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A For the 2008 calendar year, or tax year beginning 01-01-2008 , and ending 12-31-2008				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KEVIN COOLEY MINISTRIES INC		D Employer identification number 63-1193458
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 16407		E Telephone number (251) 471-2914
		City or town, state or country, and ZIP + 4 MOBILE, AL 36616		F Group Exemption Number 1

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ☒ WWW.KEVINCOOLEY.COM	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 90,965

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue		2023		2022	
1	Contributions, gifts, grants, and similar amounts received	1	83,408	1	83,408
2	Program service revenue including government fees and contracts	2	6,470	2	6,470
3	Membership dues and assessments	3		3	
4	Investment income	4	474	4	474
5a	Gross amount from sale of assets other than inventory	5a		5a	
b	Less cost or other basis and sales expenses	5b	0	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 				
a	Gross revenue (not including \$_____ of contributions reported on line 1)	6a	0	6a	0
b	Less direct expenses other than fundraising expenses	6b	0	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	613	7a	613
b	Less cost of goods sold	7b	18,183	7b	18,183
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-17,570	7c	-17,570
8	Other revenue (describe  _____)	8		8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 	9	72,782	9	72,782

Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors	400	13	400
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping	8,898	15	8,898
	16	Other expenses (describe _____)	119,509	16	119,509
	17	Total expenses (add lines 10 through 16)	128,807	17	128,807
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-56,025	18	-56,025
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	61,727	19	61,727
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	5,702	21	5,702

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	40,316	22	3,896
23	Land and buildings		23	
24	Other assets (describe )	22,782	24	9,650
25	Total assets	63,098	25	13,546
26	Total liabilities (describe )	1,371	26	7,844
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	61,727	27	5,702

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROCLAIM THE GOSPEL OF JESUS CHRIST			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 DURING 2008, THE ORGANIZATION FACILITATED AND FULLY FUNDED THE 13TH YEAR OF DOMATA INDIA BIBLE SCHOOL, WHICH GRADUATED 31 STUDENTS DURING THE YEAR. WE ALSO PARTIALLY FUNDED TWO OTHER BIBLE SCHOOLS IN INDIA. WE PROVIDED CONTINUED SUPPORT TO DOMATA GRADUATES, AND TO EMBASSY OF HOPE CHURCH IN BANGALORE, INDIA. WE PROVIDED SUPPORT TO TWELVE OTHER CHURCHES THROUGH THE EMBASSY OF HOPE NETWORK. WE PROVIDED SUPPORT AND OVERSIGHT TO TWO ORPHANAGES IN INDIA. WE CONDUCTED VARIOUS MISSIONS PROGRAMS AT HARVEST CHURCH WHERE KEVIN COOLEY PASTORS, AS WELL AS TRAVELING THROUGHOUT THE UNITED STATES MINISTERING IN DIFFERENT CHURCHES, TO RAISE SUPPORT AND AWARENESS OF OUR WORK ABROAD. WE CONDUCTED A LARGE PASTORS CONFERENCE IN BANGALORE WITH AN ATTENDANCE OF 325, AS WELL AS FOUR SMALL RETREATS AND MANY VILLAGE OUTREACHES THROUGHOUT INDIA. WE SENT OUT MONTHLY NEWSLETTERS AND E-NEWS UPDATES TO OUR MAILING LIST OF APPROXIMATELY 1500 PEOPLE TO INFORM THEM OF MINISTRY ACTIVITY. WE UPDATED AND REVISED OUR VARIOUS TEACHING SERIES AND EXPANDED OUR LIBRARY ACCORDINGLY. WE CONTINUED TO RESEARCH POSSIBLE SITES FOR THE EMBASSY OF HOPE ORPHANAGE AND CHURCH, AND THE DOMATA SCHOOL. (Grants \$ 115,388) If this amount includes foreign grants, check here . . . ☐		28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	115,388

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

b

Did the organization file **Form 1120-POL** for this year?

37b

No

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

Yes

b

If "Yes," complete Schedule L, Part II and enter the total amount involved  .

38b

5,078

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

0

b

Gross receipts, included on line 9, for public use of club facilities

39b

0

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. 

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____

d

Enter amount of tax on line 40c reimbursed by the organization ▶ _____

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶ _____

42a

The books are in care of  THE ORGANIZATION Telephone no  (251) 471-2914

PO BOX 16407

Located at  MOBILE, AL ZIP + 4  36616

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

If "Yes," enter the name of the foreign country ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country ▶ _____

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here   and enter the amount of tax-exempt interest received or accrued during the tax year  **43** _____

Yes

No

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."				
(a)	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c)	Compensation
	NONE				
	Total number of other independent contractors receiving over \$100,000				

Please Sign Here	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.					
	***** Signature of officer		2010-10-04 Date			
Paid Preparer's Use Only	KEVIN COOLEY President Type or print name and title					
	Preparer's signature	Theresa R Berry	Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	360I PLLC PO BOX 470165 TULSA, OK 74147	EIN	Phone no. (918) 810-1676		
May the IRS discuss this return with the preparer shown above? See instructions.					Yes	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KEVIN COOLEY MINISTRIES INC	Employer identification number 63-1193458
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☒	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	84,311	104,183	118,273	151,370	83,408	541,545
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add line 1-3	84,311	104,183	118,273	151,370	83,408	541,545
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						65,280
6 Public Support subtract line 5 from line 4						476,265

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	84,311		118,273	151,370	83,408	541,545
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158				474	632
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	23,835			15,743	6,470	46,048
11 Total Support (Add lines 7 through 10)						588,225
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	80.970 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	90.330 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10% Facts and Circumstances Test - 2008. 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	☐	
b 10% Facts and Circumstances Test - 2007. 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	☐	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 63-1193458
Name: KEVIN COOLEY MINISTRIES INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SKIP MOSLEY 3963 S HWY 97 ONB 317 SAND SPRINGS,OK 74063	Director 0	0		
JIM WIDEMAN 2441 Q OLD FORT PKWY 354 MURFREESBORO,TN 37128	Director 0	0		
BRIAN CUFF 4646 FOX HOLLOW RD EUGENE,OR 974053905	Director 0	0		
ADRIENNE COOLEY 1275 E I65 SERVICE RD S MOBILE,AL 36606	Vice President 25 00	0		
KEVIN COOLEY 1275 E I65 SERVICE RD S MOBILE,AL 36606	President 40 00	0		

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
KEVIN COOLEY MINISTRIES INC

Employer identification number

63-1193458

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
KEVIN COOLEY TRAVEL COSTS		X	5,078	5,078		No		No		No
Total ▶ \$					5,078					

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

TY 2008 Other Assets Schedule**Name:** KEVIN COOLEY MINISTRIES INC**EIN:** 63-1193458**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Receivables-Officers, Directors, Etc.		5,078
Machinery and Equipment	349	218
INDIA ADVANCEMENT	20,633	3,154
Automobiles	1,800	1,200

TY 2008 Other Expenses Schedule**Name:** KEVIN COOLEY MINISTRIES INC**EIN:** 63-1193458**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Amount
Travel	2,760
SUPPLIES	174
PARTNER CARE PROGRAM	1,283
OTHER MISSIONARY EFFORTS	7,410
Office Expenses	448
MISCELLANEOUS	171
MEALS & ENTERTAINMENT	860
LICENSES & PERMITS	282
Interest	744
INDIA MISSIONS	70,976
FLOWERS & GIFTS	78
DUES & SUBSCRIPTIONS	1,329
Depreciation	733
CONTRIBUTIONS	25,095
CONTRACT LABOR	75
Conferences, Conventions, and Meetings	837
BOOKS & TAPES	242
BANK CHARGES	2,060
AUTOMOBILE EXPENSE	2,244
Advertising and Promotion	1,260

TY 2008 Other Liabilities Schedule**Name:** KEVIN COOLEY MINISTRIES INC**EIN:** 63-1193458**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
CREDIT CARD PAYABLE		7,844
Accounts Payable and Accrued Expenses	1,371	