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Form 990

SCANNED DEC 28 2010

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

		the Treasury The organization may have to use a copy of this return to sat	•	norting regu	úrements.	Open to Public Inspection
			and ending		mements.	, 20
_		Cod Ministra	and entury	<u>'</u>	D Employ	er identification number
_	Check if a	CHO IRS David Divination As			01	0797083
	Address	print or himmer and street for D.D. how if one and delivered to street entrances	Room/surt	ie -		ne number
_	Name ch	ange type.	1	i	(612)	435-2443
_	nitial reti	Specific Characterist and 700 to A			, <u>, , , , , , , , , , , , , , , , , , </u>	
_	Terminat	tion Minneapolia MM 55406			G Gross rec	sipts \$ 6592696
_	Amendeo Apolicatios	E News and address of puncipal effects		14/42 1-15-		or affiliates? Yes No
، ب	фрисало	Jon Bloom Address same as above				chuded? Tyes No
ī	Tax-exe	mpt status: \$\overline{\mathcal{Z}}\$ 501(c) () \$\rightarrow\$ (insert no.) \$\overline{\mathcal{Z}}\$ 4947(a)(1) or \$\overline{\mathcal{Z}}\$ 527		,		ist. (see instructions)
J	Websit	e: > DesiringGod.org			exemption num	•
			ar of formation			legal domicile: MN
	art (Summary				
	1 6	riefly describe the organization's mission or most significant activities	s: Desiri	ng God ex	sts to spi	ead a passion
	1 7	or the supremacy of God in all things for the joy of all peoples th	rough Jes	us Christ	by making	educational print,
8		electronic, audio, video and event resources available to people a	round the	world. We	employ t	he most strategic
夏	-	media available to us to accomplish this mission.				
Activities & Governance	2	theck this box > [if the organization discontinued its operations or disposed of mo	re than 25%	of its net asse	ets.	
Ğ		lumber of voting members of the governing body (Part VI, line 1a).			. 3	
8		lumber of independent voting members of the governing body (Part	VI, line 1b)	. 4	2
萋		otal number of employees (Part V, line 2a)			. 5	44
Ą	1	otal number of volunteers (estimate if necessary)			. 6	200
.′ `		otal gross unrelated business revenue from Part VIII, column (C), line	12	• • • • •	. 7a	0
	<u> </u>	let unrelated business taxable income from Form 990-T, line 34.		DID.	. 7b	0
		Contributions and grants (Part VIII, line 1h)	25	Prior Y		Current Year
	8 (Contributions and grants (Part VIII, line 1h)	2162172	2642533		
Š	9 F	Program service revenue (Part VIII, line 2g)	' ⊢		606720	677909
Revenue					-158970	-191
-	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) · 		699200	602294
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)		3309122	3922545
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · -		17011	59438
		Benefits paid to or for members (Part IX, column (A), line 4)	· · · -		1746846	2003996
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines	: 5–10) <u> </u> _		0	
9		Professional fundraising fees (Part IX, column (A), line 11e)	2088			
Ø	L.	oral numeralising expenses (Part IX, Column (D), Illie 25)	-		1917402	2015272
		Other expenses (Part IX, column (A), lines 11a-	ان کین		3681259	· 4115742
		Total expenses. Add lines 13-17 (must equal F n (A), line	20) -		-372137	-193197
- 9		Revenue less expenses. Subtract line		Seginning of C		End of Year
usets or		Fabril accepts (Dock V. User 40)	F		2130857	1967078
		Total assets (Part X, line 16)			359335	388753
Fund	21	Fotal liabilities (Part X, line 26)			1771522	1578325
	art II	Signature Block				
_		Under acception of payment of payment that I have examined this payment including accommo	anying sched	ules and state	ments, and to	the best of my knowledge
		and belief, it is true, correct, and complete beclaration of preparer (other than officer)	is based on	all information	of which pro	parer has any knowledge.
Sig	an	1 Lemanton			101	20/10
	ere	Signature of officer		Dat	18	
		TERMY KVESCHNER C	FO			
		Type or pant name and title				
_		Preparer's Date	Ch	eck of f-	Preparer's k	tensilying number
Pai	d	signature		ptoyed ► 🛘	,500 15000	
	parer's				L	
	S OulA	Firm's name (or yours of self-employed),		EIN	<u> </u>	
		address, and ZIP + 4		Phone r	10. Þ ()
Ma	y the	RS discuss this return with the preparer shown above? (see instruct	ions) .			. Yes No
		Act and Bosonick Deduction Act Nation and the converte instruction	••	Cert No. 1	1282Y	Form 990 (2009)

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199 '81 2 2 9

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	990 (2009)			<u></u>	Page
Par	Statement of	f Program Ser	vice Accomplishments		
1	through Jesus Chri	s to spread a pa ist by making e	nission: ssion for the supremacy of God in all thir ducational print, electronic, audio, video e most strategic media available to us to	and event resources ava	ilable to people
2	Did the organization the pnor Form 990 of If "Yes," describe the	x 990-EZ?	significant program services during the year	which were not listed or	Yes 🗹 No
3	Did the organization	cease conducti	ng, or make significant changes in how it c	onducts, any program	☐ Yes Ø No
4	Describe the exemption Section 501(c)(3) and	t purpose achieved 501(c)(4) organ	vements for each of the organization's three nizations and section 4947(a)(1) trusts are re- nses, and revenue, if any, for each program	equired to report the amo	s by expenses. ount of grants and
4a			1043481 including grants of \$		
	We Develope Book	e Tanes CD's	Video's, Bible Study Guides, etc. to enc	ourage our program serv	vice.
	• • • • • • • • • • • • • • • • • • • •				
Ah.					
4b	(Code:) (Expenses \$	789147 including grants of \$		
4b	(Code:) (Expenses \$	789147 including grants of \$) (Revenue \$	570661)
4b	(Code:) (Events Desiring God hosts	Expenses \$	789147 including grants of \$tors conference and two to three theme c) (Revenue \$	570661)
4b	(Code:) (Events Desiring God hosts ranging from 1000	Expenses \$ s an annual pas to 3000 people	789147 including grants of \$ tors conference and two to three theme cat each event.) (Revenue \$	570661)
4b	(Code:) (Events Desiring God hosts ranging from 1000	Expenses \$ s an annual pas to 3000 people	789147 including grants of \$tors conference and two to three theme cat each event.) (Revenue \$	570661)
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4b	(Code:) (Events Desiring God hosts ranging from 1000	Expenses \$ s an annual pas to 3000 people	789147 including grants of \$) (Revenue \$	570661) n attendance
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•	(Code:) (Events Desiring God hosts ranging from 1000 (Code:) (Donated Resource	Expenses \$ s an annual pas to 3000 people	789147 including grants of \$ tors conference and two to three theme cat each event.) (Revenue \$	570661) n attendance

) (Revenue \$

2469323

4d Other program services. (Describe in Schedule O.) (Expenses \$ 307132 including grants of \$

4e Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	*	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	\	
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_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		1
5	Schedule C, Part II 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		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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_		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	ts the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	 	1
	Did the organization maintain an office, employees, or agents outside of the United States?	144	 	├ <u>ॅ</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	
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	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
_17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_
		Form	n 990	720091

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
Par	Statements Regarding Other INS Plinings and Tax Compilance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			'
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 44			. <u>.</u> ,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			;
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a 3b		7
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
	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)?	48		✓
þ	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.	5a		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	-		<u> </u>
С	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	68		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	<u>-</u>	7
	and services provided to the payor?	7b		\ <u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c_		1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_	ĺ	
U	benefit contract?	<u>7e</u>		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	ļ	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	79		├
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	711		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>	<u> </u>	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8_	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	سة ا		- /-
8	Did the organization make any taxable distributions under section 49667	9a 9b		1
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	\ <u>~~</u>	 	\ <u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	j]	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	ļ	1
11	Section 501(c)(12) organizations. Enter.	1	1	ĺ
a	Gross income from members or shareholders	ł		l
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 <u>a</u>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	For	, 99 0	5009

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.

<u> 26C</u>	tion A. Governing Body and Management			
	1 . 1 <u>-</u> 1		Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		. , }	
	any other officer, director, trustee, or key employee?	_2_	~	
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		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		<u> </u>
6	Does the organization have members or stockholders?	_6_		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	.		
8	The governing body?	8a	/	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	mal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓_
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	<u>'</u>		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			l
	form?	11		✓_
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		ľ	l
	rise to conflicts?	12b	✓	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	<u></u>	<u> </u>
13	Does the organization have a written whistleblower policy?	13	L	/
14	Does the organization have a written document retention and destruction policy?	14		/
15	Did the process for determining compensation of the following persons include a review and approval by		l	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	✓	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	l	}
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		L	
	with a taxable entity during the year?	16a		1
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	L	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	s(E)(:	only)	
١.	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
. •	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Terry Kurschner 2601 E. Franklin Ave. Minneapolis MN 55406 612-435-2443			
_				

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)				<u> </u>			(D)	E	(F)
Name and Title	Average	' ''						Reportable	Reportable	Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
John Piper Director	1							0	94172	26806
Peter Hedstrom	1	1					_	0		
Director Sam Crabtree	1	1		-	\vdash			0	86008	18130
Director Jon Bloom	45	/		_	-			80654		18701
president Mitch Pearson	1	V		1	\vdash			0		
Treasurer Terry Kurschner Chief Financial Officer	45			1				77480		21588
4	_								-	
		t	Γ							

Part	VII Section A. Officers, Directors, Tr.	stees, Key	Emp	loy	ees	an	d Hig	hes	t Compensate	d Employees	(cont	inued)	
	(A)	(B)			C	C)			(D)	(E)		(F	7
	Name and title	Average	Positi	ion (k as	that ap	ply)	Reportable	Reportable			nated
		hours per week	Q m	100	Officer	Ą	용	ਕੂ	compensation from	compensation from related			unt of her
		"	Individual trustee or director	nstitutional	§ Q	1	Highest compensatemployee	Former	the	organization	13	compe	nsabon
			호트	ş		втрюува	8 8	ľ	organization (W-2/1099-MISC)	(W-2/1099-Mi	SC)		n the ization
			2	3		Ý	§		,			and n	etated
			8	trustee			200	l				organs	zations
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1b T		<u> </u>						<u> </u>			丄		
2 T	otal number of individuals (including but i	not limited	to the	ose	liste	ed a	bove) wi	no received ma	ore than \$10	0,000	in	
re	eportable compensation from the organiza	ation >											
											_	\Y	es No
	old the organization list any former office												
е	mployee on line 1a? If "Yes," complete S	chedule J	for su	ich .	indi	vidi	ıal .				-	3	
4 F	or any individual listed on line 1a, is the s	sum of repr	ortab!	e c	omp	ens	sation	an	d other compe	nsation from	.	- }	ı
tl	ne organization and related organizations	greater tha	ın \$15	50,0	007	H *	Yes, "	CO	mplete Schedu	le J for such	, <u>-</u>		
it	ndividual										_	4	/
5 C	oid any person listed on line 1a receive	or accrue	comp	en:	sati	on I	rom	any	unrelated org	anization for	· -		
	ervices rendered to the organization? If "	Yes," comp	olete :	Scn	edu	IB J	tor s	uch	person	· · · ·		5	
	on B. Independent Contractors		4: 4							4	4400		
1 0	complete this table for your five highest compensation from the organization.	ompensate 	ed ind	epe	nde	nt c	contra	icto	rs that receive	d more than	\$100	,000 0	T
	M								(B)			(C)	
	Name and business add	ress						<u> </u>	Description of s	e vices		mpensa	
None			_					<u> </u>					
								⊢					
		_						├					
								<u> </u>	 				
								<u></u>					
2]	otal number of independent contractors (i	ncluding b	ut not	lim	ited	to	those	list	ed above) who	received			
	nore than \$100,000 in compensation from	n the organ	IIZBTIO	ın ▶	•								

Form 9									Page 9
Part	VIII	Statement of Rever	nue			(A) Total revenue	(B) Related or exempt function ravenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant and similar amounts not included Noncash contributions included in Total. Add lines 1a-11	ions).	1a 1b 1c 1d 1e 1f	2642533	2642533			
ce Revenue	2a b	Conference Revenue Video Production			900099 900099	570661 107248	570861 107248		
Program Service Revenue	d e f g	All other program service r Total. Add lines 2a-2f	revenue		•	677909			
	3 4 5	Investment income (Includi other similar amounts) Income from investment of tar Royalties	 x-exempt		▶ }	-191			-191
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)			>				
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .) Secunties	5	(ii) Other				
93	d		undraisin	ĺ					
Other Revenue		events (not including \$ of contributions reported or See Part IV, line 18 Less: direct expenses Net income or (loss) from	n line 1c). a b	vente		~ ~		
J	9a b	Gross income from garning See Part N, line 19 Less: direct expenses. Net income or (loss) from	activities	s. <i>a</i>					
.	10a 6	Gross sales of inventor returns and allowances Less: cost of goods sold Net income or (loss) from sa	ory, les	s a b	3272445 2670151	602294	602294		
	11a b	Miscellaneous Revenue			Business Code				
	е	All other revenue		. l 		3922545	1280203		-191

Part IX Statement of Functional Expenses

	of and sorter, organizations must complete an columns.
All other organizations must con	plete 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	45938	45938		`
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	13500	13500		:
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	190675	59139	88945	42591
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8))			
7	Other salaries and wages	1423176	887682	290502	244992
-	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions).	26240	16458	4279	5503
9	Other employee benefits	255105	159869	41812	53424
10	Payroll taxes	108800	68204	17801	22795
11	Fees for services (non-employees):				
а	Management				
	Legal	16724	0	16724	0
	Accounting	20312	2817	16554	941
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
g	Other				
12	Advertising and promotion	112155	6826	100728	4801
13	Office expenses	295019	191311	70542	33166
14	Information technology	19739	6043	12206	1490
15	Royalties	126111	71259	39105	48747
16	Occupancy	95646	75878	13408	15747
17	Travel	83040	73070	13400	6360
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials	419844	391222	28422	0
19	Conferences, conventions, and meetings	413044	331222	20422	
20	Interest				
21	Payments to affiliates	92195	65562	13316	13317
22 ~	Depreciation, depletion, and amortization.	7704	4834	1254	1616
23	Insurance				
24	Other expenses, Itemize expenses not	t			
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Monthly Maller/ Communication	232559			232559
b	Video Production/Product Development	196574	194352		2222
C	Donated Resources	102204	66323	35881	
d	Radio, Web Expense	77145	74506	0	2639
e	Development Expense	88318	11526	272	76520
·	All other expenses 150259	150259	56074	92580	1605
25	Total functional expenses. Add lines 1 through 24f	4115742	2469323	884331	762088
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising sollcitation				

		(A) Beginning of year		(B) End of year
Т.		1340960	1	1283541
1	Cash—non-interest-bearing	15-10300	2	120007
2	Savings and temporary cash investments		3	
3	Pledges and grants receivable, net	37722	4	2657
4	Accounts receivable, net	31724		2031
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of		 - <u>-</u> -	
1	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	
3 7	Notes and loans receivable, net	81926	7	(
7 8	Inventories for sale or use	359674	8	392800
8 9	Prepaid expenses and deferred charges	49847	9	19403
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
١ ۾	Less: accumulated depreciation 10b 501917	260728	10c	244758
110	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11	-	12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	···
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2130857	16	1967078
17	Accounts payable and accrued expenses	246010		292152
18	Grants payable	-	18	
19	Deferred revenue	113325	19	9660
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
21 22	employees, highest compensated employees, and disqualified			
ĭ	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	359335	26	388753
27	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1458490		1316008
	Temporarily restricted net assets	313032		262317
일 29	Permanently restricted net assets	,	29	
30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
3 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	1771522	33	1578325
34	Total liabilities and net assets/fund balances	2130857	34	1987078

ioms (990 (2009)		Pa	e 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2в	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a_		\
	Were the organization's financial statements audited by an independent accountant?	_2b_	✓_	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process duning the tax year, explain in Schedule O.			} ;
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	┡	 	اـــا
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name	of	he organization	<u> </u>						Employe	r identificat	don number	
Des	irin	g God Minis	tries						01		797083	
Pai	<u>t I</u>	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
The 1 2 3 4		A church, co A school de A hospital o A medical re	onvention of chu scribed in section of a cooperative l	idation because it is: rches, or association on 170(b)(1)(A)(ii). (At hospital service organition operated in conjuste.	of church tach Sch nization d	hes desc edule E.) escribed	ribed in s in sectio	ection 1 n 170(b)	70(b)(1)(/ [1)(A)(iii).	V (I).)(A)(ii). Ento	er the
5		An organiza		the benefit of a colle	ge or un	iversity o	wned or o	perated	by a gov	emmental	unit descri	bed in
6	\Box			remment or governme	ental unit	describe	d in sect	ion 170(i	o)(1)(A)(v)	L		
7		An organizat	tion that normally	y receives a substanti (1)(A)(vi). (Complete F	al part of						the general	public
8 9		A communit An organizat receipts from support from	y trust described tion that normally n activities relate n gross investm	d in section 170(b)(1) y receives: (1) more the ed to its exempt func- ent income and unre n after June 30, 1975.	(A)(vi). (0 an 33% % tions—su elated bu	6 of its su object to o siness ta	pport from certain ex kable inc	ceptions ome (les	s, and (2) s section	enom on	than 33% %	of its
10 11		An organiza purposes of	tion organized a one or more put heck the box tha	nd operated exclusive and operated exclusive blicly supported organ at describes the type Type II	vely for to nizations of support	he benefi describe	t of, to p d in secti anization	perform to on 509(a) and com	he functi (1) or sec plete line	ons of, or ction 509(s 11e thr	a)(2). See se	ection
		persons oth 509(a)(1) or	er than foundation section 509(a)(2)		er than on	e or more	publicly	supporte	d organiz	ations de	scribed in s	ection
f g		organization Since Augus	, check this box st 17, 2006, has	a written determinat							ili supporti	ing . 🗆
			n who directly o	r indirectly controls, e		_		th person	s descrit	oed in (ii)	Yes 11g(i)	No
		(ii) A family	member of a pe	ning body of the sup rson described in (i) a	above?					· · ·	11g(i)	
_				of a person described ation about the support							[11g(叫)	Ь.
<u>h</u>		of supported panization	(E) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(hv) is the in col. (i) is	organization sted in your document?	(v) Oid y the organ col (i) supp	ou notify nization in of your cort?	organizat (i) organiz	s the ion in col. red in the \$.?	(vii) Amour support	
					Yes	No	Yes	No	Yes	No		
]									
								1				
					 	-						
Tota												
		y Act and Pape or 990-EZ.	rwork Reduction Ad	rt Notice, see the Instruct	IONS FOR	C	et. No. 1126	lof-	Sched	use A (Form	1 990 or 990-E	4) 2009

Par	(Complete only if you check	anizations led the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)((1)(A)(vi)
	tion A. Public Support		,				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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						
4	Total. Add lines 1 through 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, column (f)						
6	Public support. Subtract line 5 from line 4.			L	L	<u> </u>	
	tion B. Total Support	(a) 2005	(h) 2008	(=) 2007	(d) 2000	(-) 2000	(f) Total
Ce	lendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) iotai
7	Amounts from line 4		 	<u></u>	 	 	
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		L	L	L	 	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
Sec	tion C. Computation of Public Su					,	
14	Public support percentage for 2009 (line			1, column (f))		14	%
15	Public support percentage from 2008 Sci	nedule A, Part	II, line 14 .			15	<u>%</u>
16a	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
b	33%% support test - 2008. If the organization qua	lifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the _
b	10%-facts-and-circumstances test - 2008 more, and if the organization meets the "facts-and-circumstances" and circumstances test - 2008	acts-and-circur inces test. The	nstances" test, o corganization qu	check this box alifies as a public	and stop here. cly supported or	Explain in Parganization .	t N how the
18	Private foundation. If the organization did	not check a b	ox on line 13, 16	a, 160, 17a, or	1/D, Check this	DOX and see in	STRUCTIONS > L

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Folm 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants, contributions. membership fees received. (Do not include 1789708 1677106 2761291 2993614 2642533 11864252 any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in any activity that is related to the 3950354 19962233 5146020 3996542 3335077 3534240 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 7907311 6592887 31826485 5124785 5211346 6990156 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 250000 250000 250000 250000 270000 1270000 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . 250000 250000 250000 250000 270000 1270000 c Add lines 7a and 7b Public support (Subtract line 7c from 30556485 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 5124785 7907311 6990156 6592887 31826485 5211346 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 10047 26247 6011 -191 42114 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 10047 26247 6011 -191 42114 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets Ω a 0 0 (Explain In Part IV.) Total support. (Add lines 9, 10c, 11, 31868599 6998167 6592696 5221393 7933558 5124785 and 12.) . 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 96 15 % Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) . . . 95.7 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 331/4 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/4 %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹

331/4 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/4 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕟 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part iV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

	of the organization			Employer identification number
Des	ring God Ministries			01 0797083
Pa	Organizations Maintaining De the organization answered "Ye			nds or Accounts. Complete it
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, sub-	d donor advisors in writing that	the assets held sive legal contro	in donor advised
6	Did the organization inform all grantees, oused only for charitable purposes and no purpose conferring impermissible private	donors, and donor advisors in w t for the benefit of the donor or	riting that grant donor advisor,	t funds can be or for any other
Pa	Conservation Easements. Con			
1	Purpose(s) of conservation easements he			
•	Preservation of land for public use (e.			f an historically important land area
	Protection of natural habitat			of a certified historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organiessement on the last day of the tax year.		tion contribution	n in the form of a conservation
	outsine in the last say of the lax year.			Held at the End of the Tax Y
_	Total number of conservation easements			2a
	Total acreage restricted by conservation			•
ь	Number of conservation easements on a			2c
C				2d
d	Number of conservation easements inclu			
3	Number of conservation easements mode the tax year ▶		•	
4	Number of states where property subject	to conservation easement is lo	cated ►	•••••
5	Does the organization have a written poli- violations, and enforcement of the conse			
6	Staff and volunteer hours devoted to more	nitoring, inspecting, and enforcing	ng conservation	easements during the year
7	Amount of expenses incurred in monitorin	ng, inspecting, and enforcing co	nservation ease	ements during the year
8	Does each conservation easement report 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization balance sheet, and include, if applicable,	n reports conservation easemen the text of the footnote to the o	its in its revenue organization's fir	e and expense statement, and nancial statements that describes
	the organization's accounting for conserv	ration easements.		
Pa	Organizations Maintaining Co Complete if the organization ans			ther Similar Assets.
18	If the organization elected, as permitted user, historical treasures, or other similar as provide, in Part XIV, the text of the footnets	sets held for public exhibition, ed	lucation, or rese	arch in furtherance of public servi
b	If the organization elected, as permitted unistorical treasures, or other similar asset provide the following amounts relating to	s held for public exhibition, edu these items:	cation, or resea	rch in furtherance of public servi
	(i) Revenues included in Form 990, Part (ii) Assets included in Form 990, Part X	VIII, line 1		▶ \$
2	If the organization received or held work following amounts required to be reporte	s of art, historical treasures, or	other similar as	
a	Revenues included in Form 990, Part VIII Assets included in Form 990, Part X	, line 1		> \$

	ule D (Form 990) 2009					Page 2
Par	Organizations Maintain	ing Collections	of Art, Histori	cal Treasures	, or Other Similar I	Assets (continued)
3	Using the organization's acquisition collection items (check all that appli		other records, o	check any of the	e following that are a	significant use of its
a	Public exhibition		🔲 ه	Loan or excha	ange programs	
ь	Scholarly research		e 🔲	Other		
С	Preservation for future genera	tions				
4	Provide a description of the organizer Part XIV.	zation's collections	and explain h	ow they further	the organization's ex	kempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ined as part of	the organization	's collection?	Yes No
Par	Escrow and Custodial A IV, line 9, or reported an	Arrangements. Camount on Form	omplete if the 990, Part X, I	organization a ine 21.	inswered "Yes" to F	orm 990, Part
	Is the organization an agent, truste included on Form 990, Part X? .				ons or other assets r	ot Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follo	wing table:		Amount
					1c	Allount
C	Beginning balance				10	
ď	Additions during the year					
8	Distributions during the year				1e	
						Yes No
	Did the organization include an am if "Yes," explain the arrangement in		, Pan A, line 2	17	<i></i> .	, LI TES LI NO
Par			anization ans	swered "Yes"	to Form 990, Part	V. line 10.
-		(a) Current year	(b) Prior year	(c) Two years		
1a	Beginning of year balance					
h	Contributions					
	Net investment earnings, gains,					,
-	and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
1 9	Administrative expenses End of year balance					
2	Provide the estimated percentage of	of the year end ba	lance held as:			
8	Board designated or quasi-endowr	nent >	%			
b	Permanent endowment ▶	%				
C	Term endowment ▶	6				
3a	Are there endowment funds not in the organization by:	ne possession of the	ne organization	that are held an	nd administered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related org					. 3b
4	Describe in Part XIV the intended u				ad V. Bas 40	
Par	t VI Investments—Land, B				ſ	
	Description of Investment	(a) Cost or of		Cost or other pasis (other)	(c) Accumulated depreciation	(d) Book value
18	Land					
b	Buildings					
C	Leasehold improvements			102107	44153	57954
	Equipment			341572	254448	87124
	Other			302994	203314	99680
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colu	mn (B), line 10(c)	l) . <u> ▶ </u>	244758

Schedule D (Form 990) 2009

Part VII Investments—Other Sec	urities. See Form 990, Part X, lin	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

•••••••		
Total, (Column (b) must equal Form 990, Part X, col. (6) line 1.		
		12
	Related. See Form 990, Part X, lin	
(a) Description of investment type	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
		COSt of GIO-O-1-100 Historia Value
		· · · · · · · · · · · · · · · · · · ·
Total, (Column (b) must equal Form 990, Part X, col. (B) line 1:	21	
Part IX Other Assets. See Form 9		
Outer Assets. See Form 5	(a) Description	(b) Book value
	(a) Description	(D) CALLY TALLED
···	Λ.	
		
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 15.)	
Part X Other Liabilities. See Form		
1. (a) Description of liability	(b) Amount	
Federal income taxes		1
		
		!
		,
		i
		i
		Į.
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25.) ▶	
2. FIN 48 Footnote. In Part XIV, provide the		on's financial statements that reports the
organization's liability for uncertain tax posi	tions under FIN 48.	

Schelo	tule D (Farm 990) 2009				Page 4
Par	Reconciliation of Change in Net Assets from Form 990	to Audited	d Financial Sta	tem	ents
1	Total revenue.(Form 990, Part VIII, column (A), line 12)			1	3922545
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	4115742
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	<u>-193197</u>
4	Net unrealized gains (losses) on investments			4	0
5	Donated services and use of facilities			5	0
6	Investment expenses		1-	6	0
7	Prior period adjustments		-	7	0
8	Other (Describe in Part XIV.)		· · · -	8	
9	Total adjustments (net). Add lines 4 through 8		L	9	
10	Excess or (deficit) for the year per audited financial statements. Combi	ine lines 3 a	and 9	10	<u>-193197</u>
Par	Reconciliation of Revenue per Audited Financial State	tements V	Vith Revenue		
1	Total revenue, gains, and other support per audited financial statement	ts		1	6592696
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			ł	1
a	Net unrealized gains on investments	2a	~ _	l	1
ь	Donated services and use of facilities	2b		ł	
C	Recoveries of pnor year grants	2c		ĺ	
d	Other (Describe in Part XIV.)	2d	2670151		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3922545
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i [ľ	i
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ļ	
	Other (Describe in Part XIV.)	46			1
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>12.)</u>	<u> </u>	5	3922545
Pai	Reconciliation of Expenses per Audited Financial Sta	<u>atements</u>	With Expense	SP	
1	Total expenses and losses per audited financial statements			1	6785893
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			j	}
8	Donated services and use of facilities	2a		l	1
Þ	Prior year adjustments	<u>2b</u>		!	1
C	Other losses	2c	0070454	1	1
d	Other (Describe in Part XIV.)	2d	2670151	ŀ <u>.</u>	
e	Add lines 2a through 2d			<u>2e</u>	
3	Subtract line 2e from line 1		· · · · ·	3	4115742
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1]	
8	Investment expenses not included on Form 990, Part VIII, line 7b .	48			1
b	Other (Describe in Part XIV.)	4b			1
_c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	, iine 18.)		5	4115742
	t XIV Supplemental Information		400		D. 4 B 4 B
Соп	plete this part to provide the descriptions required for Part II, lines 3, 5,	and 9; Par	t III, lines 1a and	1 4; F	Part IV, lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b				
ms	part to provide any additional information.	·····	•	• • •	
(XI	2d Other) Cost of Goods Sold 2,670,151				
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(XI	2d Other) Cost of Goods Sold 2,670,151				
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Schedule F' (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

20**09**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Desiring God Ministries

od Ministries 01 0797083

General Information on Activities Outside the United States. Complete if the organization answered

	"Yes" to Form 990), Part IV, line 1	4D			
1	For grantmakers, Does assistance, the grantees' the grants or assistance?	eligibility for th				
2	For grantmakers. Descri United States.	be in Part IV th	e organization	's procedures for monit	toring the use of grant for	unds outside the
3	Activities per Region. (Us	e Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundrassing, program services, grants to recipients located in the region)	(e) if activity trated in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Eur	торе	0	0	grants	n/a	13500
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ot	als	0	0			13500

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		d as tax-exempt	country, recognize	narities by the foreign	re recognized as ch a section 501(c)(3)	Enter total number of reciplent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	of reciplent organished	2 Enter total number of by the IRS, or for wi
			}					
		:						
					:			
			wire transfer	13,500	See Part IV	Europe		
otherd	of non-cash assistance	(g) Amount of non-cash assistence	(1) Manner of Cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and Eliv (if applicable)	1 (a) Name of organization

Schadule F from 880) 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, Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other (g) Description of non-cash assistance (f) Amount of non-cash assetance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

Schedi <u>de</u> F (For	m 990) 2009					Page 4
Part IV	Supplementa	al Information part to provide the inf	formation required	in Part I, line 2, an	d any additional inform	
Foreign Gr	ants are awarde	d to organizations th	at have demonst	rated dependability	y in using the funds fo	or the Intended
purpose. G	rants are reward	led primarily by our	international Out	reach team headed	l by Bill Walsh.	
	•	.,				
Part IId Put	pose of Grant	Funding Publication	n for SIMS Pasto	rs Booklet Project		***************************************
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Desiring God Ministries

Part I

General Information on Grants and Assistance

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047 Open to Publi 2009 Inspection

Employer Identification number 0797083 5 ² □

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Z Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

1 (a) Name and address of organization or government	(6) GIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purposa of grant or assistance
Gospel Translations 12153 Richland LN	26-4624896	501C3	10000				See Part IV
Herndon, VA 20171							
Food For the Hungry 1220 E.Washington Street	95-2680390	501C3	2000				Famine Relief
PHeonix, AZ 85034							
Philip Hayden Fountation 40335 Winchester Road # E115	39-1815753	501C3	10000				See Pasrt IV
Temecula, CA 92591							
Children's Hunger Fund 12820 Pierce ST.	95-4335462	501C3	2000				Peru Hunger relief
Pacolma, CA 91331							
)
2 Enter total number of section 501(c)(3) and government organizations	11(c)(3) and govern	ment organizations					4
a Enter total number of other organizations	nanivationa						•

Schedule I (Form 990) 2009

Cat. No. 50055P

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

1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals In the 190) if additional	als In the United States. Coradditional space is needed.	mplete if the organ	ization answered "Yes"	to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				1	
Part IV Supplemental Information. Complete this	te this part to pr	ovide the informative	on required in Part	part to provide the information required in Part I, line 2, and any other additional information.	additional information.
Philip Hayden Foundation Purpose for Grant was to help fund Shepherd's Field Children's Vill:	to help fund She	p fund Shepherd's Field Children's Village Orphanage	an's Village Orphana	e.B.	
We have an International Outreach team led by Bill Walsi	l Walsh that care	fully evaluate grant :	requests and only re	ward grants to organizat	h that carefully evaluate grant requests and only reward grants to organizations that set high standards
and use the grant money for its intended purpose					
			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
					Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 01 0797083 **Desiring God Ministries** Part III 4D Other Program Services :Desiring God maintains a web site that makes available more than 20 years of sermons and articles written by John Piper and others. Part VI Line 11A: Process of review for 990: A copy of the 990 is forwarded to each member of the board The Finance Director goes over details of the contents of the 990 with the Executive Director. Part VI Line12C :The conflict of Interest policy includes board members, paid staff, and volunteers. Board members who have a conflict of interest should not participate in discussions or vote or be involved in the decision making process in matters relating to the conflict. Board members are asked to sign an agreement to abide by the conflict of interest policy Part VI Line 15 a and b: An independent study was done by an outside contractor to help determine salary ranges for all employees. Normally the President and Finance Directors pay increase by the same cost of living increase given to all employees Part VI Line 19: Financial statements, Conflict of Interest policies and Governing documents are available upon request.

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

Schedule O (Form 990) 2009

Cet No. 51056K

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

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	P

OMB No. 1545-0047

Inspection Employer Identification rumber Open to Public

0797083

2 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) See separate instructions. ► Attach to Form 990. Desiring God Ministries lame of the organization Department of the Transury Internal Revenue Service

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
Children 2601 E. F	Children Desiring God 2601 E. Frankiin Ave. Minneapolis MN 55406	Childrens Curriciium MN	MN	1561070	292840 N/A	WA
EIN 01-0797083	797083					
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	Complete if the organing the tax year.)	ization answered "	Yes" to Form 990), Part IV, line 34	because it

Part 8	Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year.)	Inganizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it initiations during the tax year.)	zation answered	'Yes" to Form 990), Part IV, Ilne 34 I	because it
	(e) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempl Code section	(e) Public charity status (if section 501(c)(3))	(f) Diract controlling entity
Bethlehem Bap EIN 41-0705831	Bethiehem Baptist Church 720 13th Ave. South Mpis. MN 55415 EIN 41-0705831	Church	MN	50103	1	
BethiehEIN 41-0 EIN 03-0406197	BethiehEiN 41-0705831em Urban Institute 720 13 Ave South Mpls, Mn. EiN 03-0406197	Urban Ministry	NN	50103	6	
Bethlehem Coll EIN 27-0680532	Bethlehem College and Seminary 720 13th Ave South Mpls. MN EIN 27-0680532	College & Seminary	MN	50103	2	

Schedule R (Form 990) 2009

Cat No. 50135Y

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

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

	2	3	E		•	ε	9	_	Ē
Name, address, and EIN of enitry	Primary activity	Legal dornicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	tners n 3) sns?	Share of end-of-year assets	Disproportionate afocations?	Code of Sche (For	<u> </u>	General or managing partner?
			Yes	o _N		Yes No	-	Yes	8 N
								 	
					,				
				_					

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Schedule R (Form 990) 2009

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Share of end-of-year assets aborations and another the sasets assets assets aborations and another the sasets assets assets and of the tax year.) Organization answered "Yes" to Form 990, Pa state of total income and-of-year assets ast	Name of the control	Part III Identification because it had	Identification of Related Organizations Taxable as a Partnership (Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year,	snizations ated orga	3 Taxable as a l nizations treated	Partnership (Co d as a partnersh	omplete if the o nip during the ta	rganization a ix year.)	nswered "Yes	s" to Form	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	934
ntification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par 3.4 because it had one or more related organizations treated as a corporation or frust during the tax year) 3.4 because it had one or more related organizations treated as a corporation or frust during the tax year) 4.4 because it had one or more related organizations treated as a corporation or frust during the tax year) 6. grant of the treated organization or trust or or organization answered "Yes" to Form 990, Par 10 organization or more related organization and the organization are serviced as a corporation or frust during the tax year) 6. grant of the organization or more related organizations are consistent or organization answered "Yes" to Form 990, Par 10 organization are consistent or organization are consistent	ntification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Adversa, and Eliv or related organizations treated and densitie to the organization answered "Yes" of any or dentity to the part densitie to the organization answered "Yes" of corp. It is also also the part of the organization answered "Yes" of corp. It is also also the part of the organization answered "Yes" of corp. It is also also the part of the organization answered "Yes" of corp. It is also also the part of the organization answered "Yes" of the organization and "Yes" of the organizati	(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Sham of total	Į.	(g) s of end-of-year assetts	Osprupatonal Moetims?		
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Per line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization presented as a corporation or trust during the tax year.) Identification of Related Organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization answered "Yes" to Form 990, Per line 34 because it had one or more related organization and the form 990, Per line 34 because it had one or more related organization and the form 990, Per line 34 because it had one or more related organization and the form 990, Per line 34 because it had one or more related organization and the form 990, Per line 34 because it had one or more related organization and the form 990, Per line 34 because it had one or more related organization and 18 because it had one or more related organization and 18 because it had one organization and 18 because i	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) In a 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) In an are, address, and EN or related organization answered "yes" (corp. 5 corp.) Through county)	l !) 			
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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or Name of Exempt Organization 	▶ 🛭
Type or Name of Exempt Organization Employer identification	
Type or Name of Exempt Organization Employer identification	
	number
print Desiring God Ministries 01 079708:	3
File by the Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only	
extended chie date for 2601 E Franklin Ave South	
filing the City town or nost office, state, and 7IP code. For a foreign address, see instructions.	
return See instructions. Minneapolis MN 55406	
Check type of return to be filed (File a separate application for each return):	•
☑ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069	
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870	
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed For	m 8868.
● The books are in the care of ▶ Terry kurschner	
Telephone No. ► (612) 435-2443 FAX No. ► (612) 338-4372	
• If the organization does not have an office or place of business in the United States, check this box	▶ □
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	• —
for the whole group, check this box	13
list with the names and EINs of all members the extension is for.	
• • • • • • • • • • • • • • • • • • • •	20
5 For calendar year, or other tax year beginning, 20, and ending, 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting	20
the second secon	g period ations
7 State in detail why you need the extension I have the responsibility of preparing returns for two different organical along with CFO responsibilities for Desiring God Ministries. This has been a chalanging financial year and I have the responsibilities.	VA
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8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
less any nonrefundable credits. See instructions.	
Total Control	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any	
amount paid previously with Form 8868.	
c Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	
Signature and Verification	
Under penalties of perjury, I dectare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge a	nd belief,
it is true, correct, and complete, and that I am authorized to prepare this form.	
Signature > CFO Date > 7-2	0-10
	v. 4-2009)