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ALPHA 04/26/2010 4 52 PM

Department of the Treasury

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)

2009 Open to Public

Inter	nal Revenue	Service	► The organization may have to use a copy of	or this return to satisfy sta	te reporting requ		inspection
<u>A</u>	For the 200	9 calendar y	r, or tax year beginning , and	ending			
B (Check if applica	Please;	Name of organization			D Employ	er identification number
	Address change	e use IRS label or	ALPHA INTERNATION	AL MINISTRIES I	NC.	1	
	Name change	print or	Doing Business As			13-4	268364
\equiv	•	type.	Number and street (or P O box if mail is not delivered to street addre	ss)	Room/suite	E Telephor	ne number
\sqsubseteq	Initial return	See	PO BOX 1951			817-	453-1275
∐ .	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4			G Gross receip	ts\$ 637,481
\square	Amended return		MANSFIELD TX 7	6063			
\equiv		E Nom	and address of principal officer			H(a) is this a	group return for
Ш.	Application pen	iding				affiliates*	
						H(b) Are all af	filiates Yes No
						1	ttach a list (see instructions)
_	-	 	501(c) (3) ◄ (insert no) 4947(a)(1) or			- " "", "	illacii a list (see ilistraciiolis)
	Tax-exempt			527		┧ 、	
	Website:	7.0	LPHAMINISTRIES.COM				kemption number
******	Type of organia		ration Trust Association Other	<u> L</u>	Year of formation	I N	State of legal domicile
<u>_</u> P	art I	Summa					
	1 Brief	fly describe t	e organization's mission or most significant activitie	s			
စ္ပ	T	O PROCL	IM & PROPOGATE THE GOSPEL OF T	HE LORD JESUS			
SE SE	C	HRIST.					
Ĕ							
} 8	2 Che	ck this box	if the organization discontinued its operations of	or disposed of more than	25% of its net as	sets	
ğ			members of the governing body (Part VI, line 1a)			3	
, oo	t		ndent voting members of the governing body (Part	VI line 1h)		4	
ij	l .	•		V1, 111C 10)		5	
Activities & Governance			mployees (Part V, line 2a)			6	
ĕ			plunteers (estimate if necessary)	40			····
•		=	ted business revenue from Part VIII, column (C), lii	ie 12		7a	0
) —	b Net	unrelated bu	ness taxable income from Form 990-T, line 34		Prior Ye	7b	Current Year
Revenue			annuts (Dart VIII line 46)			3,454	631,715
= 9			grants (Part VIII, line 1h)			3,434	031,713
		-	evenue (Part VIII, line 2g)			1.60	
₹ §			e (Part VIII, column (A), lines 3, 4, and 7d)			169	95
Á	11 Othe	er revenue (I	irt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)		2,500	5,671
	12 Tota	l revenue –	id lines 8 through 11 (must equal Part VIII, column	(A), line 12)	66	6,123	637,481
	13 Gran	nts and simil	amounts paid (Part IX, column (A), lines 1–3)				
	14 Ben	efits paid to	for members (Part IX, column (A), line 4)				
ý	15 Sala	aries, other c	npensation, employee benefits (Part IX, column (A), li nes 5–10)	9	8,596	115,129
Expenses	16a Prof	essional fun	aising fees (Part IX, column (A) (line-11e)	1			
De l			expenses (Part IX, column (D) line 25)	اں			
Ä	1	_		တ္တု	52	1,017	611,653
	18 Tota	el evnenses	dd lines 13–17 (must epual Part IX, column (A), lin	O I e 25)		9,613	726,782
			enses Subtract line 18 from line 12	χ΄' (Σ΄)		6,510	-89,301
- S	13 1(04)	cilue iess ex		- 	Beginning of Cu		End of Year
ets	20 Tota	al assets (Pa	x line 16)	→	15	4,860	64,415
Ass	21 Tota	•	rt X, line 26)	'		1,144	
Net Assets or Fund Balances	22 Not	,	balances Subtract line 21 from line 20		15	3,716	64,415
<u></u>	art II	Signatu			-1	<u> </u>	
	art ii			.dina aggernaniung aghadule	as and statements	and to the best	of my knowledge
		and belief, it	es of perjury, I declare that I have examined this return, incl true_correct, and complete Declaration of preparer (other	than officer) is based on all in	nformation of which	preparer has a	ny knowledge
o:-			Finne Pattern				4/26/2011
Sig			\vee \wedge				7-1-01-0
He	re	Signatu	FINNY MATH	EWS , PRESIDE	THE OF	Date	
				LIVE TALESTOP	MID CL		
		Type of	rint name and title			· ,	
_	,	Preparer's	1/1/1/1/11	Date	Check	cif	Preparer's identifying number (see instructions)
Pa	_	signature	SAUX R WILL	04/2	26/10 self- emplo	oyed ▶	P00527180
	eparer's		RAMPY & WILLIAMS F		X SERVIC		75-2948672
Us	e Only	Firm's name	EC12 GM CDEEN ONIC			Phone	
		if self-emplo address, an	/1				817-478-1757
NA~:	utho IPS 4					no 🕨	
			urn with the preparer shown above? (see instruction work Reduction Act Notice, see the separate inst				Form 990 (2009)
DAA		ot and Pape	TOTA NEUDOLOTI ACT NOTICE, SEE THE SEPARATE INST	. 4040113.			FOITH 330 (2009)

		NAL MINISTRIES INC. 1	3-4268364	Page 2
1 Briefly desc		THE GOSPEL OF THE LOP	RD JESUS	
the prior Foi If "Yes," des 3 Did the orga services? If "Yes," des 4 Describe the Section 501	rm 990 or 990-EZ? scribe these new services on Sche anization cease conducting, or mak scribe these changes on Schedule e exempt purpose achievements fo (c)(3) and 501(c)(4) organizations	e significant changes in how it conducts, a	ny program rogram services by expenses o report the amount of grants and	Yes X No
EQUIP N	IN WORLD EVANGELI ATIONAL LEADERS,	44,237 including grants of \$ SM, ESTABLISH LOCAL (AND ENCOURAGE INDIVITION ALL HELP BY USING ALL	OUALS AND)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
_	am services (Describe in Schedul			
(Expenses	\$ incl	uding grants of \$ 644,237) (Revenue \$)
				Form 990 (2009)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schédule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X Schedule C. Part II 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 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," X 6 complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III 8 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," X 9 complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, \mathbf{x} 11 VII, VIII, IX, or X as applicable • 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 • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No Yes X 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F. Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009)

Part 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		<u> </u>
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 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		<u> </u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
D	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	256		x
26	990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		х
b	and the second s			
_	Schedule L, Part IV	28b		X
С				
-	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		_X_
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_		X
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		X
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		<u>X</u>
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		X
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,			v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	,,		x
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	(3000)

Form 990 (2009) ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364

<u> </u>	int V Statements Regarding Other IRS Fillings and Tax Compliance		
		Ye	es No
1a	•		
	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 2. It is a support of the suppo	 	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		x
٠.	gaming (gambling) winnings to prize winners?	1c	
2a	· · · · · · · · · · · · · · · · · · ·		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	—— ₂₅	
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		
2-	Instructions)		
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	x
h	this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 30	
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	!	
	account)?	4a	x
h	If "Yes," enter the name of the foreign country	70	
b	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?	5a	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	"	
·	Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
Ju	organization solicit any contributions that were not tax deductible?	6a	x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
-	gifts were not tax deductible?	6ь	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
_	and services provided to the payor?	7a	Ì
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		
	benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		
	required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b	
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		

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.

Sec	tion A. Governing Body and Management		 -		
_	Post of the control of column and the control of the control of the column and the control of the column and th	المرا	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body	1a 1b			
b	Enter the number of voting members that are independent	[ID]			
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	1	x
3	Did the organization delegate control over management duties customarily performed by or under the direct		- 		-
•	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	s filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		x
6	Does the organization have members or stockholders?		6		х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a_	X	<u></u>
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
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		9	<u> </u>	X
	tion B. Policies (This Section B requests information about policies not required by the	Internal			
Rev	enue Code)			1	
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	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				
44	form?		11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		120		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		120		_
С	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		x
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17			
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a	<u></u>	<u>x</u>
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		<u> </u>
<u>Sec</u>	tion C. Disclosure	***			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of it	nterest			
	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 records				
	organization ► FINNY MATHEWS 99 REGENCY PARKWA		017 45	2 1	775
M2	INSFIELD TX 760	207	817-45	3 - I	2/5

DAA

Form **990** (2009)

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	n did not compe	nsate	e an	y cur	rent	OHIC	ei, u	nector, or trustee		 	
(A) Name and Title	(B) Average hours per			chec		that a	oply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
WESTON GUPTON SECRETARY								0	0	0	
MARK SAUNDERS TREASURER								0	0	0	
ROGER LIEBELT MEMBER								0	0	C	
REV. WILL GRAHAM MEMBER								0	0	(
JIMMY BLYTHE MEMBER								0	0	(
EDDIN BLAIR MEMBER								0	0	(
REV FINNY MATTHEW											
PRES & CEO	40.00			х				21,699	0	34,489	
		<u> </u>								· · · · ·	
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orm 990 (2009)	ALPHA	INTERNATIONAL	MINISTRIES	INC.	13-4268364
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Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average hours per	Posi	tion (chec	C) k all t	hat a	pply)	(D) Reportable compensation	(E) Reportable compensation		(F) limate ount		
	, ,	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other	ation ie tion ted	
														
	·													
	· · · · · · · · · · · · · · · · · · ·						1				<u> </u>			
					_									
			ļ	ļ		ļ		ļ 			 			
1b	Total	L						>	21,699			3	4,4	189
<u> </u>	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	re) who received more than	1\$100,000 in		·	· · · · ·	
3	Did the organization list any fo								oyee, or highest compensa	ted	Γ.	3	Yes	No X
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o	e 1a, is the sum	of re	port	able	com	pens	satio						
5	individual Did any person listed on line 1 services rendered to the organ									or		<u> </u> 		x x
Sec	tion B. Independent Contract		COI	npie	le Si	cried	ule .	101	such person					<u> </u>
1	Complete this table for your five compensation from the organic	ve highest comp zation	ensa	ted i	inde	pend	ent	cont						
	Name and	(A) business address						<u> </u>	Descrip	(B) blion of services		Com	(C) pensati	on
						_								
								ļ						
										·				
							<u>-</u> _							
	Total number of independent	contractors (incli	ıdına	ı but	not	limit	ed to	the	se listed ahove) who receiv	ved	<u> </u>	-,,	· · · · · · · · · · · · · · · · · · ·	
<u>D</u>	more than \$100,000 in compe	•	_					10	——————————————————————————————————————			0	990	(2006

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		<u> </u>					revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants		Federated campaigns	1a						
gra		Membership dues	1b						
a, fg		Fundraising events	1c						
igi	d	Related organizations	1d						
Sim	е	Government grants (contributions)	1e						
utio	f	All other contributions, gifts, grants,							
햙		and similar amounts not included above	1f		631,715				
ag	g	Noncash contributions included in lines 1a-	1f	\$	1				
<u>ه</u> ت	h	Total. Add lines 1a-1f			•	631,715			
ine					Busn. Code				
Ver	2a								
8	b								
<u>Ş</u>	С								
Sen	d								
Ē	е								
ğ	f	All other program service reve	nue						
Ę.	g	Total. Add lines 2a-2f					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	3	Investment income (including	divider	nds, intere	st, and				
		other similar amounts)			•	95	95		
	4	Income from investment of tax	-exem	pt bond p	roceeds >				
	5	Royalties		F • • • • • • •	▶ [
		(ı) Real		(II) F	ersonal				
	6a	Gross Rents							
	ь	Less rental exps							
	C	Rental inc or (loss)							
	d	Net rental income or (loss)			•		i		
		Gross amount from (i) Securities	<u> </u>		Other				
		sales of assets		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Carlor				
	L	other than inventory		 					
	b	Less cost or other			İ				
		basis & sales exps							
		Gain or (loss)		<u> </u>			i		
	d	Net gain or (loss)			<u> </u>			,	
e	8a	•	nts						
ē		(not including \$							
ě		of contributions reported on line 1c							
Other Revenue		See Part IV, line 18	a						
돭		Less direct expenses	b						
_		Net income or (loss) from fund		events					
	9a	Gross income from gaming activities	s.				1		
		See Part IV, line 19	а						
		Less direct expenses	þ	L					
		Net income or (loss) from gam	ing ac	tivities	<u> </u>				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
	b	Less. cost of goods sold	b						
	С	Net income or (loss) from sale	s of in	ventory	•				
		Miscellaneous Revenue	·		Busn. Code	"			
	11a	REFUNDS				5,671			5,671
	b								
	С					<u></u>]_			
	d	All other revenue							
	е	Total. Add lines 11a-11d			>	5,671			***
	12	Total Revenue. See instruction	ns		>	637,481	95	0	5,671

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete solumns (A) but are not required to complete columns (B) (C) and

Do	o not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	<u> </u>			····
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U S See Part IV, line 22				
3	Grants and other assistance to governments,		·		
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	56,188	56,188		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	46,186	24,000	22,186	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	4,260	4,260		
9	Other employee benefits	6,798	6,798		
10	Payroll taxes	1,697		1,697	
11	Fees for services (non-employees)	-			
а					
b	· · · · · · · · · · · · · · · · ·				
С		1,235		1,235	
d	· ·				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	11,057		11,057	
13	Office expenses	9,393		9,393	
14	Information technology				- 115000
15	Royalties				
16	Occupancy				
17	Travel	125,948	125,948		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,914	52,914		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	134		134	
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	GRACE CHILDRENS HOME	161,000	161,000		
b	NATIVE CHURCH PLANTING	98,046	98,046		
С	VILLAGE OF HOPE	38,550	38,550		
d	INTERNATIONAL CRUSADES	36,400	36,400		
е	LOAN WRITE-OFF	24,000		24,000	
f	All other expenses	52,976	40,133	12,843	
25	Total functional expenses. Add lines 1 through 24f	726,782	644,237	82,545	
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs			Ì	
	from a combined educational campaign and				
	fundraising solicitation			İ	

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	99,771	1	33,705
2	Savings and temporary cash investments	17,820	2_	17,575
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
,,	Part II of Schedule L	<u>-</u> -	6	
Assets	Notes and loans receivable, net	36,800	7	12,800
8 2	Inventories for sale or use		8	
⁴ 9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or			
	other basis. Complete Part VI of Schedule D 10a 1,500			
1	Less accumulated depreciation 10b 1,165	469	10c	335
11	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)	154,860	16	64,415
17	Accounts payable and accrued expenses	1,144	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustees, key			
₫│	employees, highest compensated employees, and disqualified			
<u>ב</u>	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	1,144	26	
S S	Organizations that follow SFAS 117, check here ▶ X and			
၌	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	153,716	27	64,415
ຕັ 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117, check here ▶			
<u>_</u>	and complete lines 30 through 34.			
<u>ဖ</u> ြွ 30	Capital stock or trust principal, or current funds		30	
5 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ÿ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets of Fund Balances 25 28 29 31 32 33 34 33 34	Total net assets or fund balances	153,716	33	64,415
Ž 34	Total liabilities and net assets/fund balances	154,860	34	64,415

Form **990** (2009)

Form	990 (2009) ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	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			
3a	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		
þ	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

Form **990** (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

ALPHA INTERNATIONAL MINISTRIES INC

Employer identification number

			ALPHA INTERN	MITTONAL MINISIR	TE2 T	NC.			T2-	420	0304		
Pa	ırt l	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	part.) 🤄	<u>See in</u>	struct	tions.		
he	orgai	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check only	one box)						
1		A church, co	nvention of churches, or ass	ociation of churches described	n section	170(b)(1	i)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)(i	iii).						
4	П	A medical re-	search organization operate	d in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(ii	ii). Ente	r the ho	ospital's name	∌ ,	
	_	city, and state	e	•									
5	\Box	•		of a college or university owned	or operate	ed by a q	overnme	ental uni	t descri	bed in			
		-	b)(1)(A)(iv). (Complete Part		•	, ,							
6	\Box			overnmental unit described in s	ection 17	0(b)(1)(A)(v).						
7	X		-	substantial part of its support fro				from the	genera	al public	•		
•	تت	-	section 170(b)(1)(A)(vi). (C		om a gove				90.1010	pos			
8				170(b)(1)(A)(vi). (Complete Part	нх								
9	H	-		1) more than 33 1/3 % of its sup	-	contribut	ione me	mherch	ın feec	and an	066		
9	ш	_	· · · · · · · · · · · · · · · · · · ·	npt functions—subject to certain									
			-	nd unrelated business taxable in				c) Hom E	usines:	562			
			_	0, 1975. See section 509(a)(2).	-								
10	Н		•	exclusively to test for public safe	•				415 .	_			
11	Ш			exclusively for the benefit of, to									
				ed organizations described in se						Section	1		
		<u> </u>		he type of supporting organizati			1						
		a Type		c Type III-Function			d		e III–Ot				
е	Ш			ganization is not controlled direc	•								
				and other than one or more put	olicly supp	onea org	janizatio	ns aesc	ribea in	section	ו		
			section 509(a)(2)				_						
f		•		ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				_
		-	check this box										
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						
		following per										_	ı
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıpeq ıu (II)				Yes	No
		and (III)	below, the governing body o	f the supported organization?							11g(i)	↓	ļ
		(ii) A famıly	member of a person descri	bed in (i) above?							11g(ii)	4	ļ
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?							11g(ıii)	<u> </u>
h		Provide the	following information about t	he supported organization(s)									
(i)		of supported	(iı) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii) Am		
	org	anızatıon		(described on lines 1–9 above or IRC section	1	sted in your document?		nization in of your	organizat	zed in the	sup	port	
				(see instructions))	governing	documenti		port?	U	S ?			
					Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·											
				. ———									
						ļ	ļ	ļ	ļ				
-4-			-						4		•		

Schedule A (Form 990 or 990-EZ) 2009 ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 2,398,445 include any "unusual grants") 663,454 631,715 205,196 359,832 538,248 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 Total. Add lines 1 through 3 205,196 359,832 538,248 663,454 631,715 2,398,445 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 2,398,445 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 205,196 359,832 538,248 663,454 631,715 2,398,445 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is 4,671 4,671 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 2,403,116 12 95 12 Gross receipts from related activities, etc. (see instructions) 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 99.81% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 100.00% 15 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Р	an	e	3

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

Sec	tion A. Public Support						
Cal	endar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	l					
6	Total. Add lines 1 through 5						··-··-
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		,				
b	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						
C	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		,			 	
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						·······
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here		t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	>
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2009 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2008 Sch	edule A, Part III, II	ne 15			16	%_
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (I	ine 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga	nization did not ch	neck the box on lin	e 14, and line 15 is	s more than 33 1/3	3 %, and line	
	17 is not more than 33 1/3 %, check this b						▶
b	33 1/3 % support tests—2008. If the orga	nization did not ch	neck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check t						▶ _
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	<u></u> ▶

Schedule A (Form 990 or 990-EZ) 2009 ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10,

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Inspection Employer identification number Name of the organization 13-4268364 ALPHA INTERNATIONAL MINISTRIES INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	dule D (Form 990) 2009 ALPHA INTE					Page	<u>. Z</u>
Pa	rt III Organizations Maintaining		_			(continued)	_
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, ch	eck any of the followi	ng that are a signific	ant use of its		
а	Public exhibition •	d 🗌 Loan	or exchange progran	ns			
b	Scholarly research	e Othe	er				
С	Preservation for future generations	_					
4	Provide a description of the organization's collection of the organization of the orga	ections and explain how	v they further the orga	ınızatıon's exempt pı	ırpose ın		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of art	, historical treasures,	or other similar		☐ Yes ☐ N	lo.
Pa	et IV Escrow and Custodial Arrai				"Yes" to Form 9		_
	IV, line 9, or reported an am						
12	Is the organization an agent, trustee, custodiar			har accate not			_
ıa	included on Form 990, Part X?	i or other intermediary	ioi continuutions oi oti	nei assets not		☐ Yes ☐ N	lo.
	•		4-blo			res iv	10
D	If "Yes," explain the arrangement in Part XIV a	na complete the followi	ng table			Amount	-
						Amount	-
С	Beginning balance				1c		_
d	Additions during the year				1d		_
е	Distributions during the year				1e		_
f	Ending balance				1f		_
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Yes N	No
b	If "Yes," explain the arrangement in Part XIV						
	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form 990, Pa	rt IV, line 10.	•	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac	<u></u>
1a	Beginning of year balance						_
	Contributions						
						†	
C	Net investment earnings, gains,						
	and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
2	Provide the estimated percentage of the year of	end balance held as					
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
	Are there endowment funds not in the possess	sion of the organization	that are held and adn	ninistered for the			
-	organization by	on or the organization				Yes N	lo
	(i) unrelated organizations					3a(i)	<u> </u>
	-					3a(ii)	_
	(ii) related organizations		shadula DO			3b	—
	If "Yes" to 3a(ii), are the related organizations I					30	
4	Describe in Part XIV the intended uses of the			0 Dark V line 4			
٣٤	rt VI Investments—Land, Buildir		1			(d) D-al.: -1 -	
	Description of investment	(a) Cost or other basis	1 '''		cumulated	(d) Book value	
		(investment)	basis (other	r) depi	eciation		
1a	Land						
b	Buildings						_
С	Leasehold improvements						
d	Equipment						
	Other		1	,500	1,165	33	5
	Add lines 1s through 1s. (Column (d) must ea	ual Form 990 Part Y				3.3	15

Schedule D (Form 990) 2009 ALPHA INTERNATION Part VII Investments—Other Securities. See	NAL MINI	STRIES INC.	. 13-4268364	Page 3
(a) Description of security or category	1	(b) Book value	(c) Method o	f valuation
(including name of security)	İ	(3) 20011 12:20	Cost or end-of-year	
Financial derivatives.				
	<u> </u>			
Closely-held equity interests	 			
Other				
	-			
	⊢			
	⊢			
			······································	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. See	Form 990, F	art X, line 13.		
(a) Description of investment type		(b) Book value	(c) Method o	f valuation
			Cost or end-of-year	ar market value
				· · · ·
				
	+			
	+			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) 🕨			
Part IX Other Assets. See Form 990, Part X,	line 15.			
(a) De	scription			(b) Book value
			· · ·	
**************************************	· · · · · ·			
·		•		-, -
			·	
T + 1 (0)	<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15			<u> </u>	
Part X Other Liabilities. See Form 990, Part	A, line 25.			·
1 (a) Description of liability		(b) Amount		
Federal income taxes	_			
		··		
Total (Column (b) must a superior con D 1 V 1 (C) 1 (C)	 -			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25				
2. FIN 48 Footnote In Part XIV, provide the text of the footnote	to the organizati	on s tinancial statemer	nts that reports the	

Sche	dule D (Form 990) 2009 ALPHA INTERNATIONAL MINISTR	IES INC.	13-4268364		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited F	inancial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	<u> </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities		<u></u>	5	
6	Investment expenses		-	6	
7	Prior period adjustments		-	7	
8	Other (Describe in Part XIV)		 	8	
9	Total adjustments (net) Add lines 4 through 8		 -	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			10	
Pa	art XII Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Retu	<u>rn</u>	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		_ 2	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b		4	1c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pä	art XIII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per Re	turr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		İ	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	<u> </u>		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	art XIV Supplemental Information		**************************************	****	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II lines 1a and 4	Part IV lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XI				
	part to provide any additional information.	II, IIIICS 24 410 40	7 Tiloo complete		
5 }	Dark to provide any additional information.				
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Schedule D (F	orm 990) 200	09 ALPHA	A INTERNATIO mation (continued	NAL MINISTRIES	S INC. 13-4268364	Page 5
Part XIV	Supplen	nental Infor	mation (continued)		
			-			
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ALPHA INTERNATIONAL MINISTRIES INC.

Employer identification number 13-4268364

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS ENGAGE IN WORLD EVANGELISM, ESTABLISH LOCAL CHURCHES, EQUIP NATIONAL LEADERS, AND ENCOURAGE INDIVIDUALS AND COMMUNITIES THROUGH SOCIAL HELP BY USING ALL AVAILABLE MEANS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► A

► Attach to your tax return.

OMB No 1545-0172 2009

ttachment 67

Identifying number Name(s) shown on return ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 134 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in period Service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs S/L 27 5 yrs ΜМ Residential rental property MM S/L 27 5 yrs MM 39 yrs S/L Nonresidential real property MM Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs b 12-year S/L 40-year 40 vrs MM Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 134 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(10)

Totals

For calendar year 2009, or tax year beginning and ending Employer Identification Num ALPHA INTERNATIONAL MINISTRIES INC. 133-4268364 FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION Name of borrower Reliationship to disqualified person LOAN RECEIVABLE Organal amount Date of loan date Repayment terms interest falls. Organal amount Date of loan date Repayment terms rates interest falls. Security provided by borrower Purpose of loan Security provided by borrower Balance due at end of year end of yea	Forms	Oth	ner Notes and	Loans Receiv	able		
ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364 FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION Name of borrower Congular amount Date of loan Muturity Congular amount Date of loan Date	990 / 990-PF						2009
ALPHA INTERNATIONAL MINISTRIES INC. 13-4268364	lame	For calendar year 2009, o	or tax year beginning		, and ending	Employer I	dentification Number
Name of borower Relationship to disqualified person	,						
Name of borrower LOAN RECEIVABLE	ALPHA INTERNA	ATIONAL MINISTR	IES INC.			13-420	58364
LOAN RECEIVABLE	FORM 990, PAI	RT X, LINE 7 -	ADDITIONAL	INFORMATIO	N		
LOAN RECEIVABLE							
Original amount borrowed Date of loan date Repayment terms rate borrowed Date of loan date Repayment terms rate rate per loan date Repayment terms rate borrowed Date of loan date Repayment terms rate rate per loan date Repayment terms rate rate per loan date r					Relationship to disc	qualified per	son
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	Original amount	t		<u> </u>			
		Date of loan	date	Re	epayment terms		rate
	1)			<u> </u>			
Security provided by borrower Security provided by borrower Purpose of loan							
Consideration furnished by lender Balance due at beginning of year end of year (990-PF only) Consideration furnished by lender Con							
				-			······
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Description Description	10)					,	
Description Description							
Description Description	Sec	curity provided by borrower			Purpose of	f loan	
Description Description	1)						
	2)						
	3)						
Balance due at beginning of year end of year (990-PF only) 36,800 12,800	4)						, ,
Balance due at beginning of year end of year (990-PF only) 36,800 12,800	5)						
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Consideration furnished by lender beginning of year end of year (990-PF only) 36,800 12,800	10)						
Consideration furnished by lender beginning of year end of year (990-PF only) 36,800 12,800		<u> </u>		Balance due at	Balance due a	t F	air market value
		ation furnished by lender		beginning of year	end of year		
	1)			36,800	12,8	800	
	2)					-	
(i) (i) (i) (i)	3)						
() () ()	4)			- <u>-</u>			
	5)	•		-			
							
	8)						
	9)				-		

36,800

12,800