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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public-Inspection

Α	For the 2009 calenda	r year, or tax year beginning	, 2009, an	nd ending		1
В	Check if applicable	C Name of organization			D Employer	identification number
_	Address change Use IRS		AFRICA INC		26-45	89717
<u> </u>	Name change label or print or		Ivered to street address)	Room/suite	E Telephone	number
<u>X</u>	Initial return type.	253 TIMBERLAKE DR			(843)	229-8887
⊢	Termination Specific	City or town, state or country, and 7ID + 4				
-	Application pending	FLORENCE	sc	29501-9300	F Group E Number	
ــــــــــــــــــــــــــــــــــــــ		·		G Accounting	·	
	Section 501(c) must at	(3) organizations and 4947(a)(1) nonexemp tach a completed Schedule A (Form 990 o	r 990-EZ).	Other (spec	ify) ►	
ı	Website: ► N/A			H Check ► [required to	attach Sche	ganization is not dule B (Form 990,
J	Tax-exempt status (check	only one) $ \times$ 501(c) (3) \triangleleft (insert no.)	4947(a)(1) or 5	990-EZ, or	990-PF).	
K	Check ► if the or	ganization is not a section 509(a)(3) supp -EZ or Form 990 return is not required, bu	orting organizationand i	its gross receipts are	e normally n	ot more than
ī	· _ · _ · _ · _ · _ · _ · · _ · · · · ·	7b, to line 9 to determine gross receipts;			i, be sure to	
	instead of Form 990-l			<u> </u>	<u>. ►ş</u>	35,567.
P		Expenses, and Changes in Net A		ances (See the	instruction	
		jifts, grants, and similar amounts received			1	35,567.
		e revenue including government fees and	contracts		2	
	3 Membership du	es and assessments		•	3	
	4 Investment inco				4	
	1	rom sale of assets other than inventory.	└──	ia		
		her basis and sales expenses.		5b	7	
R	1	sale of assets other than inventory (Subtract line 5b f		••	5c	
REVERUE	6 Special events and a	activities (complete applicable parts of Schedule G). I	any amount is fromgaming,	check here		
Ñ	a Gross revenue	(not including\$of	contributions	•	Manager 5	
Ě	reported on line	: 1)		ia	1 Sept. 1	
	b Less: direct exp	enses other than fundraising expenses	6	5 b	Sec. 22	
	c Net income or (loss)) from special events and activities (Subtract line 6b	•	•	6c	
	7a Gross sales of	nventory, less returns and allowances		'a	ئىيقتىتىن ئالىرىڭ ئىز	
	b Less: cost of go	oods sold	7	<u>'</u> b	Cide Co	
	c Gross profit or	(loss) from sales of inventory (Subtract lin	e 7b from line 7a).		7c	
	8 Other revenue (desc	cribe ►			_) 8	
	9 Total revenue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<u> </u>	. ▶ 9	35,567.
	10 Grants and simi	ılar amounts paıd (attach schedule).		 	10	<u>8,8</u> 50.
_	11 Benefits paid to	or for members	REC	EIVED .	11	
E X P	12 Salaries, other	compensation, and employee benefits .			12	
E	13 Professional fee	es and other payments to independent cor	tractors 🔾		. 13	1,466.
E S E	14 Occupancy, ren	t, utilities, and maintenance.	YAW Q	24 2010 19	14	
E	15 Printing, publica	ations, postage, and shipping .		ω. Ω.	15	112.
•	16 Other expenses (des	scribe See Other Expenses Statement) . 16	911.
	17 Total expenses	Add lines 10 through 16 .	. OGD	EN, UI	▶ 17	11,339.
	18 Excess or (defic	cit) for the year (Subtract line 17 from line	9)		18	24,228.
N S E E	19 Net assets or fu	ind balances at beginning of year (from lir	e 27. column (A)) (mu:	st agree with end-of	-vear	
N S E E T	figure reported	on prior year's return)	•		. 19	0.
Ţ	20 Other changes i	in net assets or fund balances (attach exp	lanation)		20	
	21 Net assets or fu	ind balances at end of year. Combine line	s 18 through 20 .		▶ 21	24,228.
Pá	rt II - Balance S	Sheets. If Total assets on line 25, columi	(B) are \$1,250,000 or	more, file Form 990	instead of	Form 990-EZ.
		(See the instructions for Part II)		(A) Beginning		(B) End of year
22	Cash, savings, and	investments			0. 22	24,228.
23	Land and buildings				0. 23	0.
24	•	ıbe ►)		0. 24	0.
25					25	24,228.
26	-)		0.26	0.
_27	Net assets or fund	balances (line 27 of column (B) must agre	e with line 21) .		27	24,228.
BA	A For Privacy Act and	Paperwork Reduction Act Notice, see th	e separate instruction	s.		Form 990-EZ (2009)

Form 990 EZ (2009) KINGDOM WORK IN	SOUTHERN AFRICA	INC		-458	39717 Page
Part III Statement of Program Se			ons.)	(Poo	Expenses
What is the organization's primary exempt purpose? RE			,	5016	c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of program title.	ne organization's exempt puri f persons benefited, or other	poses. In a clear and co relevant information for	oncise manner, r each	orgar 4947 for ot	uired for section c)(3) and (4) dizations and section (a)(1) trusts; optional thers)
28 BUILD A SEMINARY AND ORP	HANAGE.				
		. 			
(Grants \$ 8,850.) If the	nis amount includes foreign g	rants, check here .	-	28 a	8,850.
					
(Grants \$) If the	nis amount includes foreign g	rants, check here		29 a	
30				İ	
	nis amount includes foreign gi	rants, check here		30 a	
(Grants \$) If th	is amount includes foreign gi	rants, check here	► []	31 a	
32 Total program service expenses (add lin			<u> </u>	32	8,850.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not com	pensa	ited. (See the instrs.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensation	ns and	(e) Expense account and other allowances
ANDY PUSSER	to position		deferred compensu	don	
253 TIMBERLAKE DR	PRESIDENT				
FLORENCE SC 29501	0.00	0.		0.	
KEITH HARRILL					
STREET	VICE PRESIDENT				
GAFFNEY SC 29340	0.00	0.		0.	
TINA PUSSER				ŀ	
253 TIMBERLAKE DR	SECRETARY	•			
FLORENCE SC 29501	0.00	0.		0.	
CHARLES COLLINS	mneacinen			l	
STREET SC 29501	TREASURER	0.		ا ۸	
FLORENCE SC29301	0.00	0.		<u> </u>	
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			•		
				-	
BAA	TEEA0812 01	 1/30/10			Form 990-EZ (2009)

TEEA0812 01/30/10

Form 990-EZ (2009)

For	n 990-EZ (2009) KINGDOM WORK IN SOUTHERN AFRICA INC 26-45897	٦.	Р	age 3				
	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	33		х				
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	34		Х				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot 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?	35 a		х				
	b if 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u> </u>	<u> </u>				
	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	36		X				
	a 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?	37 b		X				
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X				
1	anount involved							
39	Section 501(c)(7) organizations. Enter:	Difference of	12.5	1777 E.S.				
	Initiation fees and capital contributions included on line 9							
	Gross receipts, included on line 9, for public use of club facilities		R******	10 E				
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►		inarahita Marahita	rama page Little telle				
	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 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	40 b		X				
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization							
(All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		X				
	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed South Carolina	1400	·	<u> </u>				
42 8	The organization's books are in care of ANDY PUSSER Telephone no (843) Located at 253 TIMBERLAKE DR FLORENCE SC ZIP + 4 29501			7				
ŀ	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)?	42b	Yes	No 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.?							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•	<u> </u>					
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No 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							
BAA		45 rm 990		X				

Form 990-EZ (2009) KINGDOM WORK IN SOUTHERN AFRICA I	Form 990-EZ	(2009)	KINGDOM	WORK	IN	SOUTHERN	AFRICA	INC
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26-4589717

Page 4

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.

	<u> </u>		_				
46 Did t	the organization engage in direct or indire	ct political campaign ac	tivities on behalf of	or in opposition to candidate		Yes	No
•	ublic office? If 'Yes,' complete Schedule	•		• •	46		X
	he organization engage in lobbying activi e organization a school as described in si	•	•	de de la F	47		X
	he organization a scribblias described in si he organization make any transfers to an		·		48		X
	es,' was the related organization a section	•	related organization	•	49a 49b		X
		•	•	•			
50 Com empl	plete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the organizatio	n If there is none, enter 'N	s and key one '		
(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) Exp accour other allo	nt and	5
NONE _							
					•		
_ .							
f Total	number of other employees paid over \$1	00,000					
i iotai	number of other employees paid over \$1	00,000		-			
51 Comp	plete this table for the organization's five ensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contracto	ors who each received more	than \$100),000 (of
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compe	 ensatior	1
NONE							
					-		
	-						
d Total	number of other independent contractors	each receiving over \$1	00,00Ω	>			
	Under penalties of perjury, I declare that I have examitrue, correct, and complete. Declaration of preparer (c	ined this return, including accomp other than officer) is based on al	panying schedules and stall information of which prepared	tements, and to the best of my knowl	ledge and beli	ef, it is	
	1.1.	_					
Sign	> June			5-13-	70		
Here	Signature of officer	. 7 6	2 A	Date			
	Type or print name and title	1 res . d.					
	- 1,5pc or print raine and time		Date	Pren	arer's Identify	ing Nur	hor
Paid	Preparer's Signature	com IAA	- 05/12/1	Check if self-	arer's Identify Instructions)	117	,
Pre- parer's	Firm's name (or DUNCAN AND FLOYI	<u> </u>	[03/12/1	U employed	<u>, , , , , , , , , , , , , , , , , , , </u>	101	
uarers Use	yours if self- employed). > 308 SOUTH MCOUE			— ⊨			
Only	address, and ZIP + 4 FLORENCE		SC 29501-	-4723 Phone no ► (843)	662-0	406	
	6 discuss this return with the preparer sh	own above? See instruc			X Yes		No.
BAA					Form 990-		

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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

2009

Open to Publication

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

KINGDOM WORK IN SOUTHER								<u>58971 </u>				
Partika Reason for Public Cha	arity Status	(All organizations	must d	comple	ete this	part.)	See i	nstruct	ions			
The organization is not a private found	dation because	it is: (For lines 1 throi	ugh 11,	check o	nly one	box.)						
1 A church, convention of chui	rches or associ	ation of churches desc	cribed in	section	170(b)(1	I)(A)(i).						
2 A school described in section	n 170(b)(1)(A)(i	i). (Attach Schedule E	.)									
3 A hospital or cooperative ho			-	n 170/b	Υ1ΥΔΥ ίί	ii).						
4 A medical research organiza						•	hVIVA	(iii) Ente	ar the hosp	ıtal'e		
name, city, and state	mon operated i	in conjunction with a tr	ospitai t	20301100	u iiseeti		~X · X~)	(III) LINE	a the nosp	itai 3		
5 An organization operated for 170(b)(1)(A)(iv). (Complete in	r the benefit of Part II.)	a college or university	owned	or oper	ated by	a gover	nmenta	l unit de	scribed sec	tion		
6 A federal, state, or local gov	ernment or gov	vernmental unit descrit	bed ir se	ction 17	0(b)(1)(AXv).						
7 X An organization that normall in section 170(b)(1)(A)(vi). (that normally receives a substantial part of its support from a governmental unit or from the general public described (1)(A)(1). (Complete Part II.)											
8 A community trust described	Insection 170	(b)(1)(A)(vi). (Complete	e Part II	.)								
from activities related to its environment income and unre	hat normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts lated to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross he and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after ee section 509(a)(2). (Complete Part III.)											
10 An organization organized at	nd operated ex	clusively to test for pu	blic safe	ety. Se e	ection !	509(a)(4).					
more publicly supported org describes the type of suppo	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
_ " 🗀 '//- "				-	_			d 🔲				
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 t	the organization	n accepted any gift or	contrib	ution fro	om any	of the fo	ollowing	persons	7			
•					-		_			Yes	No	
(i) a person who directly of below, the governing b	or indirectly cor	ntrols, either alone or to ported organization?	ogether	with pe	rsons d	escribed	d in (ii) i	and (III)	11 g (i)			
(ii) a family member of a		_							11 g (ii)			
(iii) a 35% controlled entity			ove?						11 g (iii)			
	•	,, ,,			• •		·					
	Provide the following information about the supported organization (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1: PRC section (see instructions))					(v) Did you notify the organization in col (f) of your support?		s the ion in col. zed in the S.?	(vii) Amount of Support			
			Yes	No	Yes	No	Yes	No				
											_	
į												
ł												
			_			-						
	- 9 8 7		ا د د د د د				<u> </u>					
	Sand and due a	TANKS HINGS HAVE NO		100	- E-		73.	200				
Total	The state of the state of the state of		TE ALT	CHECK!		-	7 7 Table					

	edule A (Form 990 or 990-EZ) 200			UTHERN AFRI		26-458971	7 Page 2				
Pa	til Support Schedule for				(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)				
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	rt I.)							
Sec	tion A. Public Support		 	····	···-						
Cale begi	ndar year (or fiscal year nning 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.	0.	0.	0.	35,567.	35,567.				
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	0.	0.	0.	0.	35,567.	35,567.				
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)				Environment of the second						
6	Public support. Subtract line 5 from line 4	ingual and the second	An experiment with a segment of the con-			The second secon	35,567.				
Sec	tion B. Total Support			· ·	ı						
	ndar year (or fiscal year nning in) ►	(a) 2003 (b) 2006 (c) 2007 (d) 2008 (e) 2009					(f) Total				
7	Amounts from line 4	0. 0. 0. 35,567. 3									
8	8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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						35,567.				
12	Gross receipts from related activ		A			12					
13	First five years. If the Form 990 organization, check this box and	s for the organiza	ition's first, secor	nd, third, fourth, o	or fifth tax year as		3) ► [X]				
Sec	tion C. Computation of Pul	olic Support P	ercentage				·				
	Public support percentage for 20		· ·	ne 11, column (f)	• • • •	14	<u> %</u>				
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			. 15	%				
16a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the book	x on line 13, and rganization	the line 14 is 33-	1/3 % or more, ch	eck this box				
b	33-1/3 support test — 2008. If the and stop here. The organization of	organization did qualifies as a pub	not check a box ollicly supported or	on line 13, or 16a ganization.	, and line 15 is 33	-1/3% or more, ch	neck this box				
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	s' test, check this	box anstop here.	Explain in Part IV	how				
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organia	s' test, check this zation qualifies as	box an stop here. a publicly suppor	Explain in Part IV ted organization.	how the ►				
18 BAA	Private foundation. If the organiz	ation did not ched	ck a box on line,	13, 16a, 16b, 17a			tructions				

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.)

~	(Complete only if you che	cked the box on i	ine 9 of Part I.)				
	tion A. Public Support	(-) 2005	(L) 000C	(-) 0007	(4) 2000	(.) 0000	T 49 =
	ndar year (or fiscal yr beginning in)► Gifts, grants, contributions and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.').						
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						
3				-			
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
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.						
c	: Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line	and a distance of		de la constitución de la constit	* C+ 10 10 10 10 10 10 10 10 10 10 10 10 10		
	7c from line 6)	-			-	the fact of the party of the same in	
Sec	tion B. Total Support			•	_		
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and		ation's first, seco		or fifth tax year a		(3) ► □
	tion C. Computation of Pul			· ·	·	•	
	Public support percentage for 20			ne 13. column (f))	15	%
	Public support percentage from 2	• •	``	ine ro, column (i)		. 16	%
	tion D. Computation of Inv			<u></u>		. 10	76
	Investment income percentage for				ımn (f))	17	%
	Investment income percentage fr		• •	-		18	%
	33-1/3 support tests – 2009 . If the more than 33-1/3%, check this be	ne organization di	d not check the b	oox on line 14, a	nd line 15 is more ublicly supported o	than 33-1/3%, an	<u> </u>
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	as a publicly suppo	rted organization	i, and line 18
20	Private foundation. If the organiz	ation did not che	ck a box on line	14, 19a, or 19b,	check this box and	see instructions	>

Schedule A	(Form	990 or 9	90-EZ	2009	KI	NGDOM	WOR	K I	N :	SOUT	HERN	AFF	RICA	INC		26-4	58971	.7	Pa	age 4
Schedule A Part IV	Supp Part I	lement	t al In 1	formator 17b;	tion. and	Compl Part I	ete th	ns p	art . P	to p	rovide e anv	the othe	expla er add	anatio	ns requ	uired t	y Pari	t II, line instruct	10; ions.	_5-
						 -	<u>.,</u>													
						-						-								
													-	-						
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• KINGDOM WORK IN SOUTHE	ERN AFRICA INC	26-4589717					
Form 990-EZ, Part I, Line 16							
Other Expenses Statement							
Other expenses (describe)							
LICENSES			750.				
BANK CHARGES	_		161.				

911.

Total