

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file 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

A	For the	2009 calend	ar year,	or tax year beginning	Jan. 1	, 2009, a	and ending	Decem	ıber 31	, 20	09
В	Check if a	pplicable	Please	C Name of organization				D Employe	er identi	ification numbe	er
	Address o	label or							20-0	222800	
$\vdash$	Name cha	print of Trainber and street (of 1 of box; if main is not delivered to street address).						E Telephor	ne numb	per	
H	Initial retu Terminate		type See	355 GARFIELD STREET					763-5	52-0652	
H	Specific Co.						F Group	Exemp	tion		
Ħ		on pending	tions	CAMBRIDGE, MN 55008				Numbe	•		
_	• Sect	tion 501(c)(3)	organiz	rations and 4947(a)(1) nonexe	mot charitable trust	s must attach	G Accou	intina Meth	od [	Cash 🗸 A	ccrual
	- 000	., (0)(0)	-	npleted Schedule A (Form 990				(specify) ▶			
-	-	·			<u> </u>					anization is no	
	<b>Nebsit</b>	e∙► WWV	V.READ	MINISTRIES.ORG					_	dule B (Form	
				nly one) — 📝 501(c) ( 3 ) ◀	(insert no.) 1 4947(	a)(1) or 52	— ı	Z, or 990-F			,
	Check I			zation is not a section 509(a)(3)	•					than \$25,000	
				turn is not a section occupy, o							
				e 9 to determine gross receipts, if					\$		80,985
-	art I			enses, and Changes in					ons fo		
_	1			ts, grants, and similar amoui			(222		1		84,399
	2			evenue including governme		ts.	·		2		
	3	•		and assessments .	in 1000 and 00mac				3		
	4	Investmen	•			• •			1		1,507
	5a			m sale of assets other than	inventory	.   5a	•	·	+		
	b			er basis and sales expenses	inventory	. 5b					
	°			n sale of assets other than in	venton/(Subtract I		ne 5a)		c		
ā	6			ivities (complete applicable parts of							
eu	a				57,645 of contribu		<b>3</b> ,	_			
Revenue	"	reported o		y - <u></u>	or continue	.   6a					
Œ	h	•		nses other than fundraising e	, avnancae	. 6b		4,901			
	b						.no 6a)	6	_		-4,901
	C		-	ss) from special events and a			ine oaj	· ·  -9	-		4,551
	7a			rentory, less returns and allo	wances .	. 7a . 7b	<del></del>				
	b	Less: cost	•		 Subtract line 7b fro			7	_		
	C	-	•	ss) from sales of inventory (S	Subtract line 70 froi	ninera, .		_	3		-20
	8	Other reve	-	<del></del> -	and 0				<del>,</del>	21	80,985
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c		<del>- · · · ·</del>	· <del>·</del>	1			
	10   11			r amounts paid (attach sche	dule)			<del>- '</del>			
<b>/</b> 0	1	•		r for members	honofits			1 1		1	17,978
Expenses	12	Salaries, o	al face	mpensation, and employee	nondont-contrortor	<u></u>	•	<del>  1</del>			
ē	13	Ossusana	al lees	and other payments to inde	ECEIVEE.	٠		· .   1			1,521
X	14					181 · ·	• •	1			10,078
	15	Other even	ublicatii	ons, postage, and shipping= describe ► SEE STATEME	NT 1 ~ 9f1!!!	0		· ,   1			54,385
	16   17	Total expe	2000	Add lines 10 through 18 .	WAY 1 4 VOIO	121		/ i	$\overline{}$		83,962
	140			for the year (Subtract line 1			•	1			-2,977
ets	18   19	Not seeds	or fun	d balances at beginning of	Z from line 9)	cotumn (A))	(must agree	with			
SS	'	end-of-ves	r flaure	reported on prior years ret	urn)			1	9	15	52,784
Net Assets	20			net assets or fund balances		1)		2			<del></del>
ž	21			balances at end of year C				. ▶ 2		14	49,807
P	art II	Balance	Shee	ets. If Total assets on line 25	column (B) are \$1	,250,000 or r	nore, file For			of Form 990-	·EZ.
			3	(See the instructions for F				inning of yea		(B) End of year	
22	<b>)</b> (-	ash, savıngs	and in	•				151,6	35 22	14	49,425
23		_			•		. —		23		
24				e ► SEE STATEMENT 3		• •	,	1,1	49 24		382
2		iner assets ( otal assets	u <del>c</del> aciiD	OLL OTATEMENT O			-'		84 25	1/	49,807
20		otal liabilitie	e (deen			-	,	<u> </u>	26		
27	7 Ne	et assets or	fund b	palances (line 27 of column	(B) must agree with	line 21) .		152,7	84 27	14	49,807

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)



	()					
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
Wha	t is the organization's primary exempt purpose?	SEE STATEMENT 2				ured for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpo	ses. In a clear a	nd conci		)(3) and 501(c)(4)
mani	ner, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation f	organ	nizations and section
	program title	,			1 .0	(a)(1) trusts, optional hers)
					10,0	I
28	SEE STATEMENT 2					
					<u></u> .	
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶	_ <b>28</b> a	115,802
29						
	(Grants \$ ) If this amount					
30						
-	•	·			**-	
	(Grants \$ ) If this amount	unaludas faraiga grants, ab	ook horo	. ▶ [	30a	
			eck nere	. •	<u> </u>	
31	Other program services (attach schedule)				7   04-	
		includes foreign grants, ch		<u>. ▶ Ļ</u>	_ 31a	115.000
	Total program service expenses (add lines 28a				32	115,802
Par	List of Officers, Directors, Trustees, and Ke					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contri employee be	butions to enefit plans &	(e) Expense account and
	(a) Hamo and address	devoted to position	enter -0)		mpensation	other allowances
SEE	STATEMENT 4	}				
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
	1		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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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		<b>✓</b>
L	If "Yes," has it filed a tax return on Form 990-T for this year?		_	<u> </u>
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	35b 36		1
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		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	1000		<b>-</b>
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		i
	section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		
J	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		<b>✓</b>
41	List the states with which a copy of this return is filed ▶ MN			
42a	The organization's books are in care of ▶ BARB WICKLANDER Telephone no. ▶	763-55	2-065	2
	Located at ► 355 GARFIELD ST., CAMBRIDGE, MN ZIP + 4 ►	550	800	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		<u>Yes</u>	
	account)?	42b		<b>✓</b>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country:			▶ □
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	- •		
		i		NI.
			Yes	NO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			,
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		1
			-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charite trusts n	table trusts only. A nust answer question	II sec ons 46	tion -49t	)	
	Did the organization engage in direct or indirect		ies on behalf o	f or in opposition to		Yes	No	
	candidates for public office? If "Yes," complete	•			46		<b>√</b>	
	Did the organization engage in lobbying activitie				47 48		<b>-</b>	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," was the related organization a section 5	•			49a 49b		<u> </u>	
	Complete this table for the organization's five hi					es and	d key	
	employees) who each received more than \$100,							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans & deferred compensation	acc	Expension and allowa	nd	
NONE								
		·	ļ					
			<del> </del>	-			-	
			1					
					_			
f	Total number of other employees paid over \$100	),000 . <b>&gt;</b>	0					
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor			Type of service	(c) Con	npensa	tion	
NONE								
d	Total number of other independent contractors e	each receiving over \$100,0	00 . <b>&gt;</b>	0				
	Under penalties of penury, I declare that I have examine and belief; it is true, correct, and complete. Declaration	ed this return, including accompan of preparer (other than officer) is t	lying schedules and pased on all informa	statements, and to the bes tion of which preparer has	t of my any kno	knowle wledge	dge	
Sign Here	Signature of officer and Signature of Officer	hair		5/10/10 Date	·			
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying num	nber (See	_ instructi	ions)	
Prepare			employed ►	□ □ □				
Use On	yours if self-employed),	<del> </del>		Phone no ▶				
May the	e IRS discuss this return with the preparer shown	above? See instructions		<b>&gt;</b>	Yes		lo	
ay tili	5 5 5 State of the		<del></del>	For	m 990			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

# **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 Internal Revenue Service Employer identification number Name of the organization **READ MINISTRIES. INC** 0222800 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ 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 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated **d** Type III-Other **b** Type II a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting \_\_\_\_\_ organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes 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 (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the (i) Name of supported (III) Type of organization (ii) EIN organization in col the organization in (described on lines 1-9) in col (i) listed in your organization col (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes Nο Yes No

**Total** 

Par	Support Schedule for Org (Complete only if you check	anizations D	escribed in on line 5, 7, o	Sections 170 or 8 of Part I.	D(b)(1)(A)(iv)	and 170(b)	(1)(A)(vi)
Sec	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.")	213,822	285,861	341,133	280,000	284,39	9 1,405,215
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	213,822	285,861	341,133	280,000	284,39	1,405,215
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)						0
6	Public support. Subtract line 5 from line 4						1,405,215
Sec	tion B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	213,822	285,861	341,133	280,000	284,39	1,405,215
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				2,817	1,50	7 4,324
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)						4 400 520
11	Total support. Add lines 7 through 10				·		1,409,539
12	Gross receipts from related activities, etc					_12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · ·	d, third, fourth,		ear as a sect	ion 501(c)(3)
Sec	tion C. Computation of Public Su						99.7 %
14	Public support percentage for 2009 (line			, column (f))		14	99.7 % 99.8 %
15	Public support percentage from 2008 Sch					15	
16a	33% % support test-2009. If the organization				ine 14 is 33½ 9	% or more, ch	
	and stop here. The organization qualifies						▶ ☑
b	$33\frac{1}{3}$ % support test-2008. If the organization				and line 15 is 3	33½ % or mor	
	box and stop here. The organization qua						▶ 凵
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets have a constant meets and if the organization meets the organization meets and organization meets and if the organization meets	acts-and-circum	nstances" test,	check this box a	and <b>stop here.</b>	Explain in Pa	rt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the facts-and-circumstance organization did private foundation. If the organization did	acts-and-circum: nces" test. The o	stances" test, c organization qua	heck this box a lifies as a public	nd <b>stop here</b> ly supported org	Explain in Par ganization .	t IV how the
			•	•			

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	rt III Support Schedule for Orga . (Complete only if you checke				1)(2)		
Sęc	ction A. Public Support						
C	alendar 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						
6	Total. Add lines 1 through 5	<del></del>			-		
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					:	
	tion B. Total Support				******		
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 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 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)						
14	First five years. If the Form 990 is for to organization, check this box and stop by	nere	. <u>.</u> .	id, third, fourth			
Sec	tion C. Computation of Public Sup	port Percer	ntage				

	and 12)	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here	year as a sectio	n 501(c)(3) ► □
Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%_
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	<u></u> %_
19a		more than 33% 9 supported orga	%, and line nization ▶ □
b	33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 1 line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly	16 is more than 3 supported orgains	33% %, and nization ► □
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this b	ox and see inst	ructions 🕨 🔲
	Sch	edule A (Form 990	or 990-EZ) 2009

Part IV	orm 990 or 990-EZ) 2009  Supplemental Information. Complete this part to provide the explanations required	Page 4
Part IV	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Fait II, IIIIe 10,
	Fart it, line 17a or 17b, and Fart III, line 12. Flovide any other additional information.	See instructions.
•		
		· · · · · · · · · · · · · · · · · · ·
		•••••••

Tax ID# 20-0222800

# Form 990 E-Z, Part I - Line 16 -Other Expenses

Description	<u>Total</u>	<u>Program</u> <u>Services</u>	Management and General
Organization and Support Services	19,326	-	19,326
Computer / Supplies	298	-	298
Permits and fees	115	-	115
Miscellaneous	-	-	-
Bank Service Charges	2,875	-	2,875
Bible College Dept Sponsorship	23,460	23,460	· -
Church Library Book Installment	72,000	72,000	-
Pastor's Library Ministry	-	· -	-
Bookmoblie Ministry	-	-	
Orphange Library Ministry	3,845	3,845	
Church Librarian Development	-	-	
READ Ministries Partner Development	-	-	
JLP Ukraine Support Services	16,497	16,497	-
Public Places Ministry	-	-	-
Travel Expenses	15,203	-	15,203
Continuing Education	-	-	-
Depreciation	767	-	767
<b>-</b>	-	-	-
Totals	154,385	115,802	38,583

READ MINISTRIES, INC

Tax ID# 20-0222800

#### Form 990 E-Z, Part III -Organization's Primary Exempt Purpose

TO PROVIDE RESOURCES FOR EVANGELISM AND DISCIPLESHIP IN THE UKRAINE AND EVENTUALLY INTO OTHER RUSSIAN-SPEAKING AREAS RESOURCES INCLUDE PROVIDING FUNDING TO TRAIN CHURCH LIBRARIANS AND PROVIDE BOOKS FOR THE LIBRARIES, AND SUPPORT A BOOKMOBILE FILLED WITH CHRISTIAN BOOKS THE ORGANIZATION ALSO PROVIDES THE TOOLS NEEDED THAT HELPS SUPPORT AND GUIDE A MINISTRY

Form 990 E-Z, Part III -Statement of Services Provided	•	yice Exp
PROVIDED 5 - 2 YEAR CHURCH LIBRARIAN TRAINING PROGRAMS A WESTERN UKRAINE CONFERENCE WAS ATTENDED BY 52 ALUMNI 105 STUDENTS RECEIVED TRAINING TO BECOME CHRISTIAN CHURCH LIBRARIANS TO DATE 185 STUDENTS HAVE GRADUATED THE CHURCHES FROM WHERE THE STUDENTS CAME FROM EACH RECEIVED 300 BOOKS FOR USE IN THEIR RESPECTIVE CHURCH LIBRARIES	\$	72,000
OTHER PROGRAMS INCLUDE CHRISTIAN BOOKS IN PUBLIC LIBRARIES, BIBLE COLLEGE SPONSORSHIP, ORPHANAGE LIBRARIES AND BOOKMOBILE EVANGELISM		43,802
TOTAL	\$	115,802

READ MINISTRIES, INC		Tax ID#	20-0222800	
Form 990 E-Z, Part II, Line 24				
Fixed Assets Furniture and Equipment Total	Balance at 12/31/08 3,833 \$ 3,833	Additions - \$ -	Retirements/ Reallocation - \$ -	Balance at 12/31/09 3,833 \$ 3,833
Depreciation	Balance at 12/31/08	<u>Addıtıons</u>	Retirements	Balance at 12/31/09

2,684

2,684

1,149

767

767

3,451

3,451

382

Accumulated Depreciation

Net (Furniture and Equipment)

Total

Tax ID#

20-0222800

# Form 990, Part V - List of Officers, Directors, and Key Employees.

Name and Address	Title and Time  Devoted to  Position		Comp	ensation	Contributions to Employee Benefit Plans \$ -	Expense Acct and Other Allowances
DR. PAUL SANDERS 355 GARFIELD STREET CAMBRIDGE MN 55008	CHAIRMAN PART TIME		⊅ None	<u>-</u>	None	None
ROLLIN S REASONER 355 GARFIELD STREET CAMBRIDGE MN 55008	VICE CHAIRMAN PART TIME		None	•	None	None
GEORGE W. JOHNSON 355 GARFIELD STREET CAMBRIDGE MN 55008	SECRETARY PART TIME		None		None	None
NEIL I. WHITEHOUSE 355 GARFIELD STREET CAMBRIDGE MN 55008	TREASURER PART TIME		None		None	None
LINDA WICKLUND 355 GARFIELD STREET CAMBRIDGE MN 55008	BOARD MEMBER PART TIME		None		None	None
AL BAAS 355 GARFIELD STREET CAMBRIDGE MN 55008	BOARD MEMBER PART TIME		None		None	None
BILL REIMER 355 GARFIELD STREET CAMBRIDGE MN 55008	BOARD MEMBER PART TIME		None		None	None
DAVID JOHNSON 355 GARFIELD STREET CAMBRIDGE MN 55008	BOARD MEMBER PART TIME		None		None	None
TOM PAREIGAT 355 GARFIELD STREET CAMBRIDGE MN 55008	BOARD MEMBER PART TIME		None		None	None
DAN WIERSUM 355 GARFIELD STREET CAMBRIDGE MN 55008	BOARD MEMBER PART TIME		None		None	None
WILLIAM ARVAN 355 GARFIELD STREET CAMBRIDGE MN 55008	FIELD DIRECTOR FULL TIME	Total	\$	88,000 88,000	None	None