

Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 08-01, 2013, and ending 07-31, 2014

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

C Name of organization DOULOS DISCOVERY MINISTRIES, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9191 CHISHOLM TRAIL
 City or town, state or province, country, and ZIP or foreign postal code
TYLER, TX 75703-0409

D Employer identification no. 04-3691667
E Telephone number (763) 525-8406
G Gross receipts \$ 972,301

F Name and address of principal officer: _____

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number _____

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

J Website: www.ddsdr.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2003 **M State of legal domicile:** TX

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING SUPPORT FOR FUNDING OF EDUCATION AND COMMUNITY SERVICE PROGRAMS IN THE DOMINICAN REPUBLIC AND OTHER FOREIGN COUNTRIES.		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	833,924	939,773
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321	333
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,481	32,195
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	861,726	972,301
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	327,785
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		348,126	391,542
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)			0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,664	166,361
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		773,575	990,882
19 Revenue less expenses. Subtract line 18 from line 12	88,151	(18,581)	
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)	324,472	302,882
	22 Net assets or fund balances. Subtract line 21 from line 20	36,608	33,599
		287,864	269,283

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: RANDAL GATZKE, TREASURER Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: STUART J BONNIWELL Preparer's signature: Stuart J Bonniwell Date: 06-10-2015 Check if self-employed PTIN: P01272335
 Firm's name: STUART J BONNIWELL CPA Firm's EIN: 41-1988892
 Firm's address: 7101 YORK AVENUE SOUTH - SUITE 346 Phone no.: 952-921-3325
MINNEAPOLIS MN 55435

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.