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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the	2008 calendar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009	· · · · · · · · · · · · · · · · · · ·			
Вс	heck if	Please C Name of organization	D Employer identifica	ation number			
at	pplicable	use IRS Street Corner Ministries:					
	Addres	s label or L					
	Name change	type	59-33	90220			
	initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number				
	Termin ation	Instruction 411 Spring variety Lane	407-7	86-0092			
	Ameno	City or town, state or country, and zir + 4	G Gross receipts \$	660,765.			
	Applic	Altamonice Springs, FD 32/14	H(a) Is this a group return				
	pendir	F Name and address of principal officer: Kelly Curry	for affiliates?	Yes X No			
		same as C above	H(b) Are all affiliates inclu				
		mpt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		st. (see instructions)			
		e: ▶ NONE	H(c) Group exemption				
		. " 	ear of formation: 1996 M	State of legal domicile; GA			
[Fe	rt I	Summary Briefly describe the organization's mission or most significant activities. Christian	Outreach Min	igtry			
9	1	Briefly describe the organization's mission or most significant activities. CITTISCIAL	i Outreach Min	IISCIY			
nan	2	Check this box I if the organization discontinued its operations or disposed of m	ore than 25% of its assets				
Ver	2	Number of voting members of the governing body (Part VI, line 1a)	3	3			
2 g 2010 ctivities & Governance	3	Number of voting members of the governing body (Fart VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	4				
<u>20</u>	4		5	1			
ej.	5	Total number of employees (Part V, line 2a)	6	11			
evi≩	b	Total number of volunteers (estimate if necessary)	7a	0.			
		Total gross unrelated business revenue from Part VIII, line 12 Column (0)—	7a 7b	0.			
\equiv	<u>b</u>	Net unrelated pusiness taxable income from Form 330-17-into-34-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Prior Year	Current Year			
_		Contributions and grants (Part VIII, line 1h)	563,863.	659,379.			
Шa		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	303,003.	00010100			
SCANNED Revenue		Investment income (Part VIII, column (A), lines 3 4, and 770)	4,506.	1,386.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e),					
Š		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,369.	660,765.			
(A)		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	350,264.	450,000.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)					
ý	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,875.	6,600.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		··			
<u>ē</u>	ь	Total fundraising expenses (Part IX, column (D), line 25)					
ũ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	92,797.	91,929.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	447,936.	548,529.			
	19	Revenue less expenses Subtract line 18 from line 12	120,433.	112,236.			
ces			Beginning of Year	End of Year			
Assets or Balances	20	Total assets (Part X, line 16)	134,891.	<u> 171,374.</u>			
	21	Total liabilities (Part X, line 26)	75,753.	···			
Fund	22	Net assets or fund balances Subtract line 21 from line 20	59,138.	<u>171,374.</u>			
Pa	art II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	its, and to the best of my knowledge ige	e and belief, it is true, correct,			
			1 // /				
Sig	n	formal.	6/16/	<u> </u>			
Her	е	Signature of officer	Date				
		tormond Lahrson, da 2100	240				
		Type of print name and title	Check if Preparer	's identifying number			
Paid	ı	Preparers	colf- (see insti	ructions)			
Prep	arer's	(05/10/10)		P00428093 193611			
Use	Only	vours if Dates Mollison wates & Dee, F.A.	<u>EIN</u> ► 20-4	133011			
		self-employed), address, and Conland Place, Suite 701	Dhana na h 40	7-770-6000			
<u></u>	, the I	ZP+4 Orlando, Florida 32801	Phone no. 24 0	12			
		RS discuss this return with the preparer shown above? (see instructions)	netructions	Form 990 (2008)			
8320	01 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nau uçuyna.	. 6			
			ſλ	* <i>J</i>			
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Street Corner Ministries: Form 990 (2008) Matthew 22:9, Inc. Part III | Statement of Program Service Accomplishments (see instructions) 59-3390220 Page **2**

1	Briefly describe the organization's mission' Christian Outreach Ministry											
	•											
•												
2	the prior Form 990 o		-	vices during the year whi	ch were not listed on		Yes [X No				
3	Did the organization		nake significant	changes in how it condu	cts, any program serv	rices?	Yes [X No				
4	Describe the exempt Section 501(c)(3) and	t purpose achievement d 501(c)(4) organization	s for each of the ns and section 4	e organization's three larg 947(a)(1) trusts are requi y, for each program serv	red to report the amou	•						
4a)(Expenses\$ the spread rious means	of Chri	O. including grants of \$ stianity and			rist)				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)				
4c	(Code.) (Expenses \$		including grants of \$) (Revenue \$)				
4d	Other program service (Expenses \$	ces (Describe in Sched	fule O) ing grants of \$		Revenue \$							
40	Total program corvi			640 (Must equal F		n /R))						

rm 990 (22:9,	Inc.	59-3390220	Page 3
art IV	Checklist of Required Sc	nedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3,	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			_
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	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? If "Yes," complete Schedule F, Part II	_15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	İ		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	├—	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			v
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-	l	
_	any tax-exempt bonds?	24c 24d	-	-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	=30		<u> </u>
D		25b		Х
ne	prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
<u>~ 1</u>	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Commenced of the appropriation of the second		990 (
			,	•

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Matthew 22:9, Inc. Part IV Checklist of Required Schedules (continued)

Yes . No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? Х 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N. Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," complete Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

Form 990 (2008) Matthew 22:9, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

				T	J			
	Enter the number repeated in Day 2 of Form 1000. Applied Output and Transport to 1	l		Yes	No			
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		2	1				
	U.S. Information Returns. Enter -0- if not applicable	1a	- 4					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and ri	1b		1				
Ċ	(gambling) winnings to prize winners?	eportable gaming	1.	x				
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		<u>1c</u>	<u> </u>				
Za	· · · · · · · · · · · · · · · · · · ·	00	1					
h	filed for the calendar year ending with or within the year covered by this return	2a	ᅼᇵ	x				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		2b		-			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	•			Х			
		d by this return?	3a					
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other	authority avar a	<u>3b</u>					
44	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х			
h	If "Yes," enter the name of the foreign country:	accounty	40		<u> </u>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and	-					
	Financial Accounts.	Dank and						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	ĺ	х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		х			
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity							
	Tax Shelter Transaction?	riogarding riomonod	_5c					
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X			
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts						
_	were not tax deductible?	J	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75?	7a		х			
	400							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required						
	to file Form 8282?		_7c_		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year .	7d						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal						
	benefit contract?		_7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	_7f		X			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	_7g		X			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as required?	<u>7h</u>		X			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 509(a)(3)						
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganızatıon, have	1					
	excess business holdings at any time during the year?		_8_					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		- 1		}			
а	Did the organization make any taxable distributions under section 4966?		_9a_		ļ			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		_9b_					
10	Section 501(c)(7) organizations. Enter. N/A	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter N/A	1						
a	Gross income from members or shareholders	11a	_					
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)	11b	⊢					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		l				

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Form 990 (2008) Matthew 22:9, Inc. 59-3390220 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

ec	tion A. Governing Body and Management			
	•		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
•	processes, or changes in Schedule O See instructions.	1		
1a	Enter the number of voting members of the governing body	<u>3</u>		
b	Enter the number of voting members that are independent	<u>3</u>		
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?	2	X	
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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following The governing hody?	8a	x	
	The governing body? Each committee with guitherity to act on helpalf of the governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	9a	1	X
	Does the organization have local chapters, branches, or affiliates?	_5a		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	9b		
	and branches to ensure their operations are consistent with those of the organization?	90_		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	40	x	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	4.		х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		- 22
ec	tion B. Policies		Yes	No
	0.14 A	100	168	X
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401		
	to conflicts?	12b	 	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		37
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14_	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	İ		
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL, GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial	
-	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation.	>	
	Raymond Johnson - 407-786-0092			
	411 Spring Valley Lane, Altamonte Springs, FL 32714			

Form 990 (2008)

Matthew 22:9, Inc.

59-3390220

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours			osition all that apply)		.h.A	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Raymond Johnson										
Treasurer/Secretary/Dir	0.50	X	├	X	<u> </u>	1	ļ <u>.</u>	0.	0.	0
Susan Curry	0.50			ļ]			•	0
Director David Manaland	0.50	X	-		-			0.	0.	0
David Moreland	0.50	.					ŀ	0.	0.	0
<u>Director</u> Kelly Curry	0.50	^	├			╁	-		<u> </u>	
President	2.00			X		ļ		o.	0.	0
				<u> </u>			_			

Matthew 22:9, Inc.

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average hours	/che		Posi		app	hΛ	Reportable compensation	Reportable compensatio	n		timate	
	•	per	\vdash	I	all	liiai	app	יעיי רציי	from	from related			other	O1
		week	Individual trustee or director				_		the	organizations			pensa	
			tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anızatı	
			lal trus	institutional trustee	Officer	ployee	Highest compensated employee		(***271033181100)			_	d relate	
			D D	nstitut	is i	ey em	inghest inploy	огше				orga	anızatı	ons
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			├─	\vdash			 	-	 			l	<u> </u>	
1b	Total				_		▶		0.		0.			0.
2	Total number of individuals (including those	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	.000 in reportable					^
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	etar	s ko	v en	nnlo	Vee	or l	highest compensated et	nnlovee on				
3	line 1a? If "Yes," complete Schedule J for s			, RC	y C.,	ıpıc	, cc,	· ·	mg/100t 00mponoatoa of			3		X
4	For any individual listed on line 1a, is the su			omp	ensa	atio	n an	d ot	ther compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	, " cc	mpl	ete :	Sch	edul	e J	for such individual			4		X
5	Did any person listed on line 1a receive or				from	an	y uni	relat	ted organization for serv	ices rendered to				
	the organization? If "Yes," complete Sched	ule J for such	per	son								5		X
	tion B. Independent Contractors Complete this table for your five highest co	moonsated in	don	ondo	nt c		racti	ore :	that received more than	\$100,000 of com	nens	ation 1	from	
1	the organization NONE	inpensated in	чер	GIIGE	7111	,0111	iacti	J. J	mat rootives more man	4 ,00,000 0, 00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	
	(A)								(B)			((
	Name and business	address				_			Description of s	services		ompe	nsatio	n
		<u>-</u>												
							_							
			_											
	Total number of independent contractors (noludina than		1\	ho -		wod	mo	re than \$100,000 in com	nensation	_			
2	from the organization	nciuaing those	e in	ı, w	iio fi	- U81	iveu	HO	io man wroo _i ooo in con	porisation				
_	nom are organization			_			_					Form	990 c	2008)

Street Corner Ministries: Matthew 22:9. Inc.

			lew 22:9,	Inc.		, — — — — <u>— — </u>	59-3390)220 Page 9
Pa	rt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	similar amounts not included abo	ts, and ve 1f 6	59,379.				
and	_	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$		659,379.			
Program Service Revenue	2 a	3		Business Code				
Even	0					-		-
Age.	e							
g	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts) Income from investment of ta		>	1,386.			1,386.
	5	Royalties		•				
			(i) Real	(ii) Personal				
	t	a Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)						
	7 8	a Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
		and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue		a Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses	of					
	•	Net income or (loss) from fund	draising events					
		a Gross income from gaming at Part IV, line 19	а					
		 Less direct expenses Net income or (loss) from gan 	b. onna activities					
		 Gross sales of inventory, less and allowances 					· · · · · · · · ·	
		b Less cost of goods sold c Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu		Business Code				
	11 a	a				-		
		·						
		d All other revenue						
	•	e Total. Add lines 11a-11d		>	777			
83200 02-02	12 9 -09	Total Revenue Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	660,765.	0.	0	1,386. Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21			1						
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16	450,000.	450,000.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
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	5,760.	5,760.							
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	840.	840.							
11	Fees for services (non-employees).		_							
а	Management									
b	Legal									
С	Accounting									
d										
е	Professional fundraising services. See Part IV, line 17		_							
f	Investment management fees									
g	Other	57,790.	53,830.	3,960.						
12	Advertising and promotion	517.		517.						
13	Office expenses	7,580.		7,580.						
14	Information technology	2,211.		2,211.						
15	Royalties									
16	Occupancy									
17	Travel	13,505.		13,505.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total									
	expenses shown on line 25 below.)		40.040		_					
	Missionary expense	10,210.	10,210.							
b	License and fees	116.		116.						
С			-							
d										
е										
	All other expenses		500 510							
	Total functional expenses. Add lines 1 through 24f	548,529.	520,640.	27,889.	0.					
26	Joint Costs. Check here ▶									
	SOP 98-2. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									

Form 990 (2008)
Part X Balance Sheet Matthew 22:9, Inc.

			(A) Beginning of year		(B) End of	year		
	1.	Cash - non-interest-bearing		1_				
	2	Savings and temporary cash investments	86,026.	2	12:	2,509.		
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4	-			
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L		6				
ø.	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8				
As		Prepaid expenses and deferred charges		9	·			
	9	Land, buildings, and equipment cost basis 10a						
		Less accumulated depreciation. Complete	-					
	D	Part VI of Schedule D		10c				
		Investments - publicly traded securities	48,800.	11	4	8,800.		
	11	Investments - other securities See Part IV, line 11	40,000.	12		<u> </u>		
	12			13		· · · · · · · ·		
	13	Investments - program-related. See Part IV, line 11		14		-		
	14	Intangible assets	65.	15		65.		
	15	Other assets See Part IV, line 11	134,891.	16	17	$\frac{33.}{1,374.}$		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	753.	17	1	1, <i>31</i> 7.		
	17	Accounts payable and accrued expenses	133.	18				
	18	Grants payable						
	19	Deferred revenue .		19				
Liabilities	20	Tax-exempt bond liabilities .		20				
	21	Escrow account liability. Complete Part IV of Schedule D		21_				
	22	Payables to current and former officers, directors, trustees, key employees,						
		highest compensated employees, and disqualified persons. Complete Part II	75 000					
_		of Schedule L	75,000.	22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24		<u> </u>		
	25	Other liabilities Complete Part X of Schedule D	75 752	25		0.		
	26	Total liabilities. Add lines 17 through 25	75,753.	26		<u> </u>		
		Organizations that follow SFAS 117, check here						
Ses		lines 27 through 29, and lines 33 and 34.	FO 130		177	1 27/		
aŭ	27	Unrestricted net assets	59,138.	27	17	<u>1,374.</u>		
Bal	28	Temporarily restricted net assets		28				
Fund Balanc	29	Permanently restricted net assets		29				
ī		Organizations that do not follow SFAS 117, check here						
Net Assets or		complete lines 30 through 34.						
set	30	Capital stock or trust principal, or current funds		30				
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
ét	32	Retained earnings, endowment, accumulated income, or other funds	FO 120	32	177	1,374.		
_	33	Total net assets or fund balances	59,138.	33				
D-	34	Total liabilities and net assets/fund balances	134,891.	34	17	1,374.		
Pai	rt XI	Financial Statements and Reporting			· · ·	Yes No		
_			7 045-1		<u>-</u>			
1		ounting method used to prepare the Form 990: X Cash Accrual	Other					
2a		e the organization's financial statements compiled or reviewed by an independent	accountant?		. <u>2a</u>	X		
b		e the organization's financial statements audited by an independent accountant?			2b	X		
C		es" to lines 2a or 2b, does the organization have a committee that assumes response		audit	, 2c			
	review, or compilation of its financial statements and selection of an independent accountant?							
3а		result of a federal award, was the organization required to undergo an audit or au	ισιτε as set forth in the Sing	jie Aud		77		
		and OMB Circular A-133?			3a	X		
<u>_b</u>	If "Ye	es," did the organization undergo the required audit or audits?	 -		3b	000 (2222)		
83201	1 12-18	3-08			Form	990 (2008)		

SCHEDULE A

(Form 990 or 990-EZ)

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 Street Corner Ministries: **Employer identification number** Matthew 22:9 59-3390220 Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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. d ____ Type III - Other Type II c Type III - Functionally integrated ∐ Type I 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No **Total**

Schedule A (Form 990 or 990 EZ) 2008 Matthew 22:9, Inc.

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.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 1 Gifts, grants, contributions, and membership fees received. (Do not 313,923. 748,696. 348,044. 563,86<u>3. 659,379.</u> 2633905. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 348,044. 563,863. 659,379. 748,696. 313,923. 4 Total. Add lines 1 - 3 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, 786,072. column (f) 1847833. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (c) 2006(d) 2007 (e) 2008 (a) 2004 (b) 2005 2633905. 34<u>8,044</u>. 563,863. 659,379 <u>313,923.</u> 748,696. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,386 31,721. 5,120. 19,388 4,234. 1,593 and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 271 1,601. 650 680. assets (Explain in Part IV) 2667227 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 69.28 % 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 63.65 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support 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 $\triangleright |\mathbf{X}|$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

59-3390220 Page 2

Page 3

Sch	edule A (Form 990 or 990 EZ) 2008 Irt III Support Schedule for C)rganizations	Described in	Section 509/a	1/2) 10 1		Page 3
Sec	ction A. Public Support	organizations	Described iii	ajcoo nonse	(Complete only	r if you checked the bo	ox on line 9 of Part I.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not	19, ===	(2) 3333	10, 2330	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	(0) 2000	(i) rotal
•	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 bus- iness under section 513						_
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf					<u></u>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	·					
6	Total. Add lines 1 - 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t) Amounts 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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				<u> </u>		
Se	ction B. Total Support	·	<u> </u>	···-··		 _	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ķ	Unrelated business taxable income			-			
	(less section 511 taxes) from businesses				ŀ		
	acquired after June 30, 1975	· -					
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	L	504()(5)	L <u> </u>
14	First five years. If the Form 990 is for	tne organization's	s tirst, second, thir	a, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	- Cumpart Da					
	ction C. Computation of Public					lar I	
	Public support percentage for 2008 (I		•	column (T))		15	% %
_	Public support percentage from 2007 ction D. Computation of Inves					16	
				as 13 column (fl)		17	%
18	Investment income percentage for 20 Investment income percentage from 2		=			18	%
	33 1/3% support tests - 2008. If the	•	•	=	15 is more than t		
156	more than 33 1/3%, check this box a	_					. 13 11.0t
h	33 1/3% support tests - 2007. If the						and
•	line 18 is not more than 33 1/3%, che	-					▶[□
20	Private foundation. If the organizatio		-				
						nedule A (Form 99	0 or 990-E7) 200

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Street Corner Ministries: Matthew 22:9, Inc. 59-3390220 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. 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? X Yes For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in region (e) if activity listed in (d) (f) Total (a) Region employees or offices (by type) (i.e., fundraising, is a program service, expenditures describe specific type in region in the region agents in program services, grants to recipients located in the region) of service(s) in region region Grants to organization located in region; missionary expenses for 520,640. missionaries in region, Europe 520 640. **Totals** Schedule F (Form 990) 2008

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

Matthew 22:9, Inc.

Use Schedule F-1 (Form 990) if additional space is needed

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, Ine 15, for any 59-3390220 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2008

Page 2

ement assistance assistance appraisal, other)	fer 0.				has provided a
cash disbursement	wire transfer and checks	 			tee or counsel
of cash grant	450,000.				which the grant
grant	To further the education and spread of the Gospel of Christ in Ireland				ies by the foreign country or for which the grantee or counsel has provided a
lloifiau (a)	Burope				Enter total number of organizations that are recognized as charities section 501(c)(3) equivalency letter
and EIN (if applicable)					organizations that ai
(a) Name of organization					2 Enter total number of organizations section 501(c)(3) equivalency letter

Schedule F (Form 990) 2008

3 Enter total number of other organizations or entities

Matthew 22:9, Inc.

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

59-3390220

Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	ssistance (b) Region re	Number of cipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	ļ						
					_		
						Schedu	Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 Matthew 22:9, Inc. 59-3390	220 Page 4
Part IV Supplemental Information	
Complete this part to provide the information required by Part I, line 2, and any other additional information.	
Schedule F, Part I, Line 2: The Organization makes grants to only	one
foreign organization, located in Europe. The board of directors or	f the
Organization also serve on the board of directors of the foreign g	rantee
organization and, through their involvement in the governance of the	ne
foreign grantee organization, closely monitor the use of grant fund	is.
Periodic reports are also submitted by the foreign grantee organization	ation
to the Organization.	

832074 12-18-08

Schedule F (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Street Corner Ministries: Matthew 22:9, Inc.

Employer identification number 59-3390220

Schedule R (Form 990) 2008 2008 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 59-3390220 entıty entity N/A End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) equivalent 7 foreign Œ Exempt Code Total income section equivalent 501(c)(3) 501(c)(3) 9 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ See separate instructions. Florida reland LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Sharing the good news of Jesus Christ with the Primary activity Primary activity Grantmaking private seople of Ireland Ministries Coundation Inc. Identification of Related Tax-Exempt Organizations Street Corner Matthew 22:9, 3:11, Inc. - 59-3271100, 411 Spring Valley 3:11, Ltd., 25/27 Lower Dominick Street, Foundation in Christ Ministries: I COR, Foundation in Christ Ministries: I COR, Identification of Disregarded Entities Lane, Altamonte Springs, FL 32714 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Galway, Ireland SCHEDULE R (Form 990) Part Part II

Street Corner Ministries: Schedule R (Form 990) 2008 Matthew 22:9, Inc.

Page 2

59-3390220

Part III Identification of Related Organizations Taxable as a Partnership

3	General or managing partner?		
(1)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	 -	 -
£)	Disproportion- ate allocations?		
9	Share of end-of-year assets		
(F)	Share of total income		;
(E)	Predominant income (related, investment, unrelated)		
(Q)	Direct		
<u>(</u>)	Legal domicile (state or foreign country)		
(B)	Primary activity		
(A)	Name, address, and EIN of related organization		

.nst	
orporation or Ti	
s a Cor	
Taxable as	
Organizations 1	
Related C	
Identification of	
art IV	

(A)	(8)	(0)	(a)	(E)	(F)	(5)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling 1ype of entity entity (C corp, S corp, or trust)	lype of entity (C corp, S corp, or trust)	Share of total	Share of the end-of-year assets	Percentage ownership
	=						
							_

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Page 3 Schedule R (Form 990) 2008 450,000. ŝ × × × × × Amount involved Yes 59-3390220 5 ᆵ 10 9 a 우 5 19 þ 5 ŧ = ÷ ¥ Ŧ ¥ = 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 (B) Transaction type (a-r) ф 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? (1) Foundation in Christ Ministries: I COR. 3:11, Ltd Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets r Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) p Reimbursement paid by other organization for expenses Note. Complete line 1 if any entity is listed in Parts II, III, or IV Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) Matthew 22:9 e Loans or loan guarantees by other organization(s) Part V Transactions With Related Organizations Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Schedule R (Form 990) 2008 Exchange of assets 832163 12-23-08 Ε <u>a</u> <u>ල</u> € (2) 혤

Matthew 22:9, Inc.

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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate allocations? Yes No Share of end-of-year assets Œ Are all partners section 501(c)(3) organizations? Yes No <u>@</u> Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

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