



Short Form
Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 Instructions.

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

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527K 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.)

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"/>	6a	
a Gross revenue (not including \$ _____ of contributions reported on line 6a)	6b	
b Less: direct expenses other than fundraising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
d Gross sales of inventory, less returns and allowances	7b	
e Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► _____)	9	362,893.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
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.
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	22	66,930.
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 3)	24	24,715.
25 Total assets	0. 25	91,645.
26 Total liabilities (describe ► _____)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	91,645.

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

Form 990-EZ (2009)

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Yes No

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 35a Yes No

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? 35b Yes No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 36 Yes No

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 37a Yes No

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? 37b Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter. 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 40a Yes No

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.** 40b Yes No

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 40c Yes No

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.** 40d Yes No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► **0.** 40e Yes No

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 40f Yes No

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 ► **78029**
 Located at ► **P.O. BOX 291806 KERRVILLE TX** ZIP + 4 ► **78029**

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 ► 42b Yes No

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 ► 42c Yes No

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** 43 Yes No
N/A

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

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 Yes No

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	X	
48	X	
49a	X	
49b		

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

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

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

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

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 ► _____

Sign Here	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.	
	Signature of officer	Date
	1/13/10	
	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date
	E. SAMUEL WHEELER, CPA	3/15/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed
E. SAMUEL WHEELER, C.P.A. 133 OLD WARDS FERRY ROAD, SUITE J SONORA, CA 95370-5998	<input checked="" type="checkbox"/> N/A	
	EIN	
	Phone no	
	(209) 536-1218	

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

BAA

Yes No

Form 990-EZ (2009)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

KING'S RANSOM FOUNDATION

Employer identification number
26-4451422

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 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:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II .)
9 An organization that normally receives (1) more than 33-1/3 % 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 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more 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 is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organizations

Total

BAA 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 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) ►

- 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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly 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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
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 □

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. □
- b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. □
- 17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. □
- b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. □
- 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 □

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 form 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 lines 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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	►	<input type="checkbox"/>

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.

2009

FEDERAL STATEMENTS

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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 WELLSPRING 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.

2009

FEDERAL STATEMENTS

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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:	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.

2009

FEDERAL STATEMENTS

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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:	HOPE WORLDWIDE PHILLIPINES	
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.

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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:	MARY OPEN DOORS	
DONEE'S ADDRESS:	PO BOX 93	
RELATIONSHIP OF DONEE:	SAN IGNACIO, BELIZE CENTRAL AMERICA	
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	
RELATIONSHIP OF DONEE:	SONORA, CA 95370	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	OLLIE BROWN	
DONEE'S ADDRESS:	PO BOX 19294	
RELATIONSHIP OF DONEE:	OAKLAND, CA 94619	
CASH AMOUNT GIVEN:		\$ 10,012.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	QUALITY TRANSMISSION (DONNA TAYLOR)	
DONEE'S ADDRESS:	20695 N SUNSHINE RD	
RELATIONSHIP OF DONEE:	SONORA, CA 95371	
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	
RELATIONSHIP OF DONEE:	KERRVILLE, TX 78028	
CASH AMOUNT GIVEN:		\$ 250.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	RIVERS OF LIFE	
DONEE'S ADDRESS:	14535 PEACEFUL VALLEY ROAD	
RELATIONSHIP OF DONEE:	SONORA, CA 95370	
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	
RELATIONSHIP OF DONEE:	KERRVILLE, TX 78028	
CASH AMOUNT GIVEN:		\$ 250.

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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		
RELATIONSHIP OF DONEE:	SONORA, CA 95370		
CASH AMOUNT GIVEN:	NONE		
		\$	11,300.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	TEN TALENTS MINISTRY		
DONEE'S ADDRESS:	18237 YOSEMITE ROAD		
RELATIONSHIP OF DONEE:	TUOLUMNE, CA 95379		
CASH AMOUNT GIVEN:	NONE		
		\$	500.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	U-SA CARES FOR LIFE		
DONEE'S ADDRESS:	6914S REDWOOD ROAD #104		
RELATIONSHIP OF DONEE:	WEST JORDAN, UT 84084		
CASH AMOUNT GIVEN:	NONE		
		\$	7,500.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	WOLFGANG KRISMANTIS		
DONEE'S ADDRESS:	32 SNELL STREET		
RELATIONSHIP OF DONEE:	SONORA, CA 95370		
CASH AMOUNT GIVEN:	NONE		
		\$	500.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	WOMAN THOU ART SET FREE		
DONEE'S ADDRESS:	3053 WEST CRAIG ROAD		
RELATIONSHIP OF DONEE:	LAS VEGAS, NV 89032		
CASH AMOUNT GIVEN:	NONE		
		\$	1,000.
CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	NEW HEART CHRISTIAN FELLOWSHIP		
DONEE'S ADDRESS:	995 CEMETARY LANE		
RELATIONSHIP OF DONEE:	SONORA, CA 95370		
CASH AMOUNT GIVEN:	NONE		
		\$	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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STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
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 SUPPORT 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