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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must lile Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No. 1545-1150

2009

Open to Public Inspection

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Section 5016(x)3 organizations and 49716(x)1 onescenpt charitable trusts must attach application pending language to the status (check only one) — 901(c) () 4 (meet no.) 4947(a)(1) or 527 1 the organization is not a section 503(a)(3) supporting organization and its gross necesities are completed Schodule A (Firm 890 or 890-E2). H Check If the organization is not a section 503(a)(3) supporting organization and its gross necesities are completed schodule A (Firm 890 or 890-E2). H Check If the organization is not a section 503(a)(3) supporting organization and its gross necesities are normally not more than \$25,000. A Form 990-E2 or 690-PP). Add firms \$50, 50, and 71, to lie 9 to determine space necesities; \$40,000 or more, the form 990 instead of Form 990-E2. Section 990-PP. Add firms \$50, 50, and 71, to lie 9 to determine space necesities; \$40,000 or more, the form 990-E2. Section 990-E2. Section 990-PP. Add firms \$50, 50, and 71, to lie 9 to determine space necesities; \$40,000 or more, the form 990-E2. Section 990-E2. Sec	=		nge pri		Number and street (or P.O. box, if mail	is not delivered	to street address	ss) Ro	om/suite	E Telep	hone nu	mber		_	
Section 501(s)(3) organizations and 4947(s)(1) nonexempt charitable trusts must attach G Accounting Method: C Cash Account C Cash C Cas	==		1.7							40	5	630	-908	8	
Assertion 501(s)(3) organizations and 4951(s)(1) nonexempts haritable trusts must attach G. Accounting Method: Cash Account of the completed Schedule A (Form 990 or 990-E2). H. Check If the organization is not a section 501(s)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-E2 or Form 990	=		Sp	ecific	City or town, state or country, and ZIP	+4							139	<u></u>	
Section 501(c)(2) organizations and 4947(a)(1) nonexempt chantable frusts must attach Cancounting Nethod:	=				Midwet ad	L OV	72	ND			•				
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J Tax-exempt status (check only one) — ☐ 501(c) ☐ 4 (finestr. no.) ☐ 4947(a)(1) or ☐ 527 ☐ 990-EZ, or 990-PF). K Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross recipits are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 59, 69, and 79, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 59, 69, and 79, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ or Form 990 return is not required. L Add lines 59, 69, and 79, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ or Form 990 returns. L Add lines 59, 69, and 79, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990 returns. L Add lines 59, 69, and 79, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990 returns. L Add lines 59, 69, and 79, to line 9 to form 990 returns for Part I.) 1 Contributions, glifts, grants, and similar amounts part for file and contracts 2 1	1 V	Vebsit	e: ►						1		_				
K Check									-						
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.									ceints are n	ormally	not mo	re than \$	25.000. A		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of aste of the last sex persons of the bals and sales expenses of a Gain or (loss) from sale of aste of the last sex persons of call the last sex persons of the last													.20,000		
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Investment income 4		i .	_		- -			• •		[•					
Sa Gross amount from sale of asset Mer Poventory 5a 5a 5c 6a 6c 6c		1	•			• • •				• •			62.00	—	
b Less: cost or other basis and sales expenses					•	ntory		52			- +			_	
C Gain or (loss) from sale or assets other than invented (Subtract line 5b from line 5a)						ş-	F]				
6 Special events and activities complete (special events and activities (a). If any amount is from gaming, check here ▶ □ a Gross revenue (not including.\$ □ □ of contributions reported on line 1). ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○		ľ				KA (Subtra			52)		50		^		
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Par	t III ` Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Jewish Evange	lism			ured for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise)(3) and 501(c)(4) uzations and section
manı	ner, describe the services provided, the number o	f persons benefited, and o	other relevant info	rmation for		a)(1) trusts, optional
each	program title.				for ot	
28	This ministry partners (verbal)) with Chosen People	le Ministries	in		
	support of their missioner	es primarily in	Ismel			
		·····				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	33,0000
29						
						,
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	29a	
30			-			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	
31						
	(Grants \$) If this amount				31a	
	Total program service expenses (add lines 28a t	hrough 31a)	· · · · · · · ·	▶	32	
Par	t IV List of Officers, Directors, Trustees, and Key	,				
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution (d) Co		(e) Expense account and
		devoted to position	enter -0)	deferred comper	nsation	other allowances
	Charles Finch By, President iyoo Forest Dale Dr. Oth CityOk	D				
9	1400 Forest Dale Dr. OKH C.tuck	President	<u> </u>	0		٥
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J.	Acque Frucher Vice-Pres 400 Farest Dale Dr. OKA Chyok 73151]		
90	100 Forest Dale Dr OKA CALOK 73151	Vice President	0	٥		6
	John Perchouse Director	5- 1-	_			Ø
	4113 MAY FAIR DY	Director	0	<u> </u>		0
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)	-		
			Yes	No
33 `	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		ĺ
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		ĺ
408	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
U	transaction during the year or is it 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	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		بح
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► Charles F: v cher Telephone no. ► 405	634	<u> - 9</u> 5	88
	Located at ► //9 S. Air Depot Blue Minus + C.ty, of ZIP + 4 ► 731	10	442	8
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	N-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Tes	No
	If "Yes," enter the name of the foreign country: ▶	420	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	40-		30
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ ∐
			-	L
	Did the appropriation maintain and dense about 6 and 0 16 W/L # F = 000 and the appropriate 4 in the first of 5		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	1	1	ير ا
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		1
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45		×
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	· Oi			(2003

Form 990	P-EZ (2009)					P	age 4		
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) non 17(a)(1) nonexempt cha d 51.	exempt charitaritaritable trusts m	able trusts only. A ust answer question	All sec ons 40	tion 6–491	5		
46	Did the organization engage in direct or indirect	political campaign activi	ties on behalf of	or in opposition to		Yes	No		
	candidates for public office? If "Yes," complete s				46		X		
47	Did the organization engage in lobbying activities	id the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
	•								
	Did the organization make any transfers to an ex	•	ed organization?		49a		X		
	If "Yes," was the related organization a section 5				49b	<u> </u>			
	Complete this table for the organization's five his employees) who each received more than \$100,								
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation		_	Expen			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans 8 deferred compensation	k ac	count a r allowa	ınd		
	NONE								
					ļ				
	Total number of other employees paid over \$100) NON >	_		J				
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, enter "	None."	Type of service		more			
	None								
						_			
									
						_			
d	Total number of other independent contractors	each receiving over \$100.	000▶						
	·					_			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and s based on all informa	statements, and to the be tion of which preparer has	any kn	y know owledg	edge e		
Sign Here	Charles Function 4/28/10								
TICIO	Signature of officer	y President		Date /					
	Type or print name and title	Y President	 						
Doid	Preparer's	Date	Check if	Preparer's identifying nu	mber (Se	e instru	ctions)		
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	address, and ZIP + 4	a about 2 Cas instruction		Phone no ►	7 V	, [-]			
iviay th	e IRS discuss this return with the preparer show	above? See instructions	·	<u> </u>	<u></u> Yes		No (2009)		

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number To The Jew First Ministry Inc 3790013 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated d Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Yes No No Yes Nο

Total

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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 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 carned 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 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 33% % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33% support 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 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	_	dule A (Form 990 or 990-EZ) 2009						Page 2	
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