

Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 2012, **and ending** 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization NORTHWIND Ministries Inc
 Doing Business As NORTHWIND Ministries, Inc
 Number and street (or P.O. box if mail is not delivered to street address) 6498 Colony Park Dr
 Room/suite _____
 City, town or post office, state, and ZIP code Merritt Island FL 32953

D Employer identification number 59-3061655

E Telephone number (321) 504-3100

F Name and address of principal officer:
Sandra Stafford 6498 Colony Park Dr #205

G Gross receipts \$ _____

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation 1990 **M State of legal domicile** FL

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Restoration of persons who are homeless, indigent, addicted or temporarily disabled through the Gospel of Jesus Christ, that they can be returned to mainstream of society as a productive individual.</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	<u>4</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>4</u>
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	<u>0</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>20-25</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>9266</u>	<u>23,348</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>138,570</u>	<u>129,046</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>139,831</u>	<u>152,394</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–17a)	<u>139,836</u>	<u>152,394</u>	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>139,836</u>	<u>152,394</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>0</u>	<u>0</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>815,798</u>	<u>865,500</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>713,000</u>	<u>587,000</u>
		<u>105,798</u>	<u>278,500</u>

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 Sandra E. Stafford
 Signature of officer

SANDRA E. STAFFORD
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Jandra E. Stafford Preparer's signature Sandra

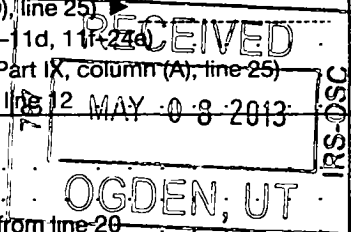
Firm's name _____

Firm's address _____

May the IRS discuss this return with the preparer shown above? (S) _____

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAY 21 2013



Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting. All 'No' boxes are checked.

59-3061655

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 38 rows of questions regarding grants, compensation, tax-exempt bonds, and other financial reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (4), 2 (checked), 3 (checked), 4 (checked), 5 (checked), 6 (checked), 7a (checked), 7b (checked), 8a (checked), 8b (checked), 9 (checked).

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 (checked), 10b (checked), 11a (checked), 12a (checked), 12b (checked), 12c (checked), 13 (checked), 14 (checked), 15a (checked), 15b (checked), 16a (checked), 16b (checked).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - Florida
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.
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: Sandra Stafford 6498 Colony Park Dr Merritt Island FL

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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.

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes handwritten entries for Sandra Stafford, Michael Chester, Nancy Clouser, and Oscar Watson.

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

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

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

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

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
N/A		

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 ▶

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue	0				
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	124,046				
	b Less: cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory		124,046			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.						

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	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees):				
a Management	0			
b Legal	3000	2500		
c Accounting	600			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	350			
13 Office expenses	600			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	5,500			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	750			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	10,311			
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 Utilities	11,488	28,240		
b Fiches	105,250			
c Gas, oil, tires 52,830	14,812	10,012		
d food, clothing, Rx's, Medical	2,949	60,804		
e All other expenses Unifere etc.				
25 Total functional expenses. Add lines 1 through 24e	50,748	101,586		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

101,586
50,748
152,334 TOTAL

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 <i>building fund</i>	798	1	277
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		10a			
	b	Less: accumulated depreciation	0	10c	0
		10b			
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0	
15	Other assets. See Part IV, line 11 <i>See Attachment B</i>	818,000	15	865,500	
16	Total assets. Add lines 1 through 15 (must equal line 34)	818,798	16	865,777	
Liabilities	17	Accounts payable and accrued expenses	-	17	-
	18	Grants payable	-	18	-
	19	Deferred revenue	-	19	-
	20	Tax-exempt bond liabilities	-	20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	-
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties <i>2 would</i>	590,000	23	587,000
	24	Unsecured notes and loans payable to unrelated third parties <i>personal guarantee</i>	76,000	24	36,100
	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	47,000	25	29,600
	26	Total liabilities. Add lines 17 through 25	713,000	26	672,700
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets <i>cash system</i>	798	27	277
	28	Temporarily restricted net assets	-	28	-
	29	Permanently restricted net assets	-	29	-
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	-	30	-
	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	-
	32	Retained earnings, endowment, accumulated income, or other funds	-	32	-
33	Total net assets or fund balances	713,000	33	672,700	
34	Total liabilities and net assets/fund balances	818,798	34	865,500	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets, including Total revenue, Total expenses, Revenue less expenses, Net assets at beginning of year, Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other changes, and Net assets at end of year.

Part XII Financial Statements and Reporting

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

Table with 6 rows for financial reporting questions, including accounting method (Cash checked), compilation/review by accountant, audit by accountant, committee oversight, and federal award audit requirements.

Northwind Ministries, Inc.

B

6498 COLONY PARK DRIVE
MERRITT ISLAND, FL 32953

59-3061655

Attachment B 2012

Assets

Real Estate

location	description	Value
808 Dixon Blvd, Cocoa, Fla,	Thrift Store	225,000.00
318 N. Azure Ln. CoCoa Bch	programs Bld.	225,000
6502 Colony Pk. Dr. M.I., Fla.	Program Bld	68,000
6498 Colony Pk. Dr. M.I. Fla	programs	80,000
6506 Colony PK. Dr. M.I. Fla.	program bldg.	45,000

		\$616.000

Vehicles

Value

1999 Ford Box truck 250	\$3,000.00
2002 Linc.Truck	10,000
1989 Dodge Van	2,000.
1992 GMC 3500	3,500
1993 GMC Motor Home	8,000
1998 Passenger VanDodgr	4,000.
1988 GMC box Van	1,500.
2000 Dodge Van cargo	1,500

	31,500.00

Misc.

content of Thrift Store	210,000
content of office	13000

	218,000.00

Total of All Assets

\$865,500.00