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Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning JANUARY 01 , 2009, and ending DECEMBER 31 C Name of organization Walking with Jesus Ministries Please use IRS D Employer Identification number applicable 26-3723526 Address change Doing Business As label or Number and street (or P.O. box if mail is not delivered to street address) print or Name change E Telephone number type. 1805 Oliver Street Initial return (574)303-6133 See Specific City or town, state or country, and ZIP + 4 Terminated G Gross Instruc-South Bend IN 46613 Amended return 49,886 tions. receipts \$ Name and address of principal officer: Yes 🔀 No Application pending H(a) Is this a group return for affiliates? H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ▶ N/A **H(c)** Group exemption number ▶ K Form of organization 2008 M State of legal domicile X Corporation Trust Association L Year of formation Other > Part I Briefly describe the organization's mission or most significant activities: See attachment #1 ACTIVITIES GOVERNANC Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 2 4 5 1 Total number of volunteers (estimate if necessary)-6 12 Total gross unrelated business revenue from Part Vill Eduration 12... 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Prior Year REVENUE Contributions and grants (Part VIII, line 1h) 45,405 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3 (4) (2) (2) 10 -713 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 11 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 12 44,692 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 14 Benefits paid to or for members (Part IX, column (A), line 4)...... EXPERSES Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 12,008 Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,510 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 17 32,518 18 12,174 N OR End of Year Beginning of Current Year 9,046 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ள்d cogriplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here nature of officer *J*ason Æfledderer President Type or print name and title Check if Preparer's Date Preparer's identifying number (see instr.) P00005736 05-10-2010 sellsignature **Paid** ▶ 43-1871840 H&R BLOCK US TAX SERVICES Firm's name (or yours Preparer's 828 W MCKINLEY AVE if self-employed), **Use Only** Phone no. \triangleright (574) 259-6925

Form **990** (2009)

Yes X No

Mishawaka,

address, and ZIP+4

IN 46545

	1990 (2009) Walking with Jesus Ministr 26-3723526	Page 2
Par	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	Walking with Jesus Ministries is a Christian Ministry, which seeks	to_
	provide a safe, drug and alcohol free, spiritual environment for	
	people released from incarceration and transitioning back into	
<u></u>	society, while sharing love and spiritual gifts with those still	
2	and the state of t	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	
	and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
42	(Code) (Expenses \$ including grants of \$) (Revenue \$	
74	See attachment imprisoned.	
	bee deddenment impriboned.	
4b	(Code) (Expenses \$)
		•
		
4c	(Code) (Expenses \$)
		-
	Other than 10 minutes and 10 minutes	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ \$	

Form 990 (2009)

Par	t IV Checklist of Required Schedules			age .
<u> </u>	- 2 - 1 - Modulot of Hedalica Collegator		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice		 	
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the	Ť	 	
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		İ	
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	⊢ ′−		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	⊢ °		┝弃
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			İ
		_		v
40	complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		v
44	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or			3,5
	X as applicable	11	ļ	X
•	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 Vil.			į
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			Ė
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			Ė
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			į
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			į
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			ĺ
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Ė
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			į
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			į
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			Ė
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H,	20		X
	Dia tito diganizazioni oporato di more indepitator il 100, dellipioto dellodio il 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			

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Form 990 (2009) Walking with Jesus Ministr 26-3723526 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 Х 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 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... N/A 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I..... 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III..... 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV..... X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Х 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV...... X 28c 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M........... Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation contributions? If "Yes," complete Schedule M. . . X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 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 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36

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Note: All Form 990 filers are required to complete Schedule O

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI..........

37

X

X

Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a 3a Х 3b 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 X 4a If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х X If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 7a Х and services provided to the payor? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 71 7g X For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as Х 7h required? 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 X Sponsoring organizations maintaining donor advised funds. 9a X 9b b 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? X 12a 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

	on A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body	l 1a	3			
b	Enter the number of voting members that are independent	1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship	with	1		
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors or trustees, or key employees to a management company or of	ther p	erson?	3		Х
4	Did the organization make any significant changes to its organizational documents since the pr	or For	m 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's	asset	s?	5		Х
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 me	ore me	mbers			
	of the governing body?			7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	aken d	luring			
	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reac	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9a		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Interior	nal Rev	venue Code.)			
					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 o	hapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	?	N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be					
	form?			11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	at coul	d give		· ·	
	rise to conflicts?			12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the police	y? If "	Yes,"			
	describe in Schedule O how this is done			12c	Х	
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 a	pprova	l by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	tion ar	d decision:			
а	The organization's CEO, Executive Director, or top management official?			15a	X	
b	Other officers or key employees of the organization?			15b	Х	
	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 arr	angen	ent			
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to eval				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps	to sat	eguard N/A			
	the organization's exempt status with respect to such arrangements?		<u>,</u>	16b		L
Secti	on 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)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docum	ents, c	onflict of interest			
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the bo	oks ar	d records of the			
	organization ▶ See attachment #2					

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.

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	PO TRUSTEE OR VIDUAL	IN RUST TEE	O F F I C E R	K All th	AT APPLY H COMPLOYEE ST ATED	FORMER	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jason Pfledderer President	50.00	x			x	х		12,008	0	4,071

Part	VII Section A. Officers	, Director	s, Trust	ees, K	Cey En	nploy	es, and	High	est Compensated E	mployees (continue	∋d)		
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per	I T D		-	K all th	H C E	F	Reportable compensation from	Reportable compensation from related		stimate nount o other	
		week	RUSTE OR	I N S T E E	OFF-CER	0	G M P H P L E E O	R M E	the	organizations	1	npensa	
			DEO	Ų E	Ř	L O Y E E	HPOSTSE	R	organization (W-2/1099-MISC)	(W-2/1099-MISC) 	· •	om the janizati	
			A R	20-			T E D		,		an	d relate	ed
			ļ	Ě	<u> </u>	<u> </u>					orga	anizatı	ons
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					<u> </u>	<u> </u>	l				1.554		
1b 2	Total	(including	but not l	 ımıted	to the	se list	ed abov		12008 received more than	0 1 \$100.000 in report	4071	npens	ation
	from the organization	(9						- ,					
_											£	Yes	No
3	Did the organization list any employee on line 1a? If "Yes										3	x	1
4	For any individual listed on I	ine 1a, is t	he sum (of repo	ortable	e com	ensatio	n and	other compensation	from			
	the organization and related	-	-										
5	Individual										. 4	+	X
	services rendered to the org				-				-		. 5	<u> </u>	<u></u> x
Sectio	n B. Independent Contractor												
1	Complete this table for your	_	st compe	ensate	d inde	epende	ent contr	actors	that received more	than \$100,000 of			
	compensation from the orga	(A)					-		(B)	<u> </u>		(C)	
	Name and business add			:					Description of se	ervices		ensatio	n
	····												
		-											
2	Total number of independen \$100,000 in compensation fr			_	but no	t limite	d to tho	se liste	ed above) who recer	ved more than			

Parl	VI	Statement of Rever	nue						
	***************************************					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CIT	1a	Federated campaigns		1a					
0 F H		Membership dues		1b		1			
NTE		Fundraising events		1c					
RGS		Related organizations		1d		1			
S-X-L4R GRANTS		Government grants (contri		1e					
UNL		= -							
TSR	T	All other contributions, gifts similar amounts not include		11	45 405				
O A A N D T	_	Noncash contributions included		<u>\$</u>	45,405				
SDT	_			-	15,110	45 405			
s		Total. Add lines 1a-1f	<u> </u>		Business Code	45,405	••••		
P R	0-				Business Code				
05	2a					<u> </u>			
GE RRR	b						-		
AVE									
WYA	d								
CE EN	е								
U	t	All other program service r			<u></u>			9 10011111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E		Total. Add lines 2a-2f							
	3	Investment income (includ	_						
		other similar amounts)							
	4	Income from investment of	-	•	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties			<u></u> ▶				
			(i) Real		(ii) Personal				
	6a	Gross Rents	4,48	31					
	b	Less: rental expenses	5,19	94					
		Rental income or (loss)	-7:						
	d	Net rental income or (loss)			<u> </u>	-713	-713		
	70	Gross amount from sales	(ı) Securiti	es	(II) Other				
i	74	of assets other than							
		inventory							
	b	Less: cost or other basis							
		and sales expenses							
입	С	Gain or (loss)							
H I	d	Net gain or (loss)			<u> </u>				
E	8a	Gross income from fundrar	sing						
R		events (not including \$							
_		of contributions reported o	n line 1c).						
R E		See Part IV, line 18		. а					
v	b	Less: direct expenses		. b					
E	C	Net income or (loss) from f	undraising eve	ents .					
N	9a	Gross income from gaming	activities. See	Э					
ū		Part IV, line 19		. a					
E	b	Less: direct expenses		. b					
	С	Net income or (loss) from g	gaming activitie	es , ,					
	10a	Gross sales of inventory, le	ess						
		returns and allowances							
	b	Less: cost of goods sold		, ь					
	С	Net income or (loss) from s	sales of invent	ory					
ľ		Miscellaneous Rev			Business Code				
Ì	11a					[]		
	b								
	С								
	d	All other revenue							
		Total. Add lines 11a-11d							
		Total revenue. See instruc				44,692	-713		

Part IX Statement of Functional Expenses

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

	All other organizations must complete column			olumns (B), (C), and	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	ехрепосо
•	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,				
3	trustees, and key employees	12,008	12,008		
6	Compensation not included above, to disqualified	12,008	12,008		
0	•				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		 		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes		 		
11	Fees for services (non-employees):				•
а	Management				
b	Legal				
C	Accounting	750	750	<u> </u>	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	899	899		
14	Information technology				
15	Royalties				
16	Occupancy	5,172	5,172		
17	Travel	399	399		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		1	1	
22	Depreciation, depletion, and amortization			1	
23	Insurance	284	284	 	
24	Other expenses. Itemize expenses not			<u> </u>	······································
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below.)				
	MISC PROGRAM EXPENSES	13,006	13,006		
a b	HIDC INCORM! EMIEMOED	13,000	13,000		
			 	 	
۲ C					
d			 	 	
e	All other sympasses			 	
) 	All other expenses	30 510	22 510	 	
25	Total functional expenses. Add lines 1 through 24f	32,518	32,518	 	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2.				
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	<u> </u>	<u></u>		Form 990 (2006

Part X **Balance Sheet** (A) (B) End of year Beginning of year Cash -- non-interest bearing 1 9,046 2 2 3 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete ASSE 6 Notes and loans receivable, net 7 8 TS 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D...... 10a 10c 11 Investments -- publicly traded securities 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 9,046 16 Total assets. Add lines 1 through 15 (must equal line 34) 0 17 18 18 Grants payable 19 Deferred revenue 19 20 A B 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Pavables to current and former officers, directors, trustees, key L employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... T 22 23 23 Secured mortgages and notes payable to unrelated third parties Ε 24 Unsecured notes and loans payable to unrelated third parties..... 24 25 26 0 Organizations that follow SFAS 117, check here ▶ | and complete lines 27 through 29, and lines 33 and 34. NET 27 27 Unrestricted net assets UND 28 29 Permanently restricted net assets 29 ASSETS В Organizations that do not follow SFAS 117, check here > X ALANC and complete lines 30 through 34. 30 9,046 31 0 32 Ε 32 Retained earnings, endowment, accumulated income, or other funds R 0 33 9,046 33 Total net assets or fund balances 34 9,046 34 Total liabilities and net assets/fund balances....... 0

Earm	200	(2000)
COLUI	990	(2009)

Page **12**

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain			
	ın Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Ì	X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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		X
	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			
3 a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b		
IVΔ	09 99012 99011 TWF 33421 Converght Forms (Software Only) - 2009 TW	Form	990 /	2000

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Walking with Jesus Ministries

Employer Identification number 26-3723526

P	irt I	Reasor	for Public Char	rity Status (All organ	nizations m	nust compl	ete this pa	rt.) See in:	structions.				
The	orga			ecause it is: (For lines									
1	П	A church, conv	ention of churches, o	r association of church	es describ	ed in sect	tion 170(b)(1)(A)(I).					
2	П)(1)(A)(II). (Attach Sch			•						
3	П		· · · · · · · · · · · · · · · · · · ·	service organization de	•	section 1	70(b)(1)(A	MID.					
4	Н			rated in conjunction w					V1VAVIII)	Enter the	hospit	aľe na	me
	ч	city, and state:							// • //> • // • // • //	Enter the	оор	.u. 0 //u	,
5		An organization		nefit of a college or univ	versity own	ed or ope	rated by a	governme	ental unit c	lescnbed	ın sect	lon	
6	П		, , ,	or governmental unit of	described i	n section	170/b)/1)	(A)(v)					
7		An organization		es a substantial part of					om the ge	eneral pub	lic des	cnbed	ın
8	П			ion 170(b)(1)(A)(vi). (C	omplete P	art II.)							
9	X			es: (1) more than 33 1/3			m contribi	itions, mer	mbership i	fees. and	aross		
	ш			exempt functionssub									
				ne and unrelated busin									
		acquired by the	e organization after Ju	ne 30, 1975. See secti	on 509(a)(2). (Comp	lete Part II	l.)					
10	П	An organization	n organized and opera	ated exclusively to test	for public :	safety. See	section	509(a)(4).					
11	Н			ated exclusively for the					to carry o	ut the			
	Ш			pported organizations							on		
				bes the type of support									
		a Type I	ь Птуре	_	Type III-Fu				$\overline{}$	Гуре III-О	ther		
e	П		ч	e organization is not co	• •	•	-			• •	11101		
Ī	Ш	-		gers and other than or		•			•		tion		
		509(a)(1) or se		g-10 anna canan anan an		F							
			. , ,	datarmination from the	IDC that i	tio a Tima	I Time II	or Tuno III	aum martin				
f				determination from the		= =	= -	or type iii	supporun	g			Г
			heck this box,					<i>.</i>				• • • • •	٠ ـ
g				nization accepted any	gift or cont	ribution fro	om any of	the					
		following perso				_			_			V I	
				ly controls, either alone	_					г		Yes	No
				dy of the supported or	_					—	11g(i)		X
				scribed in (i) above?.							11g(li)		X
				on described in (i) or (i						<u>[1</u>	1g(iii)		X
h		Provide the foll	owing information abo	out the supported orga	nızatıon(s).	•			,				_
<i>.</i>			40.50	/WY	4.3				(vI)	ls the	(m	A	-4 -4
(1) 1		e of supported anization	(II) EIN	(III) Type of organization (described on lines 1-9	in col (i) ti	-		-	organizatio	n ın col. (İ)	1 ' '	Amour upport	
	org	amzauom		above or IRC section		document?	1 -	support?		ed in the	"	арроп	
				(see Instructions))			,		U.	S.?			
				<u> </u>	Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	box on line 9 o	f Part I.)				
Sec	tion A. Public Support				_		
Cal	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.")					45,405	45,405
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					45,405	45,405
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from line 6.)		<u> </u>	<u> </u>	<u> </u>		45,405
	tion B. Total Support		T		T	T	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				-	45,405	45,405
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-713	-713
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b					-713	-713
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.)		l	<u> </u>	<u></u>	44,692	44,692
14	First five years. If the Form 990 is for the organization, check this box and stop here	· <u>·</u>			·=	on 501(c)(3)	<u>.</u> • [
	tion C. Computation of Public Sup					T T == ==	
15	Public support percentage for 2009 (line 8, co		•				00.00 %
16	Public support percentage from 2008 Schedu			<u></u>		16	%
	tion D. Computation of Investment			1 (0)		T .= T	
17	Investment income percentage for 2009 (line		=			17	0 %
18	Investment income percentage from 2008 Sci					18	% upo 17 is
19a	33 1/3 % support tests 2009. If the organi						
b	not more than 33 1/3 %, check this box and s 33 1/3 % support tests 2008. If the organi	zation did not d	heck a box on li	ne 14 or line 19a	a, and line 16 is	more than 33 1/3	%, and line
	18 is not more than 33 1/3 %, check this box						
20	Private foundation. If the organization did no	t check a box	on line 14, 19a, c	or 19b, check thi	s box and see ir	structions	<u> </u>

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. See instructions

LINE ITEM 1 INCLUDES CASH DONATIONS OF \$30295 AND MATERIAL DONATIONS OF \$15110 LINE ITEM

LINE ITEM 10 a REPRESENTS WEEKLY RENTAL PAYMENTS FROM PARTICIPANTS IN THE MINISTRY

JVA

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete If the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990.

▶ See separate Instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Walking with Jesus Ministries

Questions Regarding Compensation

Employer identification number 26-3723526

			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply.					
	Compensation committee X Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:			х		
а	Receive a severance payment or change-of-control payment?					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х		
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of					
а	The organization?	5a		Х		
b	Any related organization?	5b		X		
	If "Yes" to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Х			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was					
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe					
	ın Part III	8		X		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53 4958-6/c)?	9		x		

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

Jason Pfledderer received reimbursement per the ministry's accountable plan for out-of-pocket expenses incurred during the operation of the motor vehiles for the ministry. All such expenses were submitted to the Board of Directors for approval prior to payment.

TWF 32871

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete If the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

Walking with Jesus Ministries

Employer Identification number

26-3723526

(a) Name of disqualified person			(b) Description of transaction						(c)	(c) Corrected?		
1 (2) (13) 31 (13) 43			ļ		, 0000npa	011 01 11 11	Judion			Y	28	No
2 Enter the amount of tax imposed on the	e organizati	on manag	ers or dis	squalified pe	ersons dur	ng the ye	 ar					
under section 4958												
3 Enter the amount of tax, if any, on line			by the o	rganization				<u></u> ▶	\$			_
Part II Loans to and/or From Interes							5					
Complete if the organization ar			1				1					
(a) Name of interested person and purpose	(D) 200	to or from anization?	(c) Original principal amount		(d) Balance due		(e) in default?		(f) Approved by board or committee?		agreement?	
	То	From					Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefits Complete if the organization ar (a) Name of interested person	ting Interes	sted Persons" on For	ons. m 990, Pa between			d the	(c) An	nount a	and type	of ass	ıstanc	ee e
Part IV Business Transactions involv	_											
Complete if the organization an	swered "Ye	es" on For	m 990, Pa	art IV, lines 2	28a, 28b, o	or 28c.						
(a) Name of interested person	(b) Relationship bet interested person ar organization				1		escription of transaction			org	(e) Sharing of organization' revenues?	
					-					Ye	s	No
JASON PFLEDDERER	MINIST	ER		!	5,172	RENTA LEASE			TS PE	R		x

SCHEDULE O (Form 990)

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.

OMB_No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Walking with Jesus Ministries

Employer Identification number

26-3723526

BOARD OF TRUSTEES FOR WALKING WITH JESUS MINSTRIES MEETS ONCE PER QUARTER PER THE BYLAWS WITH ADDITIONAL MEETINGS AS REQUIRED.

FORM 990 WILL BE REVIEWED BY THE BOARD IN SPECIAL SESSON TO APPROVE PRIOR TO SUBMITTAL TO THE INTERNAL REVENUE SERVICE

THE BOARD TAKES ACTION ON WAGE RELATED ISSUES AT ITS FIRST QUARTERLY SESSON OF THE YEAR, AND APPROVES PAYMENTS AND OTHER EXPENSE REIMBURSEMENTS MONTHLY VIA A TELEPHONIC CONFERENCE CALL

SECTION VI, LINE 19: ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE MINISTER. DOCUMENTS WILL BE AVAILABLE ON THE MINISTRY'S WEBSITE UPON COMPLETION.

PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection For calendar year 2009 or tax period beginning 01-01 , and ending 12-31-2009.

Name of Organization Walking with Jesus Ministries Employer Identification Number 26-3723526

Primary Purpose

Walking with Jesus Ministries is a Christian Ministry, which seeks to provide a safe, drug and alcohol free, spiritual environment for people released from incarceration and transitioning back into society, while sharing love and spiritual gifts with those still imprisoned.

BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section	C, Line 20
Open to Public	
Inspection For calendar year 2009 or tax period beginning 01-01	, and ending $12 - 31 - 2009$.
Name of Organization	Employer Identification Number
Walking with Jesus Ministries	26-3723526
Part VI - Line 91a	
Individual Name	fledderer
or	
Business Name:	
	· · · · · · · · · · · · · · · · · · ·
Street Address	iver Street
U.S. Address:	
Zip code 46613 City South Bend	State <u>IN</u>
or Foreign Address	
City	
Province or State	
Country	
Postal code	
Phone Number	(574) 303-6133
Fax Number	

2009 DETAIL STATEMENTS

Walking with	Jesus	Ministries
26-3723526		

Page 1 STATEMENT #1 - All other contributions etc. (990-EO PG 9 Line 1f) CASH DONATIONS..... 30,295 MATERIAL DONATIONS..... 15,110 TOTAL CARRIED TO 990-EO PG 9 Line 1f...... 45,405 STATEMENT #2 - Real less: rental expense (990-EO PG 9 Line 6b(i)) WATER & TRASH..... 649 AEP..... 1,072 NIPSCO..... 1,009 INTERNET & PHONE..... 1,099 HOUSEHOLD SUPPLIES..... 440 MAINTENANCE..... 925 TOTAL CARRIED TO 990-EO PG 9 Line 6b(i)........... 5,194 STATEMENT #3 - Office expenses (990 EO PG 10 Line 13)

OFFICE SUPPLIES AND EQUIPMENT..... 459 OPERATIONAL COSTS..... 440

TOTAL CARRIED TO 990 EO PG 10 Line 13............ 899