and ending	12								
Addess change       Decig Busines As       Bit on t delivered to street address)       Poort/suite       El Telephone number         Instruction       125:35 C 04 Cypress Drive       Crow ward 2P odd       Grow and 2P odd       High And 2P od	and					-							
Name change         Thistia return         T72-245-8693           Install return         Terminated         Crypress Drive         Crypress Drive           Amended return         Terminated         Crypress Drive         Crypress Drive           Amended return         Terminated         Crypress Drive         Crypress Drive           Terminated         Crypress Drive         Crypress Drive         Crypress Drive           Terminated         Crypress Drive         School		0.000	e e e e e e e e e e e e e e e e e e e	Doing Business As 32-0089738									
Instantiation       125.35 UNC_201000       000000000000000000000000000000000000		Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite									
Imande rotum       Indoe Sound, FL 3355       G Grozen counts & G G G Grozen counts & G G G G G G G G G G G G G G G G G G		Initial retu	urn				772-245-8693						
A metada relation       Mappication pending       Name and advesses of principal officer:       Lynn Inlow       Hg) ka fits a group neutine traffilted T. Yes G. No         A polication pending       Name and advesses of principal officer:       Lynn Inlow       Hg) ka fits a group neutine traffilted T. Yes G. No         J Websteit:       Structures       Structures       Structures       Hg) ka fits a group neutine traffilted T. Yes G. No         J Websteit:       Wave fitted (Sig)       Gitted (Sign)       Gitted (Sign)       Hg) ka fits a group neutine traffilted T. Yes G. No         J Websteit:       Wave fitted (Sign)       Gitted (Sign)       Hg) ka fits a group neutine traffilted (Sign)       Hg) ka fits a group neutine traffilted (Sign)         J Websteit:       Wave fitted (Sign)       Gitted (Sign)       Hg) ka fits a group neutine traffilted (Sign)       Hg) ka fits a group neutine traffilted (Sign)         J Websteit:       Lynn Hull (Sign)       Hg) ka fits a group neutine traffilted (Sign)       Hg) ka fits a group neutine traffilted (Sign)         J Websteit:       Lynn Hull (Sign)       Hg) ka fits a group neutine traffilted (Sign)       Hg) ka fits a group neutine traffilted (Sign)         J Websteit:       Lynn Hull (Sign)       Hg) ka fits a group neutine traffilted (Sign)       Hg) ka fits a group neutine filted (Sign)       Hg) ka fits a group neutine filted (Sign)         J Charl unmebar of trand members of the growening body (Part V, li		Terminat	ted	City, town or post office, state, and ZIP code									
account location       12223 SE Old Cypress Drive, Hobe Sound, FL 33455       Hb) Area alread instance inductor?       Yes = No         it Tax-exempt attus:       © 5016(0)       0 (1) 4 (inset no.)       1927(2) (0)       1023         it work helionof dightshindo       Other +       it Yes = that has it is clear induction?       Hb) Area alread inductor?       Yes = No         it work helionof dightshindo       It it work that indicates inductors?       2003       Mi State of legal domicle:       CT         2011       Summary       It is on of againtation: [] corporation [] true [] association [] true       It is on of adata Association [] true       It is one or most significant activities:       The Lion of Judah Ministries supports educational [] work among disadvantaged children in Tanzania.         2       Check this box    if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2012 (Part V, line 1a).       3       5         4       Number of individuals employed in calendar year 2012 (Part V, line 2a)       5       0         5       Total number of individuals employed for adendar year 2012 (Part V, line 2a)       5       0         6       0 the revenue (Part VIII, column (O), lines 1.4       11       110         7a       0       0       0       0       0		Amendeo	d return	Hobe Sound, FL 33455		and the second s							
I Tax-exempt status:       I Solicity is a finite that it is the instructional in the instructional in the instructional is the instructional in the instructional is the instructional instender instructional instructinstructional insteneon i		Application	ion pending	F Name and address of principal officer: Lynn Inlow									
Tack-evenpt status         U 501(6)         1 monophics         M(g) Group exemption number >           Vexture				12523 SE Old Cypress Drive, Hobe Sound, FL 33455									
Note:         It loss of the second of		Tax-exer	mpt status:	✓ 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527	-								
Nom organizata di 2 (oppraini   10ki   145000000   00ki   10ki	J	Website:	: ► www			2.5							
1       Briefly describe the organization's mission or most significant activities: The Lion of Judah Ministries supports educational work among disadvantaged children in Tanzania; especially the children of peor pastors, and AIDS orphans, who are in school at the Lion of Judah Academy in Tanzania;         2       Check this box ▶□ 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 V, line 1a)       3         4       5         5       Total number of volunteers (estimate if necessary)       6         6       7a       0         7       0       0         9       Program service revenue (Part VIII, column (C), line 12       7a         0       Number of volunteers (estimate if necessary)       7b       0         0       0       0       0         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       11       194         11       Other revenue -add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       110.50       131.999         14       Other revenue (Part VII, column (A), lines 3, 4, and 7c)       110.50       131.999         14       Other revenue (Part VII, column (A), lines 3, 4, and 7c)       110.50       131.999         15       Statal sc, other compensation, emptoyee benefits (Part	к	Form of c	organization:	✓ Corporation Trust Association Other ► L Year of formation	n: 2003	M State	of legal domicile: CI						
work among disadvantaged children in Tanzania; especially the children of poor pastors, and AIDS orphans, who are in school at The Lion of Judah Academy in Tanzania.         2       Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of vining members of the governing body (Part VI, line 1a)	P	art I	Summ	ary									
at The Lion of Judah Academy in Tanzania.         2       Check this box ▶□ 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)		1	Briefly de	scribe the organization's mission or most significant activities: The Lion	n of Judah	Ministries	supports educational						
7a       Total unrelated business revenue from Part VIII, column (C), line 12       10       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,736       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       119,050       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	ø				ors, and All	DS orphar	ns, who are in school						
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	anc.		at The Lie	on of Judah Academy in Tanzania.									
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	PLN8					050/ 4	the met excepted in						
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	0V6	2	Check th	is box  if the organization discontinued its operations or disposed or	more than	25% 01	IIS HEL ASSELS.						
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	୍ ଅ	3	Number	of voting members of the governing body (Part VI, line 1a) .									
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	es	4	Number	of independent voting members of the governing body (Part VI, line 1b)			W W						
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	viti	5	Total nun	nber of individuals employed in calendar year 2012 (Part V, line 2a)			an <u>, an</u> an (1) and (1)						
7a       Total unrelated business revenue from Part VIII, column (C), line 12       12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0       0         9       Program service revenue (Part VIII, line 1h)       117,775       112,620         9       Program service revenue (Part VIII, line 2g)       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0       0         12       Total revenue (Part VIII, column (A), lines 1-3)       111,786       112,814       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       111,950       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16       Professional fundraising fees (Part IX, column (A), line 11e)	Acti		Total nun	nber of volunteers (estimate if necessary)	• • • •								
B       Net dimetated dusiness taxable income with norm core of nime of the program service revenue (Part VIII, line 1h)		7a	Total unr	elated business revenue from Part VIII, column (C), line 12			the state of the s						
9990       8       Contributions and grants (Part VIII, line 1h)		b	Net unrel	ated business taxable income from Form 990-1, line 34	Prior Ve		······································						
B       Contributions and grains (rear Vill, line 2g)       0       0         9       Program service revenue (Part VIII, line 2g)       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       11       194         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       119,050       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       119,050       131,999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5)       1,542       8,648       6,379         16       Professional fundraising expenses (Part IX, column (A), line 25)       1,542       8,648       6,379         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       .       6,911       -25,564         18       Total assets (Part X, line 16)       .       .       0       100         20       Total assets or fund balances. Subtract line 12 from line 20													
11       Other revenue (rar VIII, column (A), lines 3, 60, 80, 90, 90, 90, 100, and 19, 111, 17, 786       112, 814         12       Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)       117, 786       112, 814         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       119, 050       131, 999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       1,542       8,648       6,379         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1,542       8,648       6,379         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       127,698       138,378         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 26)       0       100       100         21       Total liabilities (Part X, line 26)       0       100       57,979       32,515         21       Total assets or fund balances. Subtract line 21 from line 20       57,979       32,415       100       100	Ð	8			<u> </u>								
11       Other revenue (rar VIII, column (A), lines 3, 60, 80, 90, 90, 90, 100, and 19, 111, 17, 786       112, 814         12       Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)       117, 786       112, 814         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       119, 050       131, 999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       1,542       8,648       6,379         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1,542       8,648       6,379         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       127,698       138,378         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 26)       0       100       100         21       Total liabilities (Part X, line 26)       0       100       57,979       32,515         21       Total assets or fund balances. Subtract line 21 from line 20       57,979       32,415       100       100	ent	9	Program	service revenue (Part VIII, line 2g)									
11       Other revenue (rar VIII, column (A), lines 3, 60, 80, 90, 90, 90, 100, and 19, 111, 17, 786       112, 814         12       Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)       117, 786       112, 814         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       119, 050       131, 999         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       0       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       1,542       8,648       6,379         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1,542       8,648       6,379         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       127,698       138,378         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 26)       0       100       100         21       Total liabilities (Part X, line 26)       0       100       57,979       32,515         21       Total assets or fund balances. Subtract line 21 from line 20       57,979       32,415       100       100	Sev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)									
12       Total revenue = add intest endogin r (lastrogum (A), lines 1-3)       119,050       131,999         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0       0       0         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0       0       0       0         17       Other expenses (Part IX, column (A), line 11e)       1.542       8,648       6,379         18       Total supenses (Part X, column (A), line 11a, 11f-24e)       127,698       138,378         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         23       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         24       Biginature of officer       0       100       57,979       32,415         25<		11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		_							
14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       0       0       0         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0       0       0       0         b       Total fundraising expenses (Part IX, column (A), line 11e)       1.542       8.648       6.379         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1.542       8.648       6.379         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       127,698       138,378         19       Revenue less expenses. Subtract line 18 from line 12	8		Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			and a method						
14       Benefits paid to or for members (Part IX, column (A), line 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0         16       Professional fundraising fees (Part IX, column (A), line 11e)       0         17       Other expenses (Part IX, column (A), line 25) ▶       1.542         18       Total fundraising expenses (Part IX, column (A), line 25) ▶       1.542         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       127,698         19       Revenue less expenses. Subtract line 18 from line 12       9,912         20       Total assets (Part X, line 16)       9,912         21       Total labilities (Part X, line 16)       0         22       Total assets (Part X, line 26)       0         20       Total assets (Part X, line 26)       0         21       Total labilities (Part X, line 26)       0         22       Net assets or fund balances. Subtract line 21 from line 20       57,979         232.415       Signature Block       0         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 (after than officer) is based on all information of which preparer has any knowledge.         Sign		C.16 1152	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		2 <sup></sup>							
13       Salaries, Other Colliptication, employee benchmany, function, column (v), marker, column (v), ma		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Benefits	paid to or for members (Part IX, column (A), line 4)		- 1000							
17       Other expenses (rait ix, column (y, inte qual Part IX, column (A), line 25)       127,698       138,378         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         Part III       Signature Block         Under penalties of perjury, I declare that, 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       Hartford Inlow, Secretary       Date       6//dd       9//dd	es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		,							
17       Other expenses (rait ix, column (y, inte qual Part IX, column (A), line 25)       127,698       138,378         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         Part III       Signature Block         Under penalties of perjury, I declare that, 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       Hartford Inlow, Secretary       Date       6//dd       9//dd	sue	16a	Professio	nal fundraising fees (Part IX, column (A), line Tie)		<u> </u>							
17       Other expenses (rait ix, column (y, inte qual Part IX, column (A), line 25)       127,698       138,378         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       9,912       -25,564         20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         Part III       Signature Block         Under penalties of perjury, I declare that, 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       Hartford Inlow, Secretary       Date       6//dd       9//dd	ğ	b	Total fun	draising expenses (Part IX, column (D), line 25)		0 6 4 9	6 379						
18       Total expenses. Add lines to 17 (thist equal t at 0, contribut (y) midels)       -9,912       -25,564         19       Revenue less expenses. Subtract line 18 from line 12       -9,912       -25,564         20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         Part II       Signature Block         Under penalties of perjury. I declare that, 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       Signature of officer       Signature of officer         Here       Hartford Inlow, Secretary       Date       Check if self-employed         Print/Type or print name and title       Preparer's signature       Date       Check if self-employed         Prim's name       Imm's address       Phone no.       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes No	w	11	Other ex	penses (Part IX, column (A), lines 11a-11d, 117-24e)									
19       Hevenue less expenses. Subtract line to from line t2       End of Year         20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         Part II       Signature Block       57,979       32,415         Under penalties of perjury, I declare that, 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 (ather than officer) is based on all information of which preparer has any knowledge.       57,979       32,415         Sign       Signature of officer       Date       Check   if self-employed       Print/Type or print name and title         Preparer       Use Only       Firm's name       Preparer's signature       Date       Check   if self-employed         Firm's address ▶       Phone no.       Phone no.       Yes   No         May the IRS discuss this return with the preparer shown above? (see instructions)       Type or print       Yes   No			Total exp	benses. Add lines 13-17 (must equal Part IX, column (A), line 25)									
20       Total assets (Part X, line 16)       57,979       32,515         21       Total liabilities (Part X, line 26)       0       100         22       Net assets or fund balances. Subtract line 21 from line 20       57,979       32,415         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       Signature of officer         Here       Hartford Inlow, Secretary Type or print name and title         Preparer       Print/Type preparer's name         Vise Only       Firm's name         Firm's address >       Preparer's signature         Use Only       Firm's address >         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes No	<u>ــــــــــــــــــــــــــــــــــــ</u>	19	Revenue	less expenses. Subtract line 18 from line 12	eginning of Cu								
Part III       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 (after than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Here       Hartford Inlow, Secretary         Type or print name and title       Date         Preparer       Check □ if self-employed         Firm's name       Preparer's signature         Firm's address ▶       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes □ No	sor						32.515						
Part III       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 (after than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Here       Hartford Inlow, Secretary         Type or print name and title       Date         Preparer       Check □ if self-employed         Firm's name       Preparer's signature         Firm's address ▶       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes □ No	sset	20			ar 1940 B		ortstore						
Part III       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 (after than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Here       Hartford Inlow, Secretary         Type or print name and title       Date         Preparer       Check □ if self-employed         Firm's name       Preparer's signature         Firm's address ▶       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes □ No	let A	21					32,415						
Under penalties of perjury, I declare that, 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 (ather than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Here       Hartford Inlow, Secretary         Type or print name and title       Date         Preparer       Check □ if self-employed         Firm's name       Preparer's signature         Firm's address ►       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes □ No	1000												
true, correct, and complete. Declaration of preparer (after than officer) is based on an information of which preparer has any whomology.         Sign Here       Signature of officer         Hartford Inlow, Secretary Type or print name and title       Date         Paid       Print/Type preparer's name         Preparer       Date         Use Only       Firm's name         Firm's address ▶       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Type or print	F		Sigila	Lie Diock	ents, and to I	the best of r	my knowledge and belief, it is						
Sign Here       Signature of officer       Date       Oute         Hartford Inlow, Secretary Type or print name and title       Preparer's signature       Date       Print/Type preparer's name         Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date       Check □ if self-employed         Firm's name       Firm's ename       Preparer's signature       Date       Check □ of print         May the IRS discuss this return with the preparer shown above? (see instructions)       Preparer       Yes □ No	U tri	nder pena ue. correc	atties of perju	lete. Declaration of preparer (other than officer) is based on all information of which preparer h	has any know	ledge. /							
Sign Here       Artford Inlow, Secretary Type or print name and title       Preparer's signature       Date       Check ☐ if self-employed       PTIN         Preparer       Use Only       Firm's name ▶       Preparer's signature       Date       Check ☐ if self-employed       PTIN         Firm's name ▶       Firm's address ▶       Phone no.       Phone no.       Yes ☐ No         May the IRS discuss this return with the preparer shown above? (see instructions)       Type ☐ No       Type @00 mathematical states of the preparent sta			nd	A 4 4 A AVA MAR		811	TROXS						
Here       Hartford Inlow, Secretary Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check □ if self-employed         Preparer       Firm's name       Firm's EIN       Firm's EIN       Firm's EIN         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes □ No	Si	an		ature of officer	Da	ate	1000						
Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Check □ if self-employed       PTIN         Preparer       Firm's name       Firm's address       Preparer shown above? (see instructions)       Date       Check □ if self-employed       PTIN         May the IRS discuss this return with the preparer shown above? (see instructions)       Paid       Firm's □ No       Preparer		125					·						
Paid       Print/Type preparer's name       Preparer's signature       Date       Check ☐ if self-employed       PTIN         Preparer       Firm's name       ►       Firm's EIN       ►         Way the IRS discuss this return with the preparer shown above? (see instructions)       •       •       •	1 10												
Paid       self-employed         Preparer       Firm's name       Firm's EIN ►         Use Only       Firm's address ►       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       Yes □ No			1	Dat	e	Check							
Use Only       Firm's name       Print's Euro         Firm's address       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)				prove and according to the second secon									
Use Only       Phone no.         Firm's address ►       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)					Fin	m's EIN ►							
May the IRS discuss this return with the preparer shown above? (see instructions)	U	se On	iy			3500 10							
	M	av the II	BS discus	s this return with the preparer shown above? (see instructions)			🗌 Yes 🗌 No						
					. 11282Y		Form <b>990</b> (2012)						

Form 990	D (2012) Page <b>2</b>
Part I	Statement of Program Service Accomplishments           Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The Lion of Judah Ministries supports educational work among disadvantaged children in Tanzania, East Affrica; especially the
	children of poor Tanzanian pastors, and AIDS orphans. We primarily work through The Lion of Judah Academy, providing grants
	and mission work-teams.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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 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 \$ 68,000 including grants of \$ 68,000 ) (Revenue \$ 0 )
	Scholarship aid to students, which covered costs for teacher salaries, dormitory and boarding expenses, books, other school
	expenses, and related educational costs; emergency drought relief for certain students, and Faraha Childrens Rescue Center
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$) (Revenue \$)
	Construction Projects: school water system; teachers housing
	······································
4c	(Code:) (Expenses \$ 21,499 including grants of \$ 21,499 ) (Revenue \$0)
40	
	Missionaries and mission work teams
	Other program services (Describe in Schedule O.) See Schedule O, Statement 2
	(Expenses \$ 2,152 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ►     134,151

Form 99	00 (2012)		I	Page 3
Part	V 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	1	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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? <i>If "Yes," complete Schedule C, Part III</i>	5		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e 11f	~	~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	r	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	4.4%	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	14b 15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	15	-	~
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		r
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2012) Part IV **Checklist of Required Schedules** (continued) No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . V 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b С Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction V 25a **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? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . ~ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . 28a V A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete h ~ 28b 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? If "Yes," complete Schedule L, Part IV . . . . 28c V 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 V Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 ~ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," V 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 ~ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III. 34 34 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 1 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 1 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, ~ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 V 38

Form 990 (2012)

Page 4

Form 99	0 (2012)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4.0		~
h	If "Yes," enter the name of the foreign country:	4a		•
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	•		
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 99	0 (2012)			F	Page <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	ee ins	tructi	
0	Check if Schedule O contains a response to any question in this Part VI				~
Secti	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	<b>1a</b> 5		163	NO
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?		2	~	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or othe		3		r
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 99. Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? .  elect or appoint	4 5 6 7a		ン ン ン ン
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	~	
b 9	Each committee with authority to act on behalf of the governing body?	ot be reached at	8b	~	~
Section	on <b>B. Policies</b> (This Section B requests information about policies not required by th		9	nde )	•
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	~	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	2 2	
c	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done	oolicy? If "Yes,"	120	~	
13 14	Did the organization have a written whistleblower policy?       . <td></td> <td>13 14</td> <td>~</td> <td>~</td>		13 14	~	~
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
a	The organization's CEO, Executive Director, or top management official		15a		~
b 16a	Other officers or key employees of the organization	lar arrangement	15b		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	n to evaluate its	16a		~
Section	organization's exempt status with respect to such arrangements?		16b		
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing docu and financial statements available to the public during the tax year.	iments, conflict o	rinter	est p	olicy,

20	State the name, physical address, and telephone number of the person who possesses the books and records of the
	organization:  Lynn Inlow, (772)245-8693

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (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.

				(0	C)					
(A)	(B)	(da 19	<b>at</b> ab		ition	then a		(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	irect	or/trust	ee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key	High	Former	the	organizations	compensation
	related organizations	vidu	tutio	Cer	employee	nest ploye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	onal		oloy	ie com		( 2,		and related
	line)	Jste	trus		ee	pen				organizations
		Φ	tee			Highest compensated employee				
Allan Smith	1									
Director	0	~						0	0	0
Lynn Inlow	20									
President	0	~		~				0	0	0
Hartford Inlow	20									
Secretary	0	~		~				0	0	0
Janelle Rhodes	1									
Director	0	~						0	0	0
Julie Astbury	1									
Director	0	~						0	0	0

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (contir	nued)	-	
					(0	C)							
	(A)	(B)	(do n	ot of		ition			(D)	(E)		(F)	
	Name and title	Average	•				e than o is both		Reportable	Reportable		Estimated	
		hours per					or/trust		compensation	compensation from		amount of	:
		week (list any hours for	ord	Ins	₽₽	Ke	em Hig	Form	from the	related organizations	c	other ompensati	on
		related	dire	l tt	Officer	Key employee	ploy	mer	organization	(W-2/1099-MISC)		from the	
		organizations below dotted	ctor t	iona		olqr	ee o	`	(W-2/1099-MISC)			organizatio and relate	
		line)	Individual trustee or director	tru		yee	npe					rganizatio	
			ee	Institutional trustee			Highest compensated employee						
							d						
1b	Sub-total			·					0	0			0
С	Total from continuation sheets to Part		n A										
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$100.00	)0 of		
	reportable compensation from the organ							-,					
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ruste	ee,	key e	emp	oloyee, or high	lest compensate	ed 🗌		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	indi	ivid	ual	•				3	~
4	For any individual listed on line 1a, is the	e sum of re	portal	ble	com	npe	nsatic	n a	and other comp	ensation from th	ne 🗌		
	organization and related organizations									edule J for suc	ch 📗		
	individual							-				4	~
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedi	ule J f	for s	such person			5	~
Sectio	n B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	port compe	nsatio	on fe	or th	ne c	alend	lar y	year ending wit	h or within the o	rganiz	ation's f	ax
	year.												

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	

Form **990** (2012)

Form 990 (2012)

Statement of Revenue

#### Part VIII Check if Schedule O contains a response to any question in this Part VIII. . . . . . **(B)** Related or exempt function **(C)** Unrelated business (D) Revenue excluded from tax (A) Total revenue revenue under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 12,344 b Membership dues . . . 1b 0 Fundraising events . . . 1c 0 С **d** Related organizations . . . 1d 0 Government grants (contributions) е 1e 0 All other contributions, gifts, grants, f and similar amounts not included above 1f 100,276 Noncash contributions included in lines 1a-1f: \$ 0 g Total. Add lines 1a-1f . . 112,620 h ► Program Service Revenue **Business Code** 2a b С d е f All other program service revenue . g Total. Add lines 2a–2f . ► 0 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . 194 194 0 0 4 Income from investment of tax-exempt bond proceeds 0 0 0 0 5 Royalties . . . . 0 0 0 ► 0 (i) Real (ii) Personal Gross rents . . 6a b Less: rental expenses Rental income or (loss) С 0 0 d Net rental income or (loss) ► (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . С Gain or (loss) . 0 0 d Net gain or (loss) ► . . Other Revenue 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . а Less: direct expenses . . . . b b Net income or (loss) from fundraising events С ► 9a Gross income from gaming activities. See Part IV, line 19 . . . . . а Less: direct expenses . . . . b b Net income or (loss) from gaming activities . ► С . 10a Gross sales of inventory, less returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . ► С Miscellaneous Revenue **Business Code** 11a b С d All other revenue . . . . . Total. Add lines 11a-11d. е ► 0 . . . . 12 Total revenue. See instructions. 112,814 0 194 0

	n 501(c)(3) and 501(c)(4) organizations must con	·	-	· · ·	
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	131,999	121.000		
4	Benefits paid to or for members	131,999	131,999		
4 5	Compensation of current officers, directors, trustees, and key employees	0	0	0	
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	(
7 8	Other salaries and wages	0	0	0	(
_	section 401(k) and 403(b) employer contributions)	0	0	0	(
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	(
11	Fees for services (non-employees):			_	
a		0	0	0	(
b		0	0	0	(
C L		2,250	0	2,250	(
d		0	0	0	(
e f	Professional fundraising services. See Part IV, line 17	0		0	(
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
10		0	0	0	(
12	Advertising and promotion	2,690	1,345	0	1,34
13 14	Office expenses	83	0	28	5!
14 15	Royalties	565	565	0	(
15 16	Occupancy         .	0	0	0	
17	Travel	0	0	0	(
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	0	0	0	(
20		0	0	0	(
21	Payments to affiliates	0	0	0	(
22	Depreciation, depletion, and amortization	0	0	0	(
23		0	0	0	(
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.)				
~		057	100	455	
a b	Bank Fees	257 252	102 0	155 252	
b C	Miscellaneous Fees and other expenses	142	0	252	142
d	Postage Telephone	142	140	0	142
u e	All other expenses	0	0	0	(
25	Total functional expenses. Add lines 1 through 24e	138,378	134,151	2,685	1,542
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	130,378	134,131	2,003	,,54 <i>.</i>

Form 990 (2012)
Part X

Balance Sheet

		Check if Schedule O contains a response to any question in this Part >	(		🔲
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	57,979	1	22,319
	2	Savings and temporary cash investments	0	2	10,196
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
s	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.	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>	0	J	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities	0	11	0
	12	Investments – other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57,979	16	32,515
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	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	
Lial	23		0	22	0
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	23 24	0 0
	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	0		100
	26	Total liabilities. Add lines 17 through 25		25 26	
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	0	20	100
2 L	27	Unrestricted net assets	32,979	27	32,415
ala	28	Temporarily restricted net assets	25,000	28	0
а р	29	Permanently restricted net assets	23,000	29	0
Net Assets or Fund Balances	20	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.	0	23	
ts	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ّ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	57,979	33	32,415
	34	Total liabilities and net assets/fund balances	57,979	34	32,515

Form **990** (2012)

	90 (2012)			Pa	ige <b>1</b> 2
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1		1		11	2,814
2		2		13	8,378
3		3		-2	5,5 <mark>6</mark> 4
4		4		5	7,979
5	5 ( )	5			(
6		6			(
7		7			C
8		8			C
9		9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		3	2,415
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explained accounting from a	nin in			
	Schedule O.	airi iri			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both:	ed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, expl. Schedule O.	ain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its	3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Name	of the organization						E	mployer ic	lentificatio	n numbei	•	
LION	OF JUDAH MINIST	RIES INC						32-0089738				
Par	t Reason f	or Public Cha	r <b>ity Status</b> (All orga	nization	s must c	omplete	this par	t.) See i	nstructio	ons.		
The o 1 2 3 4 5 6 7 8	rganization is not ☐ A church, com ☐ A school desc ☐ A hospital or a ☐ A medical rese hospital's nam ☐ An organizatio <b>section 170(b</b> ☐ A federal, state ☐ An organizatio described in <b>s</b> ☐ A community t ☑ An organizatio	a private founda vention of churcl ribed in <b>section</b> a cooperative hose earch organization he, city, and state on operated for the <b>)(1)(A)(iv).</b> (Complete e, or local governon that normally <b>ection 170(b)(1)</b> trust described in on that normally	tion because it is: (Fo nes, or association of <b>170(b)(1)(A)(ii).</b> (Attac spital service organiza on operated in conjunc e: the benefit of a colleg	r lines 1 t churches ch Schedu ation deso ction with ge or univ al unit dea l part of t II.) <b>)(vi).</b> (Cor an 331/3%	through 1 s describe ule E.) cribed in s n a hospit versity ov scribed ir its suppo nplete Pa 6 of its su	1, check ed in sec section 1 al describ wned or m section ort from a art II.) upport fro	only one tion 170( 70(b)(1)( bed in se operated 170(b)(1 a governn om contri	box.) b)(1)(A)(i A)(iii). ction 17( by a go )(A)(v). nental ur butions,	). D(b)(1)(A) vernmen nit or fror members	<b>(iii).</b> Ent tal unit n the gr ship fee	descri eneral s, and	bed in public
	support from acquired by th An organizatio An organizatio purposes of o	gross investme le organization a in organized and on organized an ine or more pub	nt income and unrel fter June 30, 1975. Se operated exclusively d operated exclusive licly supported organ describes the type of	ated bus ee <b>sectio</b> to test fo ely for th nizations supportin	siness ta: n 509(a)( or public s le benefit described ng organiz	xable inc <b>2).</b> (Comp safety. Set t of, to p d in section zation and	come (les plete Part se <b>sectio</b> perform t ion 509(a d comple	s section (111.) (11509(a) (11) or se	n 511 ta <b>4).</b> ions of, ection 50 1e throug	ax) from or to c 99(a)(2). gh 11h.	i busir arry c See <b>s</b>	nesses out the <b>ection</b>
e	By checking the	his box, I certify ndation manage	that the organization rs and other than one	is not co	ntrolled d	lirectly or	indirectly	y by one	or more	disqual	ified p	ersons
f g	organization, o	check this box . 17, 2006, has th	written determinatio							be III su 	ipport	ing • 🔲
h	<ul> <li>(i) A person v (iii) below,</li> <li>(ii) A family m</li> <li>(iii) A 35% cor</li> </ul>	who directly or in the governing bo ember of a perso ntrolled entity of	ndirectly controls, eith ody of the supported o on described in (i) abo a person described in on about the supporte	organizati ve? (i) or (ii) a	ion?  above? .	· · · ·	· · · ·	· · ·			(ii)	No
(i) N	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 col. (i) listed in your governing document?       (v) Did you notify the organization in col. (i) of your support?						s the ion in col. zed in the S.?	(vii) Amc	ount of m support	
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												

(D)

(E)

Total

Sched	ule A (Form 990 or 990-EZ) 2012						Page <b>2</b>
Par		e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	i)
Sect	ion A. Public Support				•	,	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support	()	<i>(</i> )	( ) 22/2	( )) = = ( (	( )	(0
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						

## Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a	331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331,	/3 <b>% 0</b>	r more, check this	
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization		🕨	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .			
17a	<b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	nd <b>sto</b> as a p	<b>p here.</b> Explain in	
b	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check th Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization	is bo	ox and stop here.	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec instructions	k this	box and see	

Schedule A (Form 990 or 990-EZ) 2012

### 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.)

	ON A PUBLIC SUBBORT						
	on A. Public Support dar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(6) 2000	(0) 2010	(4) 2011	(0) 2012	() 1014
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	115,518	116,704	134,806	117,786	112,620	597,434
0	furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	115,518	116,704	134,806	117,786	112,620	597,434
	Amounts included on lines 1, 2, and 3 received from disqualified persons	35,580	17,169	38.875	30,000	53,872	175,496
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	0	0	0	0	0	0
С	Add lines 7a and 7b	35,580	17,169	38,875	30,000	53,872	175,496
8	Public support (Subtract line 7c from line 6.)						421,938
	on B. Total Support		1			i	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	115,518	116,704	134,806	117,786	112,620	597,434
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties and income from similar sources.	539	139	16	11	194	899
	payments received on securities loans, rents,						
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses						
b c	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0 539 0	0 139 0	0 16 0	0 11 0	0 194 0	0 899 0
b c 11	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11,	0 539 0	0 139 0 0	0 16 0	0 0 0	0 194 0	0 899 0
b c 11 12	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0 539 0 0 116,057 ie organization	0 139 0 0 116,843 's first, second	0 16 0 0 134,822 1, third, fourth,	0 11 0 0 117,797 or fifth tax ye	0 194 0 0 112,814 ear as a section	0 899 0 0 598,333 1 501(c)(3)
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for th organization, check this box and <b>stop he</b>	0 539 0 116,057 ne organization <b>re</b>	0 139 0 0 116,843 's first, second	0 16 0 0 134,822 1, third, fourth,	0 11 0 0 117,797 or fifth tax ye	0 194 0 0 112,814	0 899 0 0 598,333 1 501(c)(3)
b c 11 12 13 14 <u>Secti</u>	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0 539 0 116,057 re organization re t Percentage	0 139 0 0 116,843 's first, second 	0 16 0 134,822 1, third, fourth, 	0 11 0 0 117,797 or fifth tax ye	0 194 0 0 112,814 ear as a section	0 899 0 0 598,333 1 501(c)(3) ►□
b c 11 12 13 14 <u>Secti</u> 15	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop her</b> <b>on C. Computation of Public Suppor</b> Public support percentage for 2012 (line 8	0 539 0 116,057 e organization re t Percentage 3, column (f) div	0 139 0 116,843 's first, second  ; ided by line 13	0 16 0 134,822 1, third, fourth,  3, column (f))	0 11 0 0 117,797 or fifth tax ye 	0 194 0 0 112,814 ear as a section	0 899 0 0 598,333 1 501(c)(3) ► □ 70.52 %
b c 11 12 13 14 <u>Secti</u> 15 16	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for the or <b>C. Computation of Public Suppor</b> Public support percentage for 2012 (line & Public support percentage from 2011 Sch	0 539 0 116,057 re organization re t Percentage 3, column (f) div nedule A, Part I	0 139 0 116,843 2 s first, second  116,843 1 s first, second  1 (june 15 .	0 16 0 134,822 1, third, fourth,  3, column (f))	0 11 0 0 117,797 or fifth tax ye 	0 194 0 0 112,814 ear as a section 	0 899 0 0 598,333 1 501(c)(3) ►□
b c 11 12 13 14 <u>Secti</u> 15 16	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop her</b> <b>on C. Computation of Public Suppor</b> Public support percentage for 2012 (line & Public support percentage from 2011 Sch <b>on D. Computation of Investment In</b>	0 539 0 116,057 ne organization re t Percentage 3, column (f) div nedule A, Part I come Percer	0 139 0 116,843 's first, second  prided by line 15 II, line 15 . tage	0 16 0 134,822 d, third, fourth,  3, column (f)) 	0 11 0 0 117,797 0r fifth tax ye 	0 194 0 0 112,814 ear as a section 	0 899 0 598,333 501(c)(3) ► □ 70.52 % 77.11 %
b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for the or <b>nc. Computation of Public Suppor</b> Public support percentage for 2012 (line & Public support percentage from 2011 Sch	0 539 0 116,057 ne organization re t Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum	0 139 0 0 116,843 's first, second  titage n (f) divided by	0 16 0 0 134,822 d, third, fourth,  3, column (f)) 	0 11 0 0 117,797 or fifth tax ye   	0 194 0 0 112,814 ear as a section  15 16	0 899 0 0 598,333 1 501(c)(3) ► □ 70.52 %
b c 11 12 13 14 <u>Secti</u> 15 <u>16</u> <u>Secti</u> 17	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for th organization, check this box and <b>stop he</b> <b>on C. Computation of Public Suppor</b> Public support percentage for 2012 (line & Public support percentage from 2011 Sch <b>on D. Computation of Investment In</b> Investment income percentage from 2011 <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests – 2012.</b> If the organ	0 539 0 116,057 1e organization re t Percentage 3, column (f) div nedule A, Part II come Percer line 10c, column I Schedule A, F ization did not	0 139 0 116,843 0 116,843 s first, second is first, second ided by line 13 itage n (f) divided by Part III, line 17 check the box	0 16 0 134,822 1, third, fourth,  3, column (f))  / line 13, colum  on line 14, an	0 11 0 0 117,797 or fifth tax ye    	0 194 0 0 112,814 ear as a section  15 16 17 18 ore than 33 <sup>1</sup> /3%	0 899 0 598,333 501(c)(3) ► □ 70.52 % 77.11 % 0.15 % 0.23 % , and line
b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop her</b> <b>on C. Computation of Public Suppor</b> Public support percentage for 2012 (line & Public support percentage for 2011 Sch <b>on D. Computation of Investment Inc</b> Investment income percentage for <b>2012</b> (	0 539 0 116,057 e organization re t Percentage 3, column (f) div nedule A, Part I come Percen line 10c, colum I Schedule A, F ization did not and stop here. ation did not ch	0 139 0 116,843 0 116,843 16,843 16,843 116,844 116,844 116,845 116,955	0 16 0 134,822 1, third, fourth,  3, column (f))  0 line 13, colum  on line 14, an on qualifies as a ine 14 or line 1	0 11 0 0 117,797 or fifth tax ye    	0 194 0 0 112,814 ear as a section 12,814 ear as a section 15 16 17 18 ore than 33 <sup>1</sup> / <sub>3</sub> % orted organizatic is more than 33	0 899 0 598,333 501(c)(3) $\cdot$ ► □ 70.52 % 77.11 % 0.15 % 0.23 % a, and line o, and line $\nabla$ $\delta_{1,3}$ %, and

Schedule A (Form 990 or 990-EZ) 2012

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

SCHEDULE	D
(Form 990)	

## Supplemental Financial Statements

OMB No. 1545-0047
2012
Open to Public Inspection

🗌 Yes 🗌 No

Yes No

🗌 Yes 🗌 No

#### Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number LION OF JUDAH MINISTRIES INC 32-0089738 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . 1 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? . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year **a** Total number of conservation easements . . 2a 2b h Number of conservation easements on a certified historic structure included in (a) . . . 2c С Number of conservation easements included in (c) acquired after 8/17/06, and not on a d historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet 1a 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b 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: \$

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

а	Revenues included in Form 990, Part VIII, line 1		•	•	•	•	•	•	•	•	•	•	 •	•	•	\$
b	Assets included in Form 990, Part X															\$

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

Schedu	le D (Form 990) 2012				Page <b>2</b>
Part	III Organizations Maintaining C				
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other rec	ords, check any o	of the following that are a	a significant use of its
а	Public exhibition	d	Loan or exch	ange programs	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization XIII.	n's collections and exp	lain how they furt	her the organization's ex	empt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather th				
Par	IV Escrow and Custodial Arrangeline 9, or reported an amount of	• ·	•	on answered "Yes" to	Form 990, Part IV,
1a	Is the organization an agent, trustee, constructed on Form 990, Part X?	ustodian or other inter	mediary for contr		
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:		
					Amount
С	Beginning balance			. 1c	
d	Additions during the year			. 1d	
е	Distributions during the year			. 1e	
f	Ending balance			. 1f	
2a	Did the organization include an amount of	on Form 990, Part X, lir	ne 21?		. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part				
Par		v			
		(a) Current year (b) F	Prior year (c) Two	years back (d) Three years b	back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
с	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end balar	nce (line 1g, colum	n (a)) held as:	
а	Board designated or quasi-endowment	▶%			
b	Permanent endowment	_%			
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c s				
3a	Are there endowment funds not in the p	oossession of the organ	nization that are h	eld and administered for	the
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. <b>3a(ii)</b>
b	If "Yes" to 3a(ii), are the related organization				. 3b
4	Describe in Part XIII the intended uses of				
Part					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other ba (other)	asis (c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
e	Other				
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Parl	t X, column (B), line	e 10(c).) ►	

Schedule D (Fo	rm 990) 2012			Page <b>3</b>
Part VII	Investments-Other Securities.	See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of va Cost or end-of-year n	
(1) Financial	derivatives			
. ,	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	o) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII	Investments – Program Related		line 13.	
	a) Description of investment type	(b) Book value	<b>(c)</b> Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total (Column (	o) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets. See Form 990, Pa	rt Vilino 15		
		Description		(b) Book value
(1)	(4			
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	C		
	eld for Faraha Orphans Rescue Ministry	100		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.) ►	100		
	C 740) Footnote In Part XIII, provide the t	ext at the tootnate to the arc	ianization's tinancial statements that	reports the organization's

2. FIN 48 (ASC 740) Footnote. 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 .

chedu	le D (Form 990) 2012		Page <b>4</b>
Part	<b>XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	irn
1	Total revenue, gains, and other support per audited financial statements	1	112,814
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants         .         .         .         .         .         2c         0		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	112,814
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	112,814
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Re	turn
1	Total expenses and losses per audited financial statements	1	138,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line 2e from line 1	3	138,378
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	5	138,378
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P		
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	prov	ide any additional
nform	ation.		

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Schedule D (Form 990) 2012

SCHEDULE F (Form 990) State		Stat	ement of	f Activitie	s Outside the Un	ited States	;	OMB No. 1545-0047		
		Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.						2012		
		► Atta		Open to Public Inspection						
	of the organization							loyer identification number		
LION	OF JUDAH MINIS	TRIES INC						32-0089738		
Par		Information ), Part IV, line		ies Outside	the United States. Com	plete if the organ	ization an	swered "Yes" to		
1		e grantees' eli	gibility for the	e grants or as	ords to substantiate the am sistance, and the selection					
2	For grantmak assistance out			the organizati	on's procedures for moni	toring the use c	of its gra	nts and other		
3	Activities per F	Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if additio	nal space is need	led.)			
	<b>(a)</b> Regior	1	(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 liste a program se describe specifi service(s) in r	ervice, c type of	(f) Total expenditures for and investments in region		
(1)	Sub-Saharan Afr	ica	0	0	Grantmaking	Grants provided	to The	131,999		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a b	Sub-total Total from	continuation								
с	sheets to Part <b>Totals</b> (add line		0	0				131,999		

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

Part II

	Part IV, I	line 15, for ar	ny recipient who re	eceived more than \$	5,000. Part II ca	n be duplicated if a	idditional space is	needed.	
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Afric	Student Scholarshi	131,999	primarily wire tra	0		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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
 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part III

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
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Schedule F (Form 990) 2012

Page **3** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2012

Page	4
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Part	V 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? <i>If</i> "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	✔ No

Schedule F (Form 990) 2012

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## Part V Supplemental Information

Complete this part to 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).

Schedule F, Part I, Line 2 - At least one on-site visit annually to any organization receiving grants; monthly reports from the organization
receiving grants; weekly telephone conversation with program director.

SCHEDULE O	=  Supplemental intermetion to Larm QUA ar QUA L /		OMB No. 1545-0047	
			2012	
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	3 011	Open to Public Inspection	
Name of the organization		Employer identifi		
LION OF JUDAH MINIST	TRIES INC	32	2-0089738	
Form 990, Part VI, Secti	on A, Line 2 - Hartford and Lynn Inlow are husband and wife			
Form 990, Part VI, Secti	on B, Line 11b - pdf file of the 990 is emailed to all directors			
Form 990, Part VI, Secti	on B, Line 12c - All possible conflict situations are reviewed at the beginning o	f each new year		
Form 990 Part VI Secti	on C, Line 19 - All governing documents and policies are posted on the websit	and available f	or review in the	
	statements and IRS990 is posted on the website, as well as other websites, ar			
request				

## **Reasonable Cause Explanations**

### Explanation

An automatic extension was filed for and granted

## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
-	Website for information about the school, advertising to recruit short and long term missionaries, telephone and other expenses to support the school	2,152	0	0
Total:		2,152	0	0