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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C
KING'S RANSOM FOUNDATION
3225 S. MCLEOD DRIVE #100
LAS VEGAS, NV 89121

D Employer identification number

26-4451422

E Telephone number

866-590-3499

F Group Exemption
Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► WWW.KINGSRANSOMFOUNDATION.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 362,893.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	362,832.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	61.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	362,893.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	241,779.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,575.
	14	Occupancy, rent, utilities, and maintenance	14	21.
	15	Printing, publications, postage, and shipping	15	303.
	16	Other expenses (describe ► SEE STATEMENT 2)	16	26,570.
	17	Total expenses. Add lines 10 through 16	17	271,248.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	91,645.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	91,645.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		66,930.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 3)		24,715.
25 Total assets	0.	91,645.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	91,645.

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

Form 990-EZ (2009)

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13

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	(Grants \$) If this amount includes foreign grants, check here	28 a
29	(Grants \$) If this amount includes foreign grants, check here	29 a
30	(Grants \$) If this amount includes foreign grants, check here	30 a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here	31 a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)
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[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e 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		X
41 List the states with which a copy of this return is filed ▶ CA		

42a The organization's books are in care of ▶ CYNTHIA MCFADDEN Telephone no ▶
 Located at ▶ P.O. BOX 291806 KERRVILLE TX ZIP + 4 ▶ 78029

	Yes	No
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 account)? If 'Yes,' enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** ☐ N/A ☒ N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

SEE STATEMENT 5

46 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

	Yes	No
46		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		X
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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 belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

E. SAMUEL WHEELER, CPA

Date

3/15/10

Check if self-employed

Preparer's Identifying Number (See instructions)

N/A

Firm's name (or yours if self-employed), address, and ZIP + 4

E. SAMUEL WHEELER, C.P.A.
133 OLD WARDS FERRY ROAD, SUITE J
SONORA, CA 95370-5998

EIN

N/A

Phone no

(209) 536-1218

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Part II 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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

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 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 "unusual grants.")						0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						0.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0.	0.	0.	0.	0.	0.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						0.
14 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 ▶ <input checked="" type="checkbox"/>						

Section 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	%

Section 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	%

- 19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV	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.
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[illegible]

CLIENT KINGRANS

KING'S RANSOM FOUNDATION

26-4451422

3/15/10

11 30AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ABBA HOUSE FOUNDATION	
DONEE'S ADDRESS:	PO BOX 3701	
	OLATHE, KS 66063	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 18,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ADELINE BART	
DONEE'S ADDRESS:	1035 MIRROR STREET	
	PITTSBURGH, PA 15217	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,519.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ADVENTURES IN MISSION	
DONEE'S ADDRESS:	6000 WELLSRING TRAIL	
	GAINESVILLE, GA 30506	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 3,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	AIRESLEDA AND JESUS RAMIREZ	
DONEE'S ADDRESS:	IMPACT CHURCH, 2301 GOAT CREEK RD	
	KERRVILLE, TX 78028	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ANITA HAWKINS	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	BRITTANY'S HOPE FOUNDATION	
DONEE'S ADDRESS:	1160 NORTH MARKET ST	
	ELIZABETH , PA 17022	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CATHERINE CORONA	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CHAPEL IN THE PINES CHURCH	
DONEE'S ADDRESS:	18580 CHEROKEE DRIVE	
	TWAIN HARTE, CA 95383	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 8,500.

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KING'S RANSOM FOUNDATION

26-4451422

3/15/10

11:30AM

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	CHILDREN'S VILLAGE FOUNDATION		
DONEE'S ADDRESS:	1350 WEST HANLEY AVE COEUR D ALENE, ID 83815		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	24,900.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	CHIP & SHERI WHITE (GATES OF CITY CHURCH		
DONEE'S ADDRESS:	410 BENSON DRIVE KERRVILLE , TX 78028		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	CREEKSIDE CHURCH		
DONEE'S ADDRESS:	13650 BERGEL ROAD SONORA, CA 95370		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	10,500.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	ELENI THEODORU		
DONEE'S ADDRESS:	6-31 REDDINGTON DR CALEDON ONTARIO , ONTARIO L7E0E4 CANADA		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,289.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	HARVEST SEED INTERNATIONAL		
DONEE'S ADDRESS:	11433 CRONRIDGE DRIVE, STE G OWINGS MILL, MD 21117		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	HEAVEN'S FAMILY		
DONEE'S ADDRESS:	PO BOX 12854 PITTSBURGH, PA 15241		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	10,000.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	HIDDEN WITH CHRIST MINISTRIES		
DONEE'S ADDRESS:	PO BOX 3267 TUSTIN, CA 92781		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	16,500.

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KING'S RANSOM FOUNDATION

26-4451422

3/15/10

11:30AM

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	HOPE WORLDWIDE PHILLIPPINES	
DONEE'S ADDRESS:	353 WEST LANCASTER AVENUE SUITE 200	
	WAYNE, PA 19087	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	KATHLEEN CHAMBERS	
DONEE'S ADDRESS:	62 PENNSYLVANIA STREET	
	DENVER , CO 80203	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	KERR COUNTY JUVENILE DETENTION CENTER	
DONEE'S ADDRESS:	3501 LEGION DRIVE	
	KERRVILLE, TX 78028	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	KING'S CHILDRENS HOME	
DONEE'S ADDRESS:	38/40 UNITY BLVD PO BOX 144	
	BELMOPAN, BELIZE CENTRAL AMERICA	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 32,959.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	LIGHTHOUSE MINISTRIES	
DONEE'S ADDRESS:	PO BOX 102	
	LONG BARN , CA 95335	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 4,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	LILY OF THE VALLEY	
DONEE'S ADDRESS:	PO BOX 1108	
	NATIONAL CITY , CA 91950	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 15,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	MARLA'S HOUSE OF HOPE	
DONEE'S ADDRESS:	PO BOX 148	
	BELMOPAN CITY , BELIZE CENTRAL AMERICA	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 4,850.

CLIENT KINGRANS

KING'S RANSOM FOUNDATION

26-4451422

3/15/10

11 30AM

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	MARY OPEN DOORS	
DONEE'S ADDRESS:	PO BOX 93	
	SAN IGNACIO, BELIZE CENTRAL AMERICA	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 14,650.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	PASTOR TOM WAFULA KINGORO	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	OGOPOGO FOUNDATION	
DONEE'S ADDRESS:	22432 LAKEVIEW HTS	
	SONORA, CA 95370	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	OLLIE BROWN	
DONEE'S ADDRESS:	PO BOX 19294	
	OAKLAND, CA 94619	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,012.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	QUALITY TRANSMISSION (DONNA TAYLOR)	
DONEE'S ADDRESS:	20695 N SUNSHINE RD	
	SONORA, CA 95371	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	RAYMOND AND STEPHANIE CASAREZ	
DONEE'S ADDRESS:	IMPACT CHURCH, 2031 GOAT CREEK RD	
	KERRVILLE, TX 78028	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 250.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	RIVERS OF LIFE	
DONEE'S ADDRESS:	14535 PEACEFUL VALLEY ROAD	
	SONORA, CA 95370	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 6,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	RUSSELL AND SUZZANE CONNELLY	
DONEE'S ADDRESS:	IMPACT CHURCH, 2031 GOAT CREEK ROAD	
	KERRVILLE, TX 78028	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 250.

CLIENT KINGRANS

KING'S RANSOM FOUNDATION

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STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SAINT JAMES CHURCH	
DONEE'S ADDRESS:	32 SNELL STREET	
	SONORA, CA 95370	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 11,300.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	TEN TALENTS MINISTRY	
DONEE'S ADDRESS:	18237 YOSEMITE ROAD	
	TUOLUMNE, CA 95379	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	U-SA CARES FOR LIFE	
DONEE'S ADDRESS:	6914S REDWOOD ROAD #104	
	WEST JORDAN , UT 84084	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 7,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	WOLFGANG KRISMANTIS	
DONEE'S ADDRESS:	32 SNELL STREET	
	SONORA, CA 95370	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	WOMAN THOU ART SET FREE	
DONEE'S ADDRESS:	3053 WEST CRAIG ROAD	
	LAS VEGAS, NV 89032	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	NEW HEART CHRISTIAN FELLOWSHIP	
DONEE'S ADDRESS:	995 CEMETARY LANE	
	SONORA , CA 95370	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 4,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

OFFICE EXPENSES	\$ 320.
OUTSIDE SERVICES	22,625.
PRODUCT COSTS	2,850.
REGISTRATION FEES	775.
TOTAL	<u>\$ 26,570.</u>

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FEDERAL STATEMENTS

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KING'S RANSOM FOUNDATION

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STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FOOD SUPPLY FOR PEOPLE IN NEED	\$ 0.	\$ 24,715.
TOTAL	\$ 0.	\$ 24,715.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

KINGSRANSOM IS DEDICATED TO SERVING PEOPLE IN NEED, ESPECIALLY FAMILIES AND CHILDREN; WORLDWIDE TO HELP THEM REACH THEIR FULL POTENTIAL AND SPREAD THE GOSPEL OF JESUS CHRIST.

THE FOUNDATION PLANS TO RAISE FUNDS SPECIFICALLY TO HELP THOSE IN NEED OF FOOD, CLOTHING AND SHELTER. MOST GIVING WILL BE DEVOTED TO 501 (C) (3) ENTITIES, THE FOUNDATION WILL ALSO PROVIDE SUPPORT TO FUND DISASTER RELIEF DIRECTLY TO INDIVIDUALS OR FAMILIES IN NEED, OR PROVIDE A GIFT OF SUPORT TO AN INDIVIDUAL OR FAMILY THAT HAS MET WITH DIFFICULT CIRCUMSTANCES. THE FOUNDATION IS DEDICATED TO THE FOLLOWING PRINCIPLES:

1. REFLECT THE CHARACTER OF GOD THROUGH DIRECT HUMANITARIAN ACTIVITIES
2. SUPPORT EFFECTIVE HUMAN SERVICE, DISASTER RELIEF, EDUCATION, OUTREACH AND MINISTRY PROGRAMS, BOTH CHRISTIAN AND NONCHRISTIAN BASED
3. FACILITATE THE RIGHT AND ABILITY OF ALL CHILDREN TO ATTAIN THEIR FULL POTENTIAL AND ASSIST IN ASSURING THE CHILD'S SURVIVAL TO ACHIEVE THAT POTENTIAL, AND PROMOTE AND EXPAND THE HUMAN RIGHTS AND EDUCATION OF ALL CHILDREN
4. FACILITATE THE RIGHT AND ABILITY OF WOMEN, ESPECIALLY SINGLE MOTHER, TO ATTAIN THEIR FULL POTENTIAL AND PROMOTE AND EXPAND THE HUMAN RIGHTS OF ALL WOMEN
5. FACILITATE PROGRAMS THAT SUPPORT THE STRENGTHENING OF MARRIAGES AND FAMILIES THROUGH OUTREACH, EDUCATION, MENTORING AND ASSISTANCE
5. PROCLAIM THE GOSPEL OF JESUS CHRIST TO ALL NATIONS, KINDRED, TONGUES AND PEOPLE

STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO