

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CRISTA Ministries Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 19303 Fremont Ave N City, town, or post office, state, and ZIP code Seattle, WA 98133-3800 F Name and address of principal officer: Robert Lonac same as C above	D Employer identification number 91-6012289 E Telephone number 206-546-7272 G Gross receipts \$ 106,882,638. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.crista.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1948 M State of legal domicile: WA

Part I Summary																									
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CRISTA Ministries mission is to love God by serving people, meeting practical and spiritual needs so</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 1391 6 Total number of volunteers (estimate if necessary) 6 8900 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7,001,027. b Net unrelated business taxable income from Form 990-T, line 34 7b -283,215.																								
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Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
Sign Here	▶ Signature of officer _____ Date _____ ▶ Brian Kirkpatrick, CFO Type or print name and title															
Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name Jane M. Searing</td> <td>Preparer's signature Jane M. Searing</td> <td>Date 02/25/14</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00000565</td> </tr> <tr> <td>Firm's name ▶ Clark Nuber P.S.</td> <td colspan="2">Firm's EIN ▶ 91-1194016</td> <td colspan="2"></td> </tr> <tr> <td>Firm's address ▶ 10900 NE 4th Street, Suite 1700 Bellevue, WA 98004</td> <td colspan="4">Phone no. 425-454-4919</td> </tr> </table>	Print/Type preparer's name Jane M. Searing	Preparer's signature Jane M. Searing	Date 02/25/14	Check if self-employed <input type="checkbox"/>	PTIN P00000565	Firm's name ▶ Clark Nuber P.S.	Firm's EIN ▶ 91-1194016				Firm's address ▶ 10900 NE 4th Street, Suite 1700 Bellevue, WA 98004	Phone no. 425-454-4919			
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CRISTA Ministries mission is to love God by serving people, meeting practical and spiritual needs so that those we serve will be built up in love, united in faith and maturing in Christ. This is done through long term health care, education (K-12), camping, broadcasting, relief

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 25,805,667. including grants of \$ 10,180,889.) (Revenue \$ 134,150.) World Concern reaches people who are left out of the main stream of humanitarian aid because of their location, ethnic background or societal power. The organization was operational in 12 countries and supported other organizations' projects in one additional country. In the 12 countries where World Concern was operational, 181,697 people were helped who had encountered disasters such as war, earthquake, tsunami, or flood. Another 50,504 people received income generation support, such as microloans and/or access to banking services. 126,930 people received support or training in food security, including clean water access and training, and 4,286,000 people received de-worming medications. Approximately 2,998 volunteers participated in our programs in the United States and around the world. By meeting

4b (Code:) (Expenses \$ 30,343,054. including grants of \$ 219,338.) (Revenue \$ 31,425,523.) Through CRISTA Senior Living, 955 residents were served and \$172,602 was provided to assist low income residents to remain in their homes. The Nursing Center provided 34,534 days of care for DSHS through the Washington state Medicaid program. Residents, family members and staff volunteered 2,508 hours assisting other residents and tutoring elementary students. The Cristwood Nursing Center was the clinical setting for nursing or nursing assistant students from two local universities and one community college. Senior residents operate a missionary commission which supports faith based volunteers around the world. Approximately 322 community service and faith based meetings occurred in our facilities accomodating approximately 8,840 residents and community attendees. Approximately one acre of our property is

4c (Code:) (Expenses \$ 15,484,960. including grants of \$ 1,167,047.) (Revenue \$ 14,929,842.) CRISTA Schools operates at two different locations. During the year the schools educated 1,140 K-12 students, 100 pre-kindergarten students and 45 high school students at Seattle Urban Academy. 134 students graduated from high school and approximately 98% indicated that they planned to pursue higher education. Total financial assistance of \$1,167,047 was provided to 275 students while an additional \$883,000 was spent on the education of at-risk students. (At-risk students are required to pay 2% of costs for academic intensive care and student centered development). Approximately 172 students and 45 adults made missionary/education trips to 7 international and 3 domestic locations. Over 480 elementary students supported food projects for local relief agencies and over 170 junior high students participated in community

4d Other program services (Describe in Schedule O.) (Expenses \$ 13,722,633. including grants of \$ 335,745.) (Revenue \$ 12,164,523.)

4e Total program service expenses 85,356,314.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 records of the organization: Robin Skeen - 206-289-7920
19303 Fremont Ave N, Seattle, WA 98133-3800

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

Check if Schedule O contains a response to any question 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dale Cowles Board Chairman	10.00 0.00			X				0.	0.	0.
(2) Kirsten Miller Vice Chairman	3.00 0.00			X				0.	0.	0.
(3) Kevin Gabelein Treasurer	3.00 2.00			X				0.	0.	0.
(4) Stephen Grey Secretary	3.00 0.00			X				0.	0.	0.
(5) Craig Campbell Board Member	2.00 2.00			X				0.	0.	0.
(6) Judge Anita Crawford-Willis Board Member	2.00 0.00			X				0.	0.	0.
(7) Brad Decker Board Member	2.00 0.00			X				0.	0.	0.
(8) Dorothy Echodu Board Member	2.00 0.00			X				0.	0.	0.
(9) David Ederer Board Member	2.00 0.00			X				0.	0.	0.
(10) Michael Eggers Board Member	2.00 0.00			X				0.	0.	0.
(11) Mark Gibson Board Member	2.00 0.00			X				0.	0.	0.
(12) Kent Halvorson Board Member	2.00 0.00			X				0.	0.	0.
(13) Morris Harper Board Member	2.00 0.00			X				0.	0.	0.
(14) Tim Jenkins Board Member	2.00 0.00			X				4,544.	0.	0.
(15) Curt Nichols Board Member	2.00 0.00			X				0.	0.	0.
(16) George Petrie Board Member	2.00 0.00			X				0.	0.	0.
(17) Dr. Steven Quillin Board Member	2.00 0.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Warren Van Genderen Board Member	2.00 2.00	X						0.	0.	0.
(19) Deborah Limb Board Member	3.00 0.00	X						0.	0.	0.
(20) Jim Funfar Board Member	2.00 0.00	X						0.	0.	0.
(21) Dr. Leslie Parrott Board Member	2.00 0.00	X						0.	0.	0.
(22) Robert Lonac President/CEO	40.00 2.00	X		X				186,497.	0.	75,148.
(23) Richard Carter COO	40.00 0.00			X				199,961.	0.	13,807.
(24) Brian Kirkpatrick CFO	40.00 2.00			X				193,243.	0.	13,222.
(25) Stanley Mak VP Broadcast	40.00 0.00				X			179,620.	0.	13,205.
(26) Ann Marie Norman Sales Director	40.00 0.00				X			154,481.	0.	13,374.
1b Sub-total								918,346.	0.	128,756.
c Total from continuation sheets to Part VII, Section A								671,129.	0.	42,081.
d Total (add lines 1b and 1c)								1,589,475.	0.	170,837.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 30

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Kirtley-Cole Associates 1010 SE Everett Mall Way, Everett, WA 98208	Construction	2,818,184.
GLY Construction PO Box 6728, Bellevue, WA 98008	Construction	2,459,474.
Infinity Rehab, 25117 SW Parkway Ste. F, Wilsonville, OR 97070	Therapy Services	815,076.
i58:10 Media, Inc, 25375 SW Parkway Ave #225, Wilsonville, OR 97070	Professional Fundraising	675,070.
Arbitron Inc PO Box 3228, Carol Stream, IL 60132	Research	475,799.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 56,191.					
	b Membership dues	1b					
	c Fundraising events	1c 127,995.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 34,444,420.					
	g Noncash contributions included in lines 1a-1f: \$	10,604,545.					
	h Total. Add lines 1a-1f		34,628,606.				
	Program Service Revenue			Business Code			
2 a Senior Living		623000	31,425,523.	31,425,523.			
b Schools		611600	14,864,712.	14,864,712.			
c Broadcast		515100	9,459,711.	2,458,684.	7,001,027.		
d Camps		721210	2,275,752.	2,275,752.			
e General Corporate		900099	177,060.	177,060.			
f All other program service revenue		900099	62,557.	62,557.			
g Total. Add lines 2a-2f			58,265,315.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,135,759.			1,135,759.	
	4 Income from investment of tax-exempt bond proceeds		99.			99.	
	5 Royalties						
	6 a Gross rents	(i) Real	302,527.				
		(ii) Personal					
		b Less: rental expenses	252,411.				
		c Rental income or (loss)	50,116.				
	d Net rental income or (loss)		50,116.			50,116.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	11,789,837.				
		(ii) Other	4,124.				
		b Less: cost or other basis and sales expenses	11,009,006.	27,161.			
		c Gain or (loss)	780,831.	-23,037.			
	d Net gain or (loss)		757,794.			757,794.	
	8 a Gross income from fundraising events (not including \$ 127,995. of contributions reported on line 1c). See Part IV, line 18	a	264,779.				
		b Less: direct expenses	311,060.				
c Net income or (loss) from fundraising events			-46,281.			-46,281.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	102,869.					
	b Less: cost of goods sold	16,821.					
	c Net income or (loss) from sales of inventory		86,048.			86,048.	
Miscellaneous Revenue		Business Code					
11 a Broadcast other rev.	515100	150,516.	150,516.				
b Schools other revenue	900099	134,150.	134,150.				
c General Corporate	900099	60,326.	60,326.				
d All other revenue	900099	43,731.	43,731.				
e Total. Add lines 11a-11d		388,723.					
12 Total revenue. See instructions.		95,266,179.	51,653,011.	7,001,027.	1,983,535.		

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	353,493.	353,493.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,678,873.	1,678,873.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	9,870,653.	9,870,653.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	727,318.		727,318.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	36,479,433.	33,178,690.	1,454,163.	1,846,580.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,427,909.	1,264,021.	95,536.	68,352.
9 Other employee benefits	5,317,516.	5,031,273.	125,414.	160,829.
10 Payroll taxes	3,295,889.	2,965,597.	162,490.	167,802.
11 Fees for services (non-employees):				
a Management				
b Legal	48,625.	35,152.		13,473.
c Accounting	127,435.	10,222.	117,446.	-233.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	837,722.			837,722.
f Investment management fees	101,672.		101,672.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,711,112.	1,574,624.	136,040.	448.
12 Advertising and promotion	823,215.	776,402.	4,752.	42,061.
13 Office expenses	2,051,082.	1,627,206.	181,204.	242,672.
14 Information technology	815,378.	608,949.	86,267.	120,162.
15 Royalties				
16 Occupancy	3,906,548.	3,591,498.	285,217.	29,833.
17 Travel	1,906,394.	1,725,058.	63,704.	117,632.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	563,816.	363,716.	106,096.	94,004.
20 Interest	486,117.	486,117.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,690,573.	4,690,573.		
23 Insurance	1,599,956.	1,444,651.	155,091.	214.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program supplies	12,024,291.	11,823,467.	14,250.	186,574.
b Purchased services	2,556,463.	1,367,570.	392,427.	796,466.
c Dues and fees	605,828.	537,865.	63,443.	4,520.
d Program Supp. Non-cash	361,231.	361,231.		
e All other expenses	265,699.	-10,587.	276,853.	-567.
25 Total functional expenses. Add lines 1 through 24e	94,634,241.	85,356,314.	4,549,383.	4,728,544.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,332,588.	1	11,936,812.
	2 Savings and temporary cash investments	12,844,781.	2	420,752.
	3 Pledges and grants receivable, net	1,487,670.	3	2,810,000.
	4 Accounts receivable, net	4,512,302.	4	3,374,513.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	375,331.	9	504,040.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 133,729,825.		
	b Less: accumulated depreciation	10b 65,414,361.	61,295,481.	10c 68,315,464.
	11 Investments - publicly traded securities	22,116,130.	11	24,073,598.
	12 Investments - other securities. See Part IV, line 11	816,000.	12	680,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	6,526,357.	14	6,494,701.
	15 Other assets. See Part IV, line 11	3,821,306.	15	4,419,663.
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,127,946.	16	123,029,543.	
Liabilities	17 Accounts payable and accrued expenses	7,169,809.	17	9,161,403.
	18 Grants payable		18	
	19 Deferred revenue	593,682.	19	708,723.
	20 Tax-exempt bond liabilities	12,456,545.	20	11,731,574.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,697,045.	25	14,217,871.
	26 Total liabilities. Add lines 17 through 25	34,917,081.	26	35,819,571.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	63,743,182.	27	68,799,900.
	28 Temporarily restricted net assets	17,600,715.	28	14,239,348.
	29 Permanently restricted net assets	3,866,968.	29	4,170,724.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	85,210,865.	33	87,209,972.	
34 Total liabilities and net assets/fund balances	120,127,946.	34	123,029,543.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,266,179.
2	Total expenses (must equal Part IX, column (A), line 25)	2	94,634,241.
3	Revenue less expenses. Subtract line 2 from line 1	3	631,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,210,865.
5	Net unrealized gains (losses) on investments	5	1,367,169.
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	87,209,972.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73,333,316.	82,041,868.	83,985,809.	38,786,487.	34,628,606.	312,776,086.
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	73,333,316.	82,041,868.	83,985,809.	38,786,487.	34,628,606.	312,776,086.
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)						136,255,385.
6 Public support. Subtract line 5 from line 4.						176,520,701.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	73,333,316.	82,041,868.	83,985,809.	38,786,487.	34,628,606.	312,776,086.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,446,627.	1,405,525.	1,816,031.	1,700,156.	1,438,385.	8,806,724.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,996,233.	584,778.	157,829.			2,738,840.
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						324,321,650.
12 Gross receipts from related activities, etc. (see instructions)					12	257,960,313.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	54.43 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	49.57 %
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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.**

OMB No. 1545-0047

2012

Name of the organization

CRISTA Ministries

Employer identification number

91-6012289

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2012)

Name of organization CRISTA Ministries	Employer identification number 91-6012289
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,069,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 836,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CRISTA Ministries	Employer identification number 91-6012289
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DEWORMING MEDICINE _____ _____ _____	\$ 10,046,120.	08/01/12
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CRISTA Ministries	Employer identification number 91-6012289
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CRISTA Ministries

Employer identification number

91-6012289

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,077,681.	5,416,823.	4,880,297.	4,764,494.	6,407,146.
b Contributions	292,859.	106,068.	298,790.	90,793.	142,591.
c Net investment earnings, gains, and losses	677,008.	-182,572.	423,964.	238,600.	-1,598,331.
d Grants or scholarships	170,669.	247,296.	169,031.	202,068.	179,505.
e Other expenditures for facilities and programs	36,122.	15,342.	17,197.	11,522.	7,407.
f Administrative expenses					
g End of year balance	5,840,757.	5,077,681.	5,416,823.	4,880,297.	4,764,494.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 48.00 %
 - c Temporarily restricted endowment 52.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	250,000.	9,534,959.		9,784,959.
b Buildings		106,396,918.	52,585,855.	53,811,063.
c Leasehold improvements		259,742.	101,233.	158,509.
d Equipment		17,288,206.	12,727,273.	4,560,933.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				68,315,464.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Entry fees payable	11,252,162.
(3) Planned giving obligations	1,966,148.
(4) Long term employee benefits	280,055.
(5) Discontinued operation liabilities	626,506.
(6) Deposits and deferred rent	93,000.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,217,871.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	99,774,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,367,169.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,561,513.
e	Add lines 2a through 2d	2e	3,928,682.
3	Subtract line 2e from line 1	3	95,845,318.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-579,139.
c	Add lines 4a and 4b	4c	-579,139.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	95,266,179.

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

1	Total expenses and losses per audited financial statements	1	98,293,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,306,154.
e	Add lines 2a through 2d	2e	5,306,154.
3	Subtract line 2e from line 1	3	92,986,846.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,647,395.
c	Add lines 4a and 4b	4c	1,647,395.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	94,634,241.

Part XIII Supplemental Information

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

Part V, line 4: CRISTA has a number of endowment funds that are used

to support the work of the organization, such as supplying financial aid

for school students whose families cannot afford to pay the full tuition

rates, financial aid for seniors who have exhausted their resources and

are still living in our community, camp fees for kids who cannot afford to

attend otherwise, scholarships for college students who are attending a

Christian university or college, student fees at the alternative high

school, and funding the work of veterinarians around the world.

Part XIII Supplemental Information (continued)

Part XI, Line 2d - Other Adjustments:

Revenues of related orgs reported on separate tax returns	4,208,908.
Grants and financial assistance netted on audit report	-1,647,395.
Total to Schedule D, Part XI, Line 2d	2,561,513.

Part XI, Line 4b - Other Adjustments:

Rental expenses	-252,411.
Direct fundraising event expenses	-311,060.
Cost of goods sold	-16,821.
Rounding	1,153.
Total to Schedule D, Part XI, Line 4b	-579,139.

Part XII, Line 2d - Other Adjustments:

Rental expenses	252,411.
Direct fundraising event expenses	311,060.
Cost of goods sold	16,821.
Rounding	2,609.
Expenses of related orgs reported on separate tax returns	4,723,253.
Total to Schedule D, Part XII, Line 2d	5,306,154.

Part XII, Line 4b - Other Adjustments:

Grants and financial assistance netted on audit report	1,647,395.
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SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization
CRISTA Ministries

Employer identification number
91-6012289

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		X
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
The non-discriminatory policy is posted on CRISTA website and King's Schools website. It is also included on radio advertising on KCMS 105.3FM with non-discrimination policy articulated.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
6b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) (2012)

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

Schedule E, line 2 - Explanation of Non-Discrimination Policy Disclosure:

The organization includes a statement of its racially nondiscriminatory policy toward students on its website, in the enrollment contract, financial aid information and application letter, in the new parent view book and in some brochures.

Schedule E, line 6 - Explanation of Government Financial Aid:

We received aid from a governmental agency via the following program:

Title II Part A (No child left behind)

Schedule E, line 7 - Explanation of Racial Non-Discrimination Compliance:

The organization has complied with the applicable requirements with the exception of having its racial non-discriminatory language on all written communications with the public. As noted above, the organization includes this language on its website and its most important pieces of written communication dealing with admissions, programs and scholarships.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization CRISTA Ministries	Employer identification number 91-6012289
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America & the Caribbean	5	92	Program services	See Part V	1,654,785.
East Asia & the Pacific	11	158	Program Services and Making	See Part V	4,003,163.
Europe	0	0	Program services	See Part V	28,480.
Middle East & North Africa	0	0	Program services	See Part V	8,734.
North America	0	0	Program services	Veterinary services	15,524.
Russia	0	0	Program Services and Making	Feeding the elderly	16,200.
South America	0	6	Program Services	See Part V	197,107.
South Asia	45	281	Program services	See Part V	1,601,025.
3 a Sub-total	61	537			7,525,018.
b Total from continuation sheets to Part I	12	166			16,755,287.
c Totals (add lines 3a and 3b)	73	703			24,280,305.

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

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	Vocational Training	70,514.	Cash	0.		
		East Asia/Pacific	Disaster Relief	11,689.	cash	0.		
		East Asia/Pacific	Disaster Relief	5,624.	Cash	0.		
		East Asia/Pacific	Child Protection	44,483.	Wire transfer	0.		
		Russia	Feeding the Elderly	16,200.	Wire transfer	0.		
		Sub-Saharan Africa	Health	0.		1,704,000.	De-worming	FMV
		Sub-Saharan Africa	Disaster Relief	96,818.	Wire transfer	0.		
		Sub-Saharan Africa	Disaster Relief	100,834.	Wire transfer	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 13

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Health	0.		3,956,750.	De-worming	FMV
		Sub-Saharan Africa	Health	0.		1,683,750.	De-worming	FMV
		Sub-Saharan Africa	Health	0.		2,139,870.	De-worming	FMV
		Sub-Saharan Africa	Food Security	21,433.	Cash	0.		
		Sub-Saharan Africa	Veterinary Service	18,688.	Wire transfer	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

Schedule F, Part I, Line 2: The organization that is receiving the assistance must submit periodic reports to field office locations of the organization. The field office locations must then submit monthly reports to the organization's headquarters office. This financial information is then put into the organization's financial system and reports are generated for management review. Management reviews expenses against budgets, against funds received for the programs and asks questions as needed for clarification. Periodic field visits are made by the organization's staff to be sure funds are being spent as shown, the work is being completed and records are complete.

Schedule F, Part I, Line 3: Accrual

Part I, Line 3, Column (e):

Region: Central America & the Caribbean

(e) Specific Types of Services in Region: Risk & disaster management, micro-credit, administration, disaster response, deputation, food security, goat husbandry, HIV/AIDS prevention, agriculture training & assistance and veterinary services.

Region: East Asia & the Pacific

(e) Specific Types of Services in Region: HIV/AIDS prevention, education & support for deaf children, rain water catchment & storage, agriculture, health, malaria prevention, disaster relief, administration, capacity building, food security and prevention of child trafficking.

Part V Supplemental Information

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

Region: Europe

(e) Specific Types of Services in Region: Veterinary services and feeding the elderly.

Region: Middle East & North Africa

(e) Specific Types of Services in Region: Missionary support and veterinary services.

Region: South America

(e) Specific Types of Services in Region: Veterinary services and administration.

Region: South Asia

(e) Specific Types of Services in Region: Micro-credit, education, administration, dairy farmer assistance, health care, prevention of child trafficking, fish cultivation, disaster response, food security and veterinary services.

Region: Sub-Saharan Africa

(e) Specific Types of Services in Region: Food security & aid, disaster response, micro-enterprise, administration, clean water & sanitation, health care, disaster risk management, education, deputation, vocational training, cash for work, spiritual development and veterinary services.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		School Auction (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	392,774.			392,774.
	2 Less: Contributions	127,995.			127,995.
	3 Gross income (line 1 minus line 2)	264,779.			264,779.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,502.			8,502.
	7 Food and beverages	19,947.			19,947.
	8 Entertainment				
	9 Other direct expenses	282,611.			282,611.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(311,060)
	11 Net income summary. Combine line 3, column (d), and line 10				-46,281.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization CRISTA Ministries Employer identification number 91-6012289

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
World Renew 2850 Kalamazoo Grand Rapids, MI 49560	38-1708140	501(c)(3)	26,845.	0.			Disaster relief
World Concern Development Organization - 19303 Fremont Ave N - Seattle, WA 98133	91-1155150	501(c)(3)	326,648.	0.			Disaster response

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

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Financial aid for school students	275	0.	1,167,047.	Book value	Financial aid
Financial assistance for Senior Living residents	7	0.	172,602.	Book value	Financial aid
Financial assistance for campers	894	0.	307,745.	Book value	Financial aid
Royal Brougham scholarships	34	0.	28,000.	Book value	Scholarships
Missionary support	6	3,479.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: The organization has a review process for all applicants for grants that are awarded. For school financial aid there is an application including financial information which is reviewed and awards are made based on financial needs. For Senior Living residents there is an application procedure and then a committee that reviews the application, interviews the prospective resident and awards grants. For camper financial aid, applications are submitted, reviewed by Camp Leadership, and distributed based upon need and available funds. For Royal Brougham scholarships there is an application process and a committee that then

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Robert Lonac President/CEO	(i)	181,527.	0.	4,970.	7,350.	67,798.	261,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Richard Carter COO	(i)	197,928.	0.	2,033.	6,134.	7,673.	213,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Brian Kirkpatrick CFO	(i)	191,935.	0.	1,308.	4,581.	8,641.	206,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Stanley Mak VP Broadcast	(i)	177,804.	0.	1,816.	5,582.	7,623.	192,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Ann Marie Norman Sales Director	(i)	154,130.	0.	351.	4,893.	8,481.	167,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Rashelle Tanner VP General Counsel	(i)	158,255.	0.	222.	4,690.	7,469.	170,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Mark Crozet VP Fund Development	(i)	151,977.	0.	520.	2,405.	7,482.	162,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Timothy McCoy General Manager	(i)	154,196.	0.	500.	4,631.	6,629.	165,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) William Brown Former CFO	(i)	69,954.	0.	135,505.	6,241.	2,534.	214,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a: The President/CEO receives a housing allowance as part

of his compensation package. The housing allowance is not taxable. The

President/CEO's wife accompanied him on two trips which were paid for by

the organization. These trips were approved ahead of time by the Board

Chair. His spouse was involved in the meetings so it was determined that

this was an expense that was beneficial to the organization due to the

nature of the events. This was not considered taxable compensation.

Part I, Line 4a: William Brown received a severance payment of \$134,934

in 2012. This amount is reported on Form 990, Part VII and Schedule J,

Part II.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **CRISTA Ministries** Employer identification number **91-6012289**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
Washington St Housing Finance A Commission	91-1874730	NoneAvail	12/29/10	13,495,000.	Refinance & provide funds for capital improvements		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	1,038,455.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	13,495,000.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows	200,000.								
7 Issuance costs from proceeds									
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	5,000,000.								
11 Other spent proceeds	8,295,000.								
12 Other unspent proceeds									
13 Year of substantial completion	2012								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X								
15 Were the bonds issued as part of an advance refunding issue?		X							
16 Has the final allocation of proceeds been made?	X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III Private Business Use									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X							
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization **CRISTA Ministries** Employer identification number **91-6012289**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,117.	Fair Market Value
5 Clothing and household goods	X		36,412.	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	210,007.	Value when donated
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	6	10,046,264.	Fair market value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Auction Items)	X	965	208,196.	Fair market value
26 Other ▶ (Miscellaneous)	X	50	101,549.	Fair market value
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Schedule M, Part I, Column (b): The number of contributions represents

the number of people who made contributions of that type.

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

2012

Open to Public
Inspection

Name of the organization

CRISTA Ministries

Employer identification number

91-6012289

Form 990, Part I, Line 1, Description of Organization Mission:

that those we serve will be built up in love, united in faith and
maturing in Christ. This is done through long term health care,
education (K-12), camping, broadcasting, relief and development and
other means.

Form 990, Part III, Line 1, Description of Organization Mission:

and development and other means.

Form 990, Part III, Line 4a, Program Service Accomplishments:

physical needs we represent Jesus Christ in a way that gives people an
opportunity to see and seek Him. Additional revenue is received
through contributions to help fund program service expenses.

Form 990, Part III, Line 4b, Program Service Accomplishments:

made available as a publicly accessible wetland with interpretive
trails highlighting the Dyes Inlet ecosystem.

Form 990, Part III, Line 4c, Program Service Accomplishments:

service day activities. Forty Seattle Urban Academy students served the
community tutoring elementary and deaf and hard of hearing students,
serving at food banks and organizing clothing at a foster care
distribution site. Approximately 310 adult volunteers gave 7,166 hours
to various school programs and 45 volunteers gave 1,270 hours to
programs involving the at-risk students. Additional revenue is received
through contributions to help fund program service expenses.

Name of the organization CRISTA Ministries	Employer identification number 91-6012289
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Form 990, Part III, Line 4d, Other Program Services:

The four radio stations of CRISTA Ministries (KCIS-AM, KCMS-FM, KFMK-FM and KWPZ-FM), collectively reach approximately 955,000 radio listeners

per week. During the year, CRISTA Broadcasting aired about 9,000 hours

of Christian programs and sponsored or advertised numerous family

friendly Christian music concerts that attracted about 59,000 people.

At two camp sites, CRISTA Ministries served 31,304 campers through week

long camps, day camps and guest group programs. Approximately 200

volunteers donated 6,776 hours to the success of the camps, while 894

campers received \$307,745 in financial assistance. Over 200 churches

and para-church groups were participants at the camps. Through CRISTA's

Christian Veterinary Mission, 307,364 members were challenged to live

lives of worship, 43,170 people heard the gospel message and 12,600

accepted Christ. Twenty-nine veterinary professionals served long-term

in 12 countries and 148 veterinarians, 129 students and 94 related

professionals served on 97 different short-term trips for a total of

39,072 hours worth of service. A total of 113,907 livestock were

treated, allowing veterinarians to share their professional skills and

faith with people in need. Additional revenue is received through

contributions to help fund program service expenses.

Expenses \$ 13,722,633. incl grants of \$ 335,745. Revenue \$ 12,164,523.

Form 990, Part V, Line 4b, List of Foreign Countries:

Bangladesh, Burma, Canada, Chad,

Sri Lanka, Haiti, Kenya, Laos,

Sudan, Thailand, Uganda, Vietnam

Name of the organization CRISTA Ministries	Employer identification number 91-6012289
---	--

Form 990, Part VI, Section B, line 11: The organization's tax returns are prepared and reviewed by staff in the accounting department. Upon completion of the return it is sent to our professional tax accountant for review. At the same time it will be sent to a designated board member for review. The entire board will receive a copy of the Form 990 prior to filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: The conflict of interest policy applies to the board, officers, key employees, and staff. Conflicts and potential conflicts are to be reported as they arise to the supervisor and ultimately the Law & Corporate Affairs office. The Law & Corporate Affairs department determines whether or not a and actual conflict of interest exists. If an actual conflict is deemed to exist, the General Counsel & Chief Compliance Officer will review for possible action. The following are the restrictions imposed on individuals for whom a conflict exists; they are required to recuse themselves from all future discussion, voting and other decision making with regard to the transaction for which the conflict exists.

Form 990, Part VI, Section B, Line 15: There is a compensation committee of the Board that meets to review the President/CEO's compensation. The committee assesses performance against goals and expectations, reviews the relative competitive position within the market and the industry and makes adjustments as they see fit. The President/CEO determines the compensation for other officers and key employees based on market analysis prepared by CRISTA's Human Resources department. The last compensation review occurred on July 10th, 2013.

Name of the organization
CRISTA Ministries

Employer identification number
91-6012289

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MN, MS, ND, NH, NJ, NM, NY

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DC

Form 990, Part VI, Section C, Line 19: The organization makes its governing documents and conflict of interest policy available to the public upon request. The organization's financial statements are available upon request and are also posted to the organization's web site.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **CRISTA Ministries** Employer identification number **91-6012289**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CRISTA Ministries Canada PO Box 10019 Mt Lahman Centre Abbotsford, BC, CANADA V4X 2R5	Support Christian radio, relief and development work	Canada	N/A	N/A	N/A		X
World Concern Development Organization - 91-1155150, 19303 Fremont Ave N, Seattle, WA 98133	Relief and development	Washington	501(c)(3)	7	CRISTA	X	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) World Concern Development Organization	B	326,648.	FAIR MARKET VALUE
(2) World Concern Development Organization	O	61,731.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			

