Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY



1020 Highland Colony Parkway Suite 400 Ridgeland, MS 39157 601.326.1000 601.898.9054 F hornellp.com

Lifting Lives Ministries, Inc. P.O. Box 820538
Vicksburg, MS 39182

Dear Joel:

Enclosed is the 2013 Exempt Organization return, as follows...

2013 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

R. Buck Coats, CPA HORNE LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2013

December 31, 2013
Lifting Lives Ministries, Inc. P.O. Box 820538 Vicksburg, MS 39182
HORNE LLP 1020 Highland Colony Pkwy, Ste. 400 Ridgeland, MS 39157
Not applicable
Not applicable
Not applicable
Not applicable
This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2014.

IRS e-file Signature Authorization for an Exempt Organization

	-	_	
calendar year 2013, or fiscal year beginning		, 2013, and ending	,20

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury

Name of exempt organization	Employer	identification number
LIFTING LIVES MINISTRIES, INC.	15-5	391857
Name and title of officer	45-5	391037
JOEL W. DIMMETTE		
EXECUTIVE DIRECTOR		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fr on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	109562
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declaration and Signature Authorization of Officer		
electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they a further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic reintermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in process the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and debit) entry to the financial institution account indicated in the tax preparation software for payment of the organize return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries an payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal.	eturn. I constitute IRS and essing the relectronic fation's federations of the resolve is	sent to allow my d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this financial Agent at involved in the sues related to the
Officer's PIN: check one box only		
	to enter m	
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autenter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charprogram, I will enter my PIN on the return's disclosure consent screen.		•
Officer's signature ► Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 64076822222 do not enter all zeros	2	
I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFe-file Providers for Business Returns.		
ERO's signature ► Date ►	12/14	

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

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

▶ 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

and ending

Open to Public

B (Check if pplicable	C Name of organization	D	Employer ide	entific	cation number
_	⊓Addres					
	change □Name			4 5		391857
H	∐chang∈ ∏Initial	Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Room/s	ouito F			
\vdash	lreturn □ Termin		Suite E	Telephone nu		r 529-6140
F	⊒ated □Ameno		G	Gross receipts \$	<u> </u>	109,562.
	⊒return ⊒Applic ⊒tion	VICKSBURG, MS 39182		(a) Is this a gro	un re	
	pendin			for subordir	nates	? Yes X No
		SAME AS C ABOVE	Н			ncluded? Yes No
<u></u>	Tax-exe		527			list. (see instructions)
		e: WWW.LIFTINGLIVESMINISTRIES.COM	Н	l(c) Group exen		
K F	orm of	organization: X Corporation				State of legal domicile: MS
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: LIFTING	LIV	ES MINIS	TR	IES, INC.
Governance		EXISTS TO LIFT THE LIVES OF PEOPLE FROM DISC				
ern		Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more th	an 25% of its r		ssets.
<u>Ş</u>	1	Number of voting members of the governing body (Part VI, line 1a)			3	3
ø	1	Number of independent voting members of the governing body (Part VI, line 1b)			4	2
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5	200
Activities &		Total number of volunteers (estimate if necessary)			6 7a	0.
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			7a 7b	0.
_	_ b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	7.0	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		Filor real	0.	109,562.
nue		Program service revenue (Part VIII, line 2g)			0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.	109,562.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	1,200.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	35,160.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 1,327.			0.	24 601
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	34,691. 71,051.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	38,511.
-Se	19	Revenue less expenses. Subtract line 18 from line 12		ning of Current \	-	
anc an	20	Total assets (Part X, line 16)	Degin		22.	End of Year 69,796.
Assi	21	Total liabilities (Part X, line 26)			0.	31,163.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		12	22.	38,633.
Pa	art II	Signature Block	•		'	<u> </u>
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatement	s, and to the best	of m	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer ha	s any knowledge.		
Sig	n	Signature of officer		Date		
Her	е	JOEL W. DIMMETTE, EXECUTIVE DIRECTOR Type or print name and title				
			Date	a I a		II PTIN
Do:-	.	Print/Type preparer's name Preparer's signature Preparer's COAMS CDA PRICE COAMS CDA		/12/14 Che if self-		I
Paid	oarer	R. BUCK COATS, CPA R. BUCK COATS, CPA Firm's name HORNE LLP	U 5			20-1941244
-	Only	Firm's address 1020 HIGHLAND COLONY PKWY, STE. 400	<u>) </u>	Firm's Elf	V >	
JJ0	J.11.y	RIDGELAND, MS 39157	•	Phone no	.60	1-326-1000
— Mav	/ the IF	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110		X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LIFTING LIVES MINISTRIES, INC. EXISTS TO LIFT THE LIVES OF PEOPLE FROM
	DISCOURAGEMENT AND DISPAIR TO ENTHUSIASM AND EMPOWERMENT THROUGH
	NUTRITION AND NURTURING, MODELING AND MENTORING.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 64,669 • including grants of \$ 1,200 •) (Revenue \$ 109,562 •)
	THE FAMILY SHELTER WAS INTRODUCED TO THE COMMUNITY, THE ORGANIZATION
	BEGAN SOLICITING FUNDS AND PARTNERING WITH AGENCIES, AND SERVED ROUGHLY
	100 HOMELESS FAMILIES AT OUR TEMPORARY SHELTER.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 64,669.

Form 990 (2013) LIFTING LIVE Part IV Checklist of Required Schedules

1 Is the organization described in section SD1(c)(S) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule of Contributions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section S01(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as ection 501(c)(4), S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B 1919 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advive on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instoic laid areas, or historia structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization in eport 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 conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount for indepting debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VIII 10 Did the organization report an amount for investments specially and the part X, line 1971 If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments. Program related in Part X, line 1971 If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for the sta	1			v	
3 Did the organization engage in disect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I' 4 Section 501(p)3 organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 5 Is the organization assection 501(p)4, 501(c)5(c), 501(c)5(c), 501(c)5(c), 501(c)5(c)5, 501(c)5(c)5 organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 9 Did the organization maintain and part X, line 21, for escrow or custodial account liability; serve as a custodiance and amounts for land, building assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If 'Yes,' complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 120 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 150 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X 12 Did the organization report an amount for othe	_				
sublin office? If "Yes," complete Schedule C, Part I 4 Section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part III 6 Did the organization a section 501(h) electron in effect of units and effect in the revenue Procedure 98.192 if "Yes," complete Schedule C, Part III 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic cutcures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Line organization directly or through a related organization, hold assests in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other lassests in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII 12 Did the organization seport an amount for other lassests in Part X, line 18 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII 13 Did the organization			2	- 22	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is 18 the organization as section 501(c)(4), 501(c)(5), 501	3		2		x
during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section Stol(e)(4, 5016)(5), or 501(c)(6), or 501(c)(6)	4		3		
s 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 "Pes," complete Schedule C, Part III 5	•		4		х
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III or briving advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III or but the organization report an amount in Part X, line 1, for scrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 bit the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 bit the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 bit be organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 bit be organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 bit bit organization report an amount for investments - sorpar related in Part X, line 10? If "Yes," complete Schedule D, Part X 11 bit bit organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X 11 bit bit organization site liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 bit bit organization site liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 bit bit organization site	5		-		
6 bit the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I			5		Х
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X X 10 bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X X 10 bid the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 bid 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 bid the organization senser to any of the following questions is "Yes," then complete Schedule D, Part V 11 the organization report an amount for lind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 bid the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 bid the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 bid X 11 bid the organization report an amount for other assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 bid X 11 bid the organization report an amount for other assets in Part X, line 15? that i	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Sinch due organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 W 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 9 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, IV, IV, IVII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 9 13 Did the organization report an amount for investments - comparament last assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 In Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes,"		· · · · · · · · · · · · · · · · · · ·	6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization in service or any of the following questions is "Yes," then complete Schedule D, Part VI, IV, IV, IVI, IVI, IV, or X as applicable. a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 2 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 VIII 3 Did the organization report an amount for investments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization or port an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," comp	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments - tother 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 VIII 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 16 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's isability for uncertain tax positions under FIN 48 (ASC 740) If "Yes," complete Schedule D, Part X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 18 Did the organization included in consolidated, independent audited financial statements for the tax year? 18 If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII 19 Did the organization report on Part IX, column (A), line 3, m		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V 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 II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII III X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII III X d Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII III X d Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III X 110 Line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III X 111 Line 172 Line 182 Line 182 Line 183	8				
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14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	13	, , , , , , , , , , , , , , , , , , , ,			
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16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	15				
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	16				37
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	17		4-7		y
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	12		17		- 22
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		12		х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19	Did the organization report more than \$15,000 of cross income from gaming activities on Part VIII. line 9a? If "Yes "	10		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			19		х
	20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>			
			20b		

Form 990 (2013) LIFTING LIVES MINI Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
00	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No", go to line 25a	24a		X
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		
	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 with a	25a		x
b	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ.	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			<u>-</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

Form 990 (2013) LIFTING LIVES MINISTRIES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8							
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	Х					
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line $3b$, provide an explanation in Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		Х				
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial $\it A$	Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
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	as required	- -		х				
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		21				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	```								
а	a Is the organization licensed to issue qualified health plans in more than one state?								
_	Note. See the instructions for additional information the organization must report on Schedule O.								
b Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	13c	4.6 -		X				
			14a						
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	, 0	14b						

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule					
800	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	3	3	163	140
	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	Enter the number of voting members included in line 1a, above, who are independent	1b] 3	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					l
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	•		v	
_	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal I		e Code)	<u> </u>		
000	tion D. 1 onoics (mis occain a requests information about policies not required by the internal i	icveria	c couc.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such			100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a		Х
b						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	iflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and appro	•	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					37
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		م ماهان			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			16a		-25
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		·			
				16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed ►MS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	, -	(,(, , , , , , , , , , , , , , , , , ,			
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	ation:	-	
	JOEL W. DIMMETTE - 601-529-6140					
	P.O. BOX 820538, VICKSBURG, MS 39182					

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

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

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

- 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							ated any current officer, director, or trustee.			
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson i lirecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week	\vdash			П		ŕ	from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	3e or (stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	trust	al tru)yee	ed uu c		,		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	ibul	Insti	Officer	Key	High	Former			
(1) DR. WILLIE NETTLE	10.00									•
DIRECTOR	10.00	Х		_	╙			0.	0.	0.
(2) NELLIE CALDWELL	10.00	,,							0	0
DIRECTOR	10.00	Х		\vdash	⊢			0.	0.	0.
(3) BOBBIE HEADS	10.00	, .							0	0
DIRECTOR	70.00	Х		\vdash	⊢			0.	0.	0.
(4) JOEL W. DIMMETTE EXECUTIVE DIRECTOR	70.00	ł		Х				24,201.	0.	2,340.
EXECUTIVE DIRECTOR				_	⊢			24,201.	0.	2,340.
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332007 10-29-13 Form **990** (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(A) (B)			Pos heck ss pe	ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from relate	on d	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Institutional trustee Officer Key employee Highest compensated employee		Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org an	pensa om the anizat d relat anizati	e ion ed	
	,	=	<u>-</u>	0	Ž	Ξē	<u> </u>						-
1b Sub-total								24,201.		0.		2,3	$\frac{40}{0}$
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								24,201.		0.		2,3	_
2 Total number of individuals (including but n							no re		0,000 of reportat		ı	_, -	(
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				,		elat	ted organization or indiv	idual for services	3	5		Х
Section B. Independent Contractors									*				
Complete this table for your five highest co the organization. Report compensation for		-								npens	ation 1	rom	
(A) Name and business	address	N	INC	3				(B) Description of s	services	С	ompe	c) nsatio	n
										_			
							_			_			
Total number of independent contractors (in	ncluding but n	ot lii	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >				(0							

Pa	rt VI		Statement of Reven	iue					
		C	Check if Schedule O conta	ains a respons	e or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Fede	rated campaigns	1a	6,124.				
ig al	b		bership dues						
Ry, (С	Fund	Iraising events	1c					
ᇐ	d	l Relat	ted organizations	1d					
si.	е	Gove	ernment grants (contributi	ons) 1e					
를 들	f	All oth	her contributions, gifts, grant	s, and					
호취		simila	ır amounts not included abov	/e 1f	103,438.				
Contributions, Gifts, Grants and Other Similar Amounts	g	•	sh contributions included in lines		15,450.	100 500			
<u>5 5</u>	h	Tota	I. Add lines 1a-1f		>	109,562.			
					Business Code				
ا <u>ز</u>	2 a	·							
Program Service Revenue	b	·							
E al	С								
Be	d	'							
요	e	<u> </u>							
_	T		her program service reve						
\dashv	<u>9</u>		I. Add lines 2a-2fstment income (including						
	3		r similar amounts)	•					
	4		me from investment of tax						
	5		ılties	•	' [F				
		,		(i) Real	(ii) Personal				
	6 a	Gros	s rents	, ,					
	b	Less	: rental expenses						
	С		al income or (loss)						
	d	I Net r	ental income or (loss)		>				
	7 a	Gros	s amount from sales of	(i) Securities	(ii) Other				
		asse	ts other than inventory						
	b	Less	: cost or other basis						
			sales expenses						
			or (loss)						
			gain or (loss)						
en	8 a		s income from fundraising						
Other Revenue			ding \$ ributions reported on line						
~			· · · · · · · · · · · · · · · · · · ·	=					
je	h		IV, line 18:		b				
δ			ncome or (loss) from fund						
			s income from gaming ac						
			IV, line 19		a				
	b		: direct expenses						
			ncome or (loss) from gam						
	10 a	Gros	s sales of inventory, less	returns					
		and a	allowances		a				
	b	Less	cost of goods sold		b				
	С	: Net i	ncome or (loss) from sales	s of inventory					
			Miscellaneous Revenue	е	Business Code				
	11 a				.				
	b								
	C		har rayanya						
			her revenue						

109,562.

0.

Total revenue. See instructions.

0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 1.200. 1.200. the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 24,201. 20,571. 2,420. 1,210. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,794. 2,794. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 6,100. 5,749. 234. 117 9 2,065. 2,065. Payroll taxes 10 Fees for services (non-employees): Management Legal 300. 300. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 330. 330. 13 Office expenses Information technology 14 15 Royalties 2,400. 2,400. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 503. 503. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 1,174. 1,174. 22 Depreciation, depletion, and amortization 2,290. 2,290. 23 Other expenses. Itemize expenses not covered 24 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.) 6,628. 6,628. POSTAGE SUPPLIES AND MATERIALS 6,250. 6,250. 5,899. 5,899. **EDUCATION** 4,201. 4,201. TRANSPORTATION & GAS 4,716. 4,605. <u>111.</u> е All other expenses 71,051. 64,669. 5,055. 1,327. Total functional expenses. Add lines 1 through 24e 25 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)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 16,520. 122. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 54,200. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 0. 53,026. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 250. Other assets. See Part IV, line 11 15 15 122. 69,796. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 11,163. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 20,000. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 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 25 0. 26 31,163. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 122. 38,633. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 122. 38,633. 33 Total net assets or fund balances 33 122. 69,796. 34 34 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	38	3,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	38	8,6	33.
Pa	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	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 oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

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-EZ.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

				LIVES MINIS						4	5-539	T82	/
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this parl	:.) See inst	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization of	•	in section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospit	al's na	ıme.
		city, and stat		-,					(-/(-/(/(-	,			,
5													
3		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.)											
				·			470/b\/	1.V.A.VA					
6	X	•	,	or local government or governmental unit described in section 170(b)(1)(A)(v). The properties of the described in the properties of the described in the general public described in the ge									
7	Δ				of its supp	ort from a	governme	entai unit c	or from the	general	public des	cribed	a in
_			b)(1)(A)(vi). (Comple		,								
8	H	•		ection 170(b)(1)(A)(vi).		•							
9	Ш	•	•	eives: (1) more than 33 1		• •		•			•	•	
			•	nctions - subject to certa	•	, ,	•				•		
				axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June	30, 19	975.
		See section	509(a)(2). (Complete	e Part III.)									
10	\square	An organizati	ion organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11		An organizati	ion organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of on	e or
		more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	ction 509(a	a)(3). Ch	eck the bo	x that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	ո 11h.						
		a Type I	ı b ∟ ⊤չ	/pe II c L Ty	/pe III - Fu	nctionally	integrated	C	і 📖 Тур	e III - No	n-function	ally int	egrated
е		By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons o	ther th	nan
		foundation m	nanagers and other t	han one or more publicly	/ supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50)9(a)(2	2).
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check th	nis box									
g		Since August	t 17, 2006, has the c	organization accepted ar									
_		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below	' ,	Yes	s No
				upported organization?								,T	
				n described in (i) above?									
				person described in (i) of									
h				about the supported org							[113(11	71	<u> </u>
		Trovide the r	ollowing innormation	about the supported of	garnzation	(0).							
	Nama	of our ported	/::\ FIN	(!!!) Type of organization	(iv) Is the o	rnanization	(v) Did voi	ı notify the	(vi) ls	the	(vii) Amou	nt of m	onotoni
(1)		of supported Inization	(ii) EIN		in col. (i) lis				Torganizatio	on in col.	· '	iit oi iii ipport	ionetary
	orge	inzation			governing			support?	(i) organizi U.S.	.?	30	pport	
				(see instructions))	Yes	No	Yes	No	Yes	No			
									1.55				
									-			—	
									 				
- .											I		

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.)

Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 109,562 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 3 109,562							
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							
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							
ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	. 109,562.						
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	. 109,562.						
The value of services or facilities furnished by a governmental unit to the organization without charge	. 109,562.						
furnished by a governmental unit to the organization without charge	. 109,562.						
the organization without charge	. 109,562.						
100.560	. 109,562.						
4 Total. Add lines 1 through 3 109,562	. 109,562.						
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.	109,562.						
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(f) Total						
Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 7 Amounts from line 4 109, 562	(f) Total . 109,562.						
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources							
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part IV.)							
11 Total support. Add lines 7 through 10	109,562.						
12 Gross receipts from related activities, etc. (see instructions)							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here	X						
Section C. Computation of Public Support Percentage							
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	%						
15 Public support percentage from 2012 Schedule A, Part II, line 14	%						
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	box and						
stop here. The organization qualifies as a publicly supported organization							
	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
and stop here. The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10	% or more,						
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	anization						
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruct							

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.)

Se	ction A. Public Support	ciow, picase com	oloto i art II.j				
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	` /			. ,	, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	***						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
r.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support		ı	ı	1	1	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	tax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

Schedule A	(Form 990 or 990-EZ) 2013 🛚	LIFTING LIVES	MINISTRIES,	INC.	45-5391857 Page 4
Part IV	(Form 990 or 990-EZ) 2013 I Supplemental Inform	ation. Provide the expla	nations required by Part	II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for a	inv additional information	. (See instructions).	, , ,	,
		,	(======================================		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

LIFTING LIVES MINISTRIES, INC.

OMB No. 1545-0047

Name of the organization

Employer identification number

45-5391857

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-E	\mathbf{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section General Rule X For an or	unization is covered by the General Rule or a Special Rule . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one or. Complete Parts I and II.						
Special Rules							
509(a)(1)	etion 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total con	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contribut If this bo purpose.	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						
	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), or "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LIFTING LIVES MINISTRIES, INC.

45-5391857

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 1639 JACKSON, MS 39215	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KAREN N. SANDERS 1875 PORTER'S CHAPEL RD. VICKSBURG, MS 39180	\$7,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARTHA ANN MAY KLAUS 3 SHORELINE DR. VICKSBURG, MS 39180	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MATTHEW BROGDON 97 PLANTATION DRIVE VICKSBURG, MS 39183	\$8,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	G&M BUILDERS 700 CHINA ST. VICKSBURG, MS 39183	\$5,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

LIFTING LIVES MINISTRIES, INC.

45-5391857

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	EQUIPMENT		
		\$8,000.	10/06/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	ELECTRICAL SUPPLIES, RENOVATION & PLUMBING MATERIALS, DOORS, MISCELLANEOUS FIXTURES.	\$5,500.	08/29/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 000 E7 or 000 PEV (2012)

Employer identification number

	NG LIVES MINISTRIES, IN	C.	on 501(a)(7) (9)	0. (10) 0. go nization	45-5391857				
Part III	Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	he following line entry. For or	ganizations comp	leting Part III, enter	is that total more than \$1,000 for the				
	the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	c., contributions of \$1,000 o i	r less for the year	- (Enter this information once.)	> \$				
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desci	ription of how gift is held				
ŀ		(e) Transfe	f ift						
		(e) Transie	er or girt						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trar	nsferor to transferee				
Ī				•					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desci	ription of how gift is held				
1 41111									
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7 ID ± <i>1</i>	D.	alationship of tran	nsferor to transferee				
	iransieree s name, audress, a	n	elationship of trai	isle of to transferee					
		_			_				
(a) Na									
(a) No. from	(b) Purpose of gift	(c) Use of gi	ift	(d) Desci	ription of how gift is held				
Part I									
		(e) Transfe	er of gift						
	Transferse's name address a	ad 7 ID . 4	D	alatianahin af tuan	oofoway to two polovo				
ł	Transferee's name, address, a	nd ZIP + 4	ne	elationship of traf	nsferor to transferee				
(a) No			ı						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desci	ription of how gift is held				
Parti									
		-							
		(e) Transfe	er of gift						
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ł	Transferee's name, address, a	IIU ZIP + 4	Re	eiauonsnip ot trar	nsferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2013
Open to Public Inspection

Name of the organization

LIFTING LIVES MINISTRIES, INC.

Employer identification number 45-5391857

Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li	ine 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization'	-	
6	Did the organization inform all grantees, donors, and donor		
•	for charitable purposes and not for the benefit of the donor		
Pa	irt II Conservation Easements. Complete if the o		
1	i		
•	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	1 100017411011 01 4 001111	The The Structure
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.	amed concorvation contribution in the form of	or a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
h			
	Number of conservation easements on a certified historic s		
d			
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r		
Ŭ	year	released, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the p		
Ŭ	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
9	include, if applicable, the text of the footnote to the organiz		
	conservation easements.	Lation 3 iniancial statements that describes t	The organization's accounting for
Pa	irt III Organizations Maintaining Collections	of Art. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Forr		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art
	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		ice of public convice, provide, in trait with,
h	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition,	**	
	relating to these items:	saccation, or research in fulfillerance of pub	33, 1100, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical to	reasures or other similar assets for financial	
2	the following amounts required to be reported under SFAS		gairi, provide
-		, ,	• •
d	Revenues included in Form 990, Part VIII, line 1		
D	n maatta iiiliuutu iii i uiiii aau, Fail M		Ψ Ψ

Suring the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apoly):		<u> </u>	Callections of A				or Oth	er Simi		te/conti		age Z
check all that apoly : a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for Nurse generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be sold to raise funder after than to be maintained as part of the organization collection? Ves No No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fusites, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization in a gent, fusites, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization included an amount on Form 990, Part X, line 21. 2 Is described by East Value of the Part XIII and complete the following table: Amount Ves No		organizations maintaining o										
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part V Except and future organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part V Except and Custodial Arrangements. Complete fithe organization's collection? Ves No	3		on, and other record	as, cnec	k any or the	tollowing the	at are a	significant	use of its	collectio	n item	IS
b Scholarly research c				. $ egin{array}{c} $		_						
c	а		C									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	b	Scholarly research	•	• 📖	Other							
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be self to raise funds rather than to be maintained as part of the organization's collection? Yes No reported an amount on Form 990, Part IX, line 21.	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	in how th	ney further t	the organizati	ion's ex	empt purp	ose in Pa	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 10. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er simila	ar assets				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment		to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				Yes		No
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b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount										Vas		ີ Nດ
d Additions during the year e Distributions during the year 1	h									_ 103		_ 110
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 Late Tending balance 2b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	D	ii res, explain the arrangement in Part Alli	and complete the ic	Dilowing	labie.				1	Λ		
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	on has beer	n provided in	Part XII	l				
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a Board designated or quasi-endowment ▶	g											
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c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		%								
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Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1a Land b Buildings 36,115. 270. 35,845. c Leasehold improvements d Equipment e Other 18,085. 904. 17,181.	С	Temporarily restricted endowment ▶	%									
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b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 18,085. 36 18 36 37 38 40 Book value 40 40 40 40 40 40 40 40 40 4												
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (investment) Buildings C Leasehold improvements d Equipment e Other 18,085. C Lond Coy Accumulated depreciation (d) Book value 35,845. C Lond 18,085. 904. 17,181.	4									. 30		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Ca) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 35, 845.	Dai			owment	tunas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 36,115. 270. 35,845. c Leasehold improvements d Equipment e Other 18,085. 904. 17,181.	Fai											
basis (investment) basis (other) depreciation 1a Land 36,115. 270. 35,845. c Leasehold improvements 4 Equipment 18,085. 904. 17,181.												
1a Land b Buildings 36,115. 270. 35,845. c Leasehold improvements Equipment d Equipment 18,085. 904. 17,181.		Description of property	, ,							(d) Boo	k valu	е
b Buildings 36,115. 270. 35,845. c Leasehold improvements Equipment 18,085. 904. 17,181.			basis (investi	ment)	basis	(other)	d€	epreciation	<u> </u>			
b Buildings 36,115. 270. 35,845. c Leasehold improvements Equipment 18,085. 904. 17,181.	1a	Land										
c Leasehold improvements d Equipment d Equipment 18,085. 904. 17,181.					3	36,115.		2	70.	3	5,8	45.
d Equipment												
e Other 18,085. 904. 17,181.			1									
					1	8,085.		9	04.	1	7,1	81.
			·	X. colur		_						

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	to Form 000 Port IV	ing 11d Cap Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	ine 11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Becomption		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I		j.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin.	e 25)		
2. Liability for uncertain tax positions. In Part XIII, provide		te to the organization's financial statements	that reports the
,, provide		5	

Pai	rt XI I	Reconciliation of Revenue per Audited Financial Stater	ments With Reven	ue per Return.	
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.		
1	Total re	venue, gains, and other support per audited financial statements		1	
2	Amount	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unr	ealized gains on investments	2a		
b		d services and use of facilities			
С		ries of prior year grants			
d		Describe in Part XIII.)			
е		es 2a through 2d		2e	
3	Subtrac	ct line 2e from line 1		3	
4		ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b		Describe in Part XIII.)			
С		es 4a and 4b		4c	
5	Total re	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa		Reconciliation of Expenses per Audited Financial State			
	— ₍	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.		
1	Total ex	penses and losses per audited financial statements		1	
2		ts included on line 1 but not on Form 990, Part IX, line 25:			
а		d services and use of facilities	2a		
b		ar adjustments			
С	Other lo				
d		Describe in Part XIII.)			
е		es 2a through 2d	<u> </u>	2e	
3		ct line 2e from line 1			
4		ts included on Form 990, Part IX, line 25, but not on line 1:			
			4a		
а	Investm	nent expenses not included on Form 990. Part VIII. line 7b			
a b		nent expenses not included on Form 990, Part VIII, line 7b Describe in Part XIII.)			
b	Other (E	Describe in Part XIII.)	4b	4c	
b c	Other (E	Describe in Part XIII.) es 4a and 4b	4b		
b c 5	Other (E Add line Total ex	Describe in Part XIII.)	4b		
b c 5	Other (I Add line Total ex	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	4b	5	: XI.
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	ż XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	i XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	ż XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII (ide the de	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	ż XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	z XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	t XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	i XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	i XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	z XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	: XI,
b c 5 Pa Prov	Other (E Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	5	t XI,

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization

LIFTING LIVES MINISTRIES, INC. **Employer identification number** 45-5391857

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ENTHUSIASM AND EMPOWERMENT THROUGH NUTRITION AND NURTURING. MODELING AND MENTORING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: LIFTING LIVES BEGAN DEVELOPMENT OF THEWAREHOUSE, A PRODUCTS LIQUIDATION AND UPSCALE THRIFT STORE THAT WILL INCREASE FUNDS TO THE MINISTRY AND FAMILY SHELTER.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE EXECUTIVE DIRECTOR REVIEWS FORM 990 PRIOR TO FILING. THE FORM 990 WILL BE REVIEWED WITH BOARD MEMBERS DURING A BOARD MEETING AFTER THE FORM 990 IS FILED WITH THE IRS. THE FORM 990 WILL BE DISTRIBUTED TO EACH BOARD MEMBER AND THEN DISCUSSED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH BOARD MEMBER IS ASKED IF THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL REPORTS ARE ALSO AVAILABLE ON THE MISSISSIPPI SECRETARY OF STATE'S WEBSITE.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

23

990

Identifying number

OMB No. 1545-0172

FORM 990 PAGE 10 45-5391857 LIFTING LIVES MINISTRIES, INC. Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. **1** Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 18,085. 5 YRS. MO 200DB 904. b 5-year property 7-year property С 10-year property d 15-year property е f 20-year property S/L 25-year property 25 yrs. g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L 09/13 22,321. MM S/L i Nonresidential real property 13,794.39.0 YRS 09/13 S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,174. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs...

LIFTING LIVES MINISTRIES, INC.

45-5391857 Page 2

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

			on and Other I			ution: S	ee the i								
<u>24a</u>	Do you have evidence to s						24b If "Yes," is the evidence written?					│ Yes	<u> No</u>		
	(a) Type of property (list vehicles first)	ype of property Date Busiless/		(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) Recovery period	Met	(g) Method/ Convention		(h) Depreciation deduction		i) cted n 179 st
	Special depreciation allo				•			-	•						
	used more than 50% in						<u></u>				25				
<u> 26 </u>	Property used more tha	n 50% in a c		1								1			
		: :	%												
		1 1	%												
	D		%												
27	Property used 50% or le	 		1						C/I					
		: :	%							S/L -					
		: :	%							S/L -					
28	Add amounts in column				and on	line 21	nane 1				28				
	Add amounts in column											l	29		
	raa amoanto in colamin	1 (1), 11110 20. E			3 - Infor										
	nplete this section for ve our employees, first ans													i.	
	otal business/investment miles driven during the			(a		(b		(c)		(d)		(e)		(f)	
				Vehicle		Veh	icle	Vehicle		Vehicle		Vehicle		Vehicle	
	year (do not include comr														
	Total commuting miles		· · · · · · · · · · · · · · · · · · ·												
	Total other personal (no	_													
	driven														
	Total miles driven durino Add lines 30 through 32														
	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		•	- t	103	110	103	110	103	140	103	110	103	110	103	110
	during off-duty hours?														
	than 5% owner or relate														
	ls another vehicle availa		T												
ı	use?														
			- Questions fo	or Empl	oyers W	ho Prov	ride Vel	nicles	for Use b	y Their E	mploye	es		•	
Ans۱	wer these questions to	determine if	you meet an ex	ception	to comp	oleting S	Section	B for ve	ehicles us	ed by en	ployee	s who ar	e not m	ore than	5%
own	ers or related persons.													_	
	Do you maintain a writte		•		•				•	•		r		Yes	No
	employees? Do you maintain a writte														
	employees? See the ins							-							
	Do you treat all use of v														
	Do you provide more th														
	the use of the vehicles,														
	Do you meet the require														
41	DO YOU INCEL INC IEQUIT														
	Note: If your answer to	37, 30, 39, 4													
		37, 30, 39, 4													
	Note: If your answer to a Int VI Amortization (a)			(b)		(c)	la.		(d)		(e)		Δ.,	(f)	
	Note: If your answer to art VI Amortization		Date a	(b) mortization legins		(c) Amortizab amount	le		(d) Code section	ţ	(e) Amortiza eriod or per		An fo	(f) nortization r this year	
Pa	Note: If your answer to a Int VI Amortization (a)	f costs	Date a	mortization egins	r:	Amortizab	le		Code	ŗ	Amortiza		An fo	(f) nortization r this year	
Pa	Note: If your answer to a present VI Amortization (a) Description o	f costs	Date a	mortization egins	r:	Amortizab	le		Code	ŗ	Amortiza		An fo	(f) nortization r this year	
Pa 42 /	Note: If your answer to a Irt VI Amortization (a) Description of Amortization of costs the	f costs nat begins du	Date a buring your 2013	mortization legins tax yea		Amortizab	le		Code	ţ	Amortiza	centage	An fo	(f) nortization r this year	
42 /	Note: If your answer to a present VI Amortization (a) Description o	f costs at begins du at began be	uring your 2013	mortization egins tax yea	r	Amortizab amount			Code section		Amortiza eriod or per		An fo	(f) nortization r this year	