Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2016

প্রাটিন বিদ্যাদি আনুহর্তি

A	For	the 2016 caler	dar year, or tax	year begii	nning Jul	1 ,2	2016, and	ending	Jun 30		, 2017
В	Check	k if applicable	C Name of organiz	ation JEI	FERSONTO	WN AREA MINI	STRIES	, INC	. D Er	nployer iden	tification number
	\Box	Address change	Doing business a					•		1-1285	5769
	П,	Name change	Number and stre	et (or PO bo	x if mail is not deliv	vered to street address)		Room/suite	E Te	lephone num	ber
	\Box	Initial return	PO BOX 995	545					Ι (502) 2	276-1055
	П	Final return/terminated	City or town, stat	e or province,	country, and ZIP	or foreign postal code					
	\square	Amended return	LOUISVILLE	7.			KY 402	269	G G	oss receints	\$ 362,540.
	H_{ℓ}	Application pending	F Name and addre		officer		11 302		Is this a group		
	ш.	**************************************	LINDA MCCORI			LOUISVILLE	KY 402		Are all subordir If 'No,' attach a		
ī	Tax	x-exempt status	X 501(c)(3)	501(c) (sert no) 4947(a)		527	If 'No,' attach a	list (see inst	ructions)
J		ebsite: ► N/		100.(0) (3C((110)) 4747(d)	(1) 01		Crave avamet		
ĸ		m of organization	X Corporation	Trust	Association	Other •	L Year of t		Group exempte		
	rt I	Summai		Trust	Association	Other	L Year of 1	tormation	1995	IVI State of	legal domicile KY
Га	1		y oe the organizatio	n's missio	n or most sign	ificant activities	mo pp	OVIDE	A CUDIC	m T T T T	INTERRY MO
	•										NISTRY TO GAIN A MATURE &
Governance											TIES TO FOSTER
Ë			OWTH & DEV			TI ONDO IND I	0 111011	100 IV	00174112	70171	. 11E2 10 1031EK -
Уe	2					its operations or dis	posed of m	nore than	25% of its n	et assets	
ŏ	3					VI, line 1a)					11
જ	4					ng body-(Part VI, line				. 4	11
Activities	5				alendar year :	2016 (Part V, <u>lin</u> e 2a) , .	٠ ٠ ا		. 5	
÷	6		of volunteers (es		ecessary) .			_ · · { · ·		. 6	6
Ă	7a	Total unrelate	d business reven	ue from Pa	art VIII, columi	n(C) line 12		구의 · ·		. 7a	0.
		Net unrelated	business taxable	income fr	om Form 990-	Trline 34 0 V &. 1	<u> 2017</u>	1. 6. 6	• • • • •	. 7b	0.
		0				-		[2]	Prior Y		Current Year
9	8	Contributions	and grants (Part	VIII, line 1	n)	O()		' <i></i> -/- _		780.	148,297.
Revenue	9 10					4.740			122	2,261.	214,060.
æ	11					d 7d)........ , 10c, and 11e)...				64.	183.
	12					rt VIII, column (A), lii			20.	7,105.	362 540
	13					ines 1-3)			30	,105.	362,540.
	14					ne 4)		<u> </u>	221	045	220 405
	15					IX, column (A), lines		_		045.	220,485.
es							•	<u> </u>		989.	81,720.
Expenses			undraising fees (F						5 A 44 3	· inner Mills 4	1
꿃	t		ing expenses (Pa					0.	性 []	467	
_	17					f-24e)			16	5,336.	27,816.
	18					olumn (A), line 25) .			313	3,370.	330,021.
	19	Revenue less	expenses Subtra	act line 18	from line 12				<u> </u>	5,265.	32,519.
5 8								В	eginning of Ci	ırrent Year	End of Year
Salar	20		Part X, line 16)					· · · L		2,828.	113,711.
Net Assets Fund Balanc	21	Total liabilities	(Part X, line 26)					· · · · _		2,493.	0.
	22			ubtract line	21 from line	20 <u>.</u>			8(335.	113,711.
Pa	rt II	🔠 Signatui	e Block		_						
Unde	r pena	ilties of perjury, I dec	clare that I have examin	ed this return	including accomp	anying schedules and state	ements, and to	the best of	my knowledge a	nd belief, it is	true, correct, and
		l. CO	er (other trial) officer) is	based on all	IIIIOIIIaiiaa or with	——————————————————————————————————————	suge		1 . 1		
		Signatur	e of officer	Ma		-			Date C	13	- /7
Sig	n			_	(
Hei	re		LON CUMMINO print name and title	GS				E	XECUTIV	E DIRE	CTOR
		- 1	reparer's name		Deanger's sone	Number 1	10-1-			1-1-	I DTIN
_	_		•		Preparer's signa		Date		Check	ıf	PTIN
Pai	d		SAN NUTT		J MORGAI		111/	/09/ <u>17</u>	self-em	ployed	P00111999
Pre	par	'er Firm's name		AN NUT		<u> </u>					
US	Or	Tim's addre	<u>= = = = = = = = = = = = = = = = = = = </u>		8				Firm's	EIN ► 61	-1388376
			LOUISV				0269-10	068	Phone	no (50	
			s return with the p								. X Yes No
BAA	\ Fo	r Paperwork F	teduction Act No	tice, see	the separate	instructions.		TEEA010	01 11/16/16		Form 990 (2016)

	990 (2016) JEFFERSONTOWN A					61-128	5769 Page 2
Par	Statement of Program Se						
	Check if Schedule O contains a r		note to any lin	e in this Part	<u>III</u>	<u> </u>	<u> </u>
1	Briefly describe the organization's mission						
	TO PROVIDE A CHRISTIAN 1		-		-		
	PERSONS IN THE JEFFERSON		REA OF JEF	FERSON_C	COUNTY TO ENABLE	THEM TO GA	AIN A MATURE &
	See Form 990, Page 2, Part III, Line 1 (continued)			~		
	Did the organization undertake any elem				united to a section of	4b a = 200 a	
4	Did the organization undertake any signiform 990 or 990-EZ?						Yes X No
	If 'Yes,' describe these new services on						L les V Mo
3	Did the organization cease conducting, of			e in how it co	nducts, any program sen	ucas?	Yes X No
3	If 'Yes,' describe these changes on Sche	-	inicant change	S III HOW II CO	nducis, any program ser	vices,	☐ 1e3 ☑ 160
4	Describe the organization's program sen	vice accom	plishments for	each of its thr	ee largest orogram servi	ces, as measured	by expenses.
-	Section 501(c)(3) and 501(c)(4) organization	itions are re	equired to repor	t the amount	of grants and allocations	to others, the total	al expenses,
	and revenue, if any, for each program se	ervice repor	tea				
	(O-1-		105		<u> </u>) (D	214 060 \
4 a	(Code) (Expenses \$		485. includi			- ' ' ' '	214,060.)
	PROVIDE A CHRISTIAN MINS		·	_BASIC_L	TAING EXE TO FI	ERSONS IN I	HE
	JEFFERSOTOWN AREA OF JEE	FERSON	COUNTY.				
							
4 b	(Code) (Expenses \$		includii	ng grants of	\$	_) (Revenue \$)
						-	
						-	
		 -					
	(Code) (Evenes C				<u> </u>) (Revenue \$	
40	(Code) (Expenses \$		Includi	ng grants of	۶	_) (Revenue \$	
							-
		-					
		-					
		-					
		- ~ -					
		. -					
	Other program convect (December 201	andula O \					
40	Other program services (Describe in Sch (Expenses \$		g grants of	\$) (Revenue	• \$	1
	Total program service expenses	moluum	220,485.) (ive venue	· ·	
BAA	- Case program do vido expendes			11/16/16			Form 990 (2016)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Χ 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 Χ 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V......... X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule Х b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Χ 11 b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11 f Х 12a 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 12 b Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 13 Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising Χ 14b X 15 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18

19

Χ

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

61-1285769

	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Í	ı
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	}	
c	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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? If 'Yes,' complete Schedule L, Part I	25b	!	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
				I
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, Part VI	37		Х
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, Part VI			x

	Check of Schedule O contains a response or note to any line in this Part V	• • •	• • • •	للـــ
	•		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ı	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		<u> </u>
1	b If 'Yes,' has It filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\lambda}{X}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	1 36		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		 ^ -
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	_	
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
Ĭ	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter			
á	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
١	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	446		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	 -	 ^
BAA	b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			(2016)
	10000		(/

Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schodulo O. See instructions		d for							
	Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI			X						
500	check it schedule o contains a response of note to any line in this Part VI	· · ·	• • • •	<u> </u>						
360	CHOIL A. Governing Body and Iwanagement		Yes	No						
1 a	a Enter the number of voting members of the governing body at the end of the tax year		res	No						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			Ì						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	,]	- 1	į						
_	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?									
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more									
	members of the governing body?	7 a	ĺ	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
_	stockholders, or persons other than the governing body?	7 b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	 	j-q							
а	a The governing body?	8 a		X						
b	Each committee with authority to act on behalf of the governing body?	8 b		X						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revent	ue C	ode)							
			Yes	No						
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	operations are consistent with the organization's exempt purposes?	10 b								
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,								
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15 b		X						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	2 m	132							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×						
b	of 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10 m	ilen er							
	organization's exempt status with respect to such arrangements?	16 b		L						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply	avaılal	ole							
	Own website									
19	the public during the tax year	e to								
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	MARLON CUMMINGS PO BOX 99545 LOUISVILLE KY 40067 (50	02)	267 <u>-</u>	1055						

•										
Form 990 (2016) JEFFERSONTOWN AREA MIN	ISTRIE	s,	IN	c.					61-12857	69 Page 7
Part VII Compensation of Officers, Directors					Er	nplo	ye	es, Highest Co	ompensated En	ployees, and
Check if Schedule O contains a response or i	note to an	y line	ın t	hıs l	Part	VII .				<u> </u>
Section A. Officers, Directors, Trustees, Ke										
1 a Complete this table for all persons required to be listed organization's tax year	Report of	omp	ensa	atıor	for	the c	aler	ndar year ending w	ith or within the	
 List all of the organization's current officers, director compensation Enter -0- in columns (D), (E), and (F) if no 						luals	or o	organizations), rega	ardless of amount of	
 List all of the organization's current key employees, 		-								
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations 	ated emp	loyee Box 7	s (o of F	ther Form	thai 109	an d 99-Mi	offic SC)	er, director, trustee) of more than \$10	e, or key employee) 0,000 from the	
 List all of the organization's former officers, key employed 	ployees, a	nd h	ighe	st co	omp	ensat	ed e	employees who red	ceived more than \$1	00,000
of reportable compensation from the organization and any										
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensati 										
List persons in the following order individual trustees or di			-				-	-		ed
employees, and former such persons						,		o,,,,,	g	
Check this box if neither the organization nor any relat	ed organi	zatio	n co	mpe	ensa	ted a	ny c	current officer, direct	ctor, or trustee	
				(C)			1	į		
(A)	(B)	Pos than	ition (do no	t che	k more persor	e n	(D)	(E)	(F)
Name and Title	hours	Average s both hours dir			is both an officer and a director/trustee)			Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	익灵	135	옃	Key	3 E	ਲੂ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	(list any hours for related	Individual or director	탈	Officer	em	hest	ormer	1		organization and related organizations
	organiza- tions	tor to	20		employee	ဗိုဋ္ဌ	İ			Organizations
	below dotted	Individual trustee or director	nstitutional trustee		8	pen				
	line)	_ e	8			Highest compensated employee			ı.	
(1) MARLON CUMMINGS	40.00									
EXEC DIR		Х			Х	Х		28,107.	0.	0.
(2) LINDA MCCORD	5.00						_		!	
CHAIRPERSON		Х		X				0.	0.	0.
(3) GINNY HAGAN	_5.00									
VICE CHAIR		Х		X	<u> </u>			0.	0.	0.
<u>(4) MARY BURTON</u>	_5.00	,,		.,				_	_	
SECRETARY	<u> </u>	X		X	<u> </u>		_	0.	0.	0.
(5) MIKE COYLE	_5.00	X		Х						_
TREASURER	 	<u> </u>	-	Δ_	├		_	0.	0.	0
_(6)										
(7)	 	 	\vdash	-	 	$\vdash \dashv$	\vdash			

(8)

(9)

(10)

(11)

(12)

(13)

(14)

Part VII Section A. Officers, Directors, Tru	<u>ıstees, l</u>	<u>Key</u>	Em	<u>ıplo</u>	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	1 componsulation nom	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional frustee	Officer	Key employee	Employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)					-					
(17)					<u> </u>					
(18)				<u> </u>	-					
(19)		-		-	-					
(20)		_		-		-				
(21)		1								
(22)		-			 	-				
(23)		-					-			
(24)										
(25)										
1 b Sub-total			٠.,				>	28,107.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							>	28,107.	0.	0.
2 Total number of individuals (including but not limiter from the organization ►							eive			
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdual	• • •			٠.	• •				3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	han \$150,	ompe 000?	ensa ' <i>If '</i> Y	tion /es,*	and <i>con</i>	otne <i>aplete</i> 	r co e So	mpensation from chedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or										5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensar	ted indepe	nder	it co	ntra	ctors	that	rec	ceived more than \$	100,000 of	voor.
compensation from the organization. Report compe		or the	cale	enua	ir ye	ar en	ome	(B Description of)	(C) Compensation
				_			_			<u>-</u>
							_			
								 		
Total number of independent contractors (including \$100,000 of compensation from the organization.)	but not lir	nited	to ti	hose	list	ed at	oove	e) who received mo	ore than	
The state of the s									1,23,	F 000 (2016)

	Check if Schedule O contains a response or note	to any line in this Part VIII			
,	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a		-		
žai ou	b Membership dues 1 b		-		
S. E	c Fundraising events 1 c		:	三 三 章	
Sift	d Related organizations 1 d		•	1 1	
S.	e Government grants (contributions) 1 e		!		
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	,297.	* 		
E E	h Total. Add lines 1a-1f	140 207	414		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0 0	Business			1, 1, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	The state of the s
Program Service Revenue	2a VARIOUS PROGRAMS 900099	214,060.	214,060.		0.
æ	b	214,000.	214,000.		<u></u>
9	c				
eΓ	d				
SE	e				
gra	f All other program service revenue				
P.	g Total. Add lines 2a-2f	214,060.			
	3 Investment income (including dividends, interest and			man and a green of the property like the	ELECT 19 2-12
	other similar amounts)	¹ ▶ 183.	183.	0.	0.
	4 Income from investment of tax-exempt bond procee				
	5 Royalties	>		- 	
	(ı) Real (ıı) Per	sonal		45.4	
	6 a Gross rents				
	b Less rental expenses		* #g -≠*		
	c Rental income or (loss)		<u> </u>		
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (ii) Securities (iii) O	ther			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				Oh and the same there are
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)		4 L 20.		
કુ	See Part IV, line 18 a				
7	b Less direct expenses b		· [[[]		
美	c Net income or (loss) from fundraising events		4 	, FIG. 1	dept detail.
O				** ***********************************	LANGUAGE CONTRACTOR
	9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b				
	c Net income or (loss) from gaming activities	·			
				4.5 2.4	
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b		A THE STATE OF THE		La spin
	c Net income or (loss) from sales of inventory	•	14		Tali.
	Miscellaneous Revenue Business			THE CONTRACT OF	
	11a	~	- 		ابدائه القائلة
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	•		7	
	12 Total revenue. See instructions		214,243.	0.	n
544	 	3027310.1		<u> </u>	Form 900 /2016)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Program service expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals See Part IV, lines 15 and 16. Benefits paid to or for members. 220,485 220,485 Compensation of current officers, directors, trustees, and key employees 28,107 0 28,107 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)........ 7 Other salaries and wages 53,613 53,613 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits 10 Payroll taxes Fees for services (non-employees) 5,001 5,001 e Professional fundraising services See Part IV, line 17 . f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 12 Advertising and promotion 5,024 0. 13 5,024 0. 14 Information technology 15 Royalties 16 Occupancy 0. 17 0. 4,092 4,092 Payments of travel or entertainment expenses for any federal, state, or local 19 Conferences, conventions, and meetings . . . 20 22 Depreciation, depletion, and amortization . . . 227 3,170 23 Other expenses Itemize expenses not 24 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) 9.007 Λ a VARIOUS DIRECT PROGRAM EXP 9,007 465 0. 465 0 DUES e All other expenses 0. 286,275. 43,746 25 Total functional expenses Add lines 1 through 24e. . 330,021. Joint costs. Complete this line only i 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). . . .

Page 11

	<u> </u>	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	82,828.	1	41,186.
l	2	Savings and temporary cash investments		2	72,525.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
AS	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			o share i a a
Ì	b	Less accumulated depreciation		10 c	
Ì	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13_	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
Ì	16	Total assets. Add lines 1 through 15 (must equal line 34)	82,828.	16	113,711.
	17	Accounts payable and accrued expenses	2,493.	17	0.
}	18	Grants payable		18	
}	19	Deferred revenue		19	
- }	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	······	21	
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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26_	Total liabilities. Add lines 17 through 25	2,493.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			The state of the s
2	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
18	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.	-	1	incument the state of the state
Ö	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds	80,335.	32	113,711.
1	33	Total net assets or fund balances	80,335.	33	113,711.
ž	34	Total liabilities and net assets/fund balances	82,828.	34	113,711.
	34	total national and net assessmand balances	02,028.		<u> </u>

OH	1990 (2016) JEFFERSONTOWN AREA MINISTRIES, INC		ra	<u>je 12</u>					
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	36	2,5	<u>40.</u>					
2									
3	3 Revenue less expenses Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	8	0,3	<u>35.</u>					
5	<u></u>								
6	6 Donated services and use of facilities								
7	Investment expenses								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain in Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
<u></u>	column (B))	11	2,8	54.					
ra	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			Yes	No					
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	1	1						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2	a Were the organization's financial statements compiled or reviewed by an independent accountant? $\dots\dots\dots\dots$	2 a		Χ_					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis		5 *						
	b Were the organization's financial statements audited by an independent accountant?	2 b		Х					
	· · · · · · · · · · · · · · · · · · ·								
	have consolidated been or beth	16.1% ·	l						
	Separate basis Consolidated basis Both consolidated and separate basis		481-0-						
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х					
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	. }	J						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 ь							
BAA		Form 9	990 (2	2016)					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-FZ

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

2016

oldus as accept Inspection

Employer identification number

OMB No 1545-0047

JEFFERSONTOWN AREA MINISTRIES, INC 61-1285769 Part | Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of other (iv) is the anization listed support (see instructions) support (see instructions) in your governing document? Yes <u>(A)</u> (B) (C) (D) (E)

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	262,957.	291,644.	275,204.	307,042.	362,357.	1,499,204.
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	262,957.	291,644.	275,204.	307,042.	362,357.	1,499,204.
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						1,499,204.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	262,957.	291,644.	275,204.	307,042.	362,357.	1,499,204.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	210.	74.	80.	64,	183.	611.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. Add lines 7 through 10	-	- <u>- </u>				1,499,815.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	L
13	First five years. If the Form 990 is organization, check this box and s	for the organization top here	on's first, second, t	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 2016	6 (line 6, column (f) divided by line 11	, column (f))	<i></i>	14	99.96%
15	Public support percentage from 20	115 Schedule A, Pa	art II, line 14			15	99.94 %
16a	33-1/3% support test-2016. If the and stop here. The organization of	ne organization did Jualifies as a public	not check the box ly supported organ	on line 13, and lin	e 14 is 33-1/3% o	r more, check this l	oox ► [X]
b	33-1/3% support test-2015. If the and stop here. The organization of	e organization did qualifies as a public	not check a box or cly supported orga	ı line 13 or 16a, ar nızatıon	nd line 15 is 33-1/3	3% or more, check	this box
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eate the 'facts_and.	circumstances' tes	at icheck this hox a	and stop here. Exi	olain in Part VI how	· —
	10%-facts-and-circumstances te or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t The organization	st, check this box a i qualifies as a pub	and stop here. Exp olicly supported org	plain in Part VI how ganization	tne ►
18	Private foundation. If the organiz	ation did not check	ca box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ 📋

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the	e organization
falls to qualify under the tests listed below, please complete Part II)	

Sec	tion A. Public Support		<u> </u>	<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							-
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-					
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		:					
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6)					HAN		
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
с 11	Add lines 10a and 10b							
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
	Total support. (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.							
Sec	tion C. Computation of Pul	blic Support P	ercentage					
15	Public support percentage for 2010					_	15	
16	Public support percentage from 20				 		16	
	tion D. Computation of Inv						4= 1	
17	Investment income percentage for						17	
18	Investment income percentage fro						18	
	33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						• [_]	
	b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
		ation did not check						
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Page 4

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Pa	rt IV Supporting Organizations (continued)			_
11	Has the organization accepted a gift or contribution from any of the following persons?	\	es No	<u>-</u>
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		-
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		_
Sec	ction B. Type I Supporting Organizations			_
		\	es No	<u>-</u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			_
		\	es No)
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		6
Sec	ction D. All Type III Supporting Organizations			_
		\	es No)
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		A STATE OF THE STA
Sec	ction E. Type III Functionally Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
;	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
		Γ.	. T.	
2	Activities Test Answer (a) and (b) below.	,	Yes No) 12
į	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
į	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		الا س
I	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schodula A (Form 000 at 000 E7) 2016	TERREPOSITION		MINITORDING	TNO
Schedule A (Form 990 or 990-EZ) 2016	JEFFERSONTOWN	AKLA	MINISTRIES.	INC.

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1 —	Check flere if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in the control of the con	mov 20, must com	nplete Sections A through)
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		The man of the second s	War and the second
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		\$7 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		L
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u>-</u>	
ec	tion C Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	E MAT THE TOTAL	
2	Enter 85% of line 1	2	•	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u>'</u>	
4	Enter greater of line 2 or line 3	4	7 12	
5	Income tax imposed in prior year	5	ur t	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrat (see instructions)	ted Type	III supporting organization	on
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2

Par	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	tions (continued)	 		
Sect	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of suppo					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	tion is responsive (provide	e details			
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(il) Underdistributions Pre-2016	(ili) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions					
3	Excess distributions carryover, if any, to 2016					
a						
b	·			- CO 1 B 1 B 1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C		
С	From 2013		明 神神	Company of participation and in		
d	From 2014			THE SHAPE OF THE STATE OF THE S		
е	From 2015		ر المالية الما المالية المالية			
f	Total of lines 3a through e		1 10 m 16 m			
g	Applied to underdistributions of prior years			and the same of		
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)	,				
	Remainder Subtract lines 3g, 3h, and 3i from 3f					
	Distributions for 2016 from Section D,		· · · · · · · · · · · · · · · · · · ·			
	line 7 \$	l	* * * * * * * * * * * * * * * * * * *	・ 日本 - 一		
a	Applied to underdistributions of prior years			in in the state of		
	Applied to 2016 distributable amount		*#f +	h the state of the same of		
	Remainder Subtract lines 4a and 4b from 4		製 二 - #7 は 5 An - 1 個表 本	AMILE COLUMN TO THE PARTY OF TH		
	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			THE PART OF THE PA		
7	Excess distributions carryover to 2017. Add lines 3j and 4c		The second of th	THE RESERVE THE PARTY OF THE PA		
	Breakdown of line 7		1			
	i ,-		- 4			
	Excess from 2013		11.41			
	Excess from 2014	 	2 11.99			
	Excess from 2015					
	Excess from 2016					
-						

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Schedule A (Form 990 or 990-EZ) 2016

Part-VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization

JEFFERSONTOWN AREA MINISTRIES, INC.

61-1285769

Pt VI, Line 11b REVIEWED BY EXEC DIRECTOR BEFORE FILING

Pt VI, Line 19 YES UPON REQUEST.