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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

2009

Open to Public Inspection

A	For the	e 2009 calend	ar year,	, or tax y	ear begir	nning			, 2009, a	nd ending			, 20	
В	Check if a	applicable Please C Name of organization D Emple							ployer identification number					
		print or   Normber and street (or P.O. box, it mail is not delivered to street address)   Room/suite   £ Telep								33-0995916				
뉘	Name ch									Telephone number				
H	Initial reti Terminat								954	-556-6191				
Ħ	Amended	d return	Specific Instruc-	City or t	town, state	or country, ar	nd ZIP + 4				F Gro	up Exem	ntion	
		ion pending	tions	HOLLY	WOOD, F	FL 33020						mber ▶	ption	
	• Sec	tion 501(c)(3)	organiz	rations a	and 4947(	(a)(1) nonex	emnt charits	able trusts must	attach	G Accor			✓ Cash ☐ Accrual	
							90 or 990-EZ			Other	(specify	y) <b>&gt;</b>		
										H Check	: ▶ ∐	If the org	janization is <b>not</b>	
	Websit				NISTRIES		<del></del>			requir	ed to at	ttach Sch	edule B (Form 990,	
Ī.	Tax-exe	empt status (c									Z, or 99			
	Check I Form 9							organization <b>and</b> in chooses to file a					e than \$25,000 A	
								more, file Form 99				<b>\$</b>	475,427	
	art i							ts or Fund B				ctions f		
_	1							d				1	475,427	
	2	Program se										2		
	3	Membershi			_							3	<del></del>	
	4	Investment	•		262211611	115	•					4		
	1 _	Gross amor			· · ·				1 50 1			<del>                                     </del>		
	5a						•		5a			}		
	b	Less: cost o				•			_ <u>5b</u>			_		
<u>o</u>	C	•					• •	ubtract line 5b		-		5c	· · · · · · · · · · · · · · · · · · ·	
Revenue	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □										1		
ě	a	Gross revenue (not including \$ of contributions												
Œ	ĺ.									[				
	b													
	С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances									6c			
	7a													
	b										1			
	C										7c			
	8	Other reven	Other revenue (describe ►)								)	8		
	9	Total reven	ue. Ad	ld lines	1, 2, 3, 4	, 5c, 6c, 7c	c, and 8 .	<u> </u>	<u> </u>	<u> </u>	<u>. ▶</u>	9	475,427	
	10	Grants and	simılar	amoun	ts paid (a	attach sche	edule)	O 8 2010 1			.	10	272,679	
	11	Benefits pai	ıd to or	for mer	mbers .	'': '	. 3014	2 % ZOIN	, ,			11		
es	12	Salaries, oth	ner con	npensat	tion, and	employee	benefits .	<u>.</u>	، بر نسم			12	90,000	
Su	13	Professiona	l fees a	and othe	er payme	ents to inde	pendent co	ntractors	·			13	24,207	
Expenses	14	Occupancy,	, rent, u	utilities,	and mair	ntenance.,	٠٠ نيم ٠,					14	479	
ш	15	Printing, put	blicatio	ns, pos	tage, and	d shipping					.	15	13,727	
	16	Other expenses (describe PY Taxes, Supplies, Travel, Bank fee, Licenses, Office Expense								16	16,031			
	17	Total exper	nses. A	dd <u>lines</u>	s 10 thro	ugh 16 .	<u></u>	<u></u> .	<u> </u>	·	. ▶	17	417,123	
മ	18	Excess or (d	deficit) f	for the y	/ear (Sub	otract line 1	7 from line	9)				18	58,304	
se	19	Net assets	or fund	d balanc	ces at be	eginning of	year (from	line 27, colum						
As	i	end-of-year	figure	reporte	d on prio	or year's ret	turn)				٠ .	19	151,222	
Net Assets	20	Other chang	jes in n	et asse	ts or fund	d balances	(attach exp	olanation) .			. [	20		
Z	21	Net assets of	or fund	balance	es at end	l of year. C	ombine line	s 18 through 20	0	<u> </u>	. ▶	21	209,526	
P	art II	Balance	Sheet					3) are \$1,250,00	00 or mo				of Form 990-EZ.	
						ctions for F				(A) Begir			(B) End of year	
22	Cas	sh, savings, a	and inv	estmen	its .						151	,222 22	209,526	
23		nd and buildi										23		
24		ner assets (de								) [		24		
25		tal assets .				<del></del>	· · ·				151	,222 25	209,526	
26	Tot	tal liabilities	(descri	ibe 🕨		-			_ :	)		26		
27	Net	t assets or fi	und ba	lances	(line 27 d	of column	(B) must ag	ree with line 21	)		151	,222 27	209,526	

Form 990-EZ (2009)

							age a		
_			plishments (See the inst	ructions for Part I	II.)		Expenses		
Wha	t is the organization's primary exe	mpt purpose?	See statement attached			(Required for section			
	cribe what was achieved in carr						c)(3) and 501(c)(4) nizations and section		
	ner, describe the services provide	ed, the number	of persons benefited, and	other relevant info	rmation for		(a)(1) trusts, optional		
each	program title.					for o	thers)		
28	See statement attached								
			*****			1			
	(Grants \$	) If this amount	ıncludes foreign grants, cl	neck here	. ▶ 🗆	28a			
29						ĺ			
						l			
	(Grants \$	) If this amount	ıncludes foreign grants, ch	neck here	. ▶ 📙	29a			
30						{			
						ĺ			
	(Grants \$		ıncludes foreign grants, ch	eck here	. ▶ 📙	30a			
31	Other program services (attach so				_				
	(Grants \$	) If this amount	includes foreign grants, ch	ieck here	<u>. ▶ Џ</u>	31a			
	Total program service expenses	s (add lines 28a	through 31a)		· · •	32			
Pari	List of Officers, Directors, 1	rustees, and Key	,	<del> </del>	<del> </del>				
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and		
			devoted to position	enter -0)	deferred comper	sation	other allowances		
	NEL BUCUR		PRESIDENT - 40						
	WILEY STREET, HOLLYWOOD, FL	33020		45,000		00	00		
	EN BUCUR		DIR./OFF. MGR 40						
	WILEY STREET, HOLLYWOOD, FL	33020		45,000		00	00		
	ENTIN BARB		TREASURER - 5						
1415	WILEY STREET, HOLLYWOOD, FL	33020		00		00	00		
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'Par	Other Information (Note the statement requirements in the instructions 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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 4911 ▶			
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		✓
	·	400		
С	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		İ	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ► FLORIDA			
42a	The digalization's books are in care of P TALLINIA DATE	54-92		
	Located at ► 1415 WILEY STREET, HOLLYWOOD, FL ZIP + 4 ►	330	20	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Γ	Vaa	No.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	110
	account)?	42b		
	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.			
		42c	1	
	If "Yes," enter the name of the foreign country. ► ROMANIA	720	<u> </u>	-— • □
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	· 	. <b>,</b>	
		F	Yes	Νo
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
44	Form 990-EZ	44	ļ	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			<u> </u>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓_
	Form	990	-EZ (	(2009)

	-	
orm	990-EZ	(2009)

Pan	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	47(a)(1) nonexempt char	exempt charita Itable trusts mu	ble trusts only. A st answer question	III sec ons 46	tıon 3–49b	)				
46	Did the organization engage in direct or indirect	t political campaign activiti	ies on behalf of o	or in opposition to		Yes	No				
	candidates for public office? If "Yes," complete	Schedule C, Part I .			46		√				
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II		47_		<b>√</b>				
48	Is the organization a school as described in section	on 170(b)(1)(A)(ıı)? If "Yes," c	omplete Schedule	eE	48		✓				
49a	Did the organization make any transfers to an ex	empt non-charitable relate	d organization?		49a		✓				
	If "Yes," was the related organization a section 527 organization?										
50	Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated emplo 200 of compensation from	yees (other than the organization.	officers, directors, If there is none, en	trustee ter "No	es and one."	l key				
	(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 & deferred compensation	acc	Expens ount ar allowar	nd				
NONE											
					_						
	Complete this table for the organization's five h \$100,000 of compensation from the organization			ors who each rece	ived n	nore t	than				
	(a) Name and address of each independent contractor p	oaid more than \$100,000	<b>(b)</b> Tyl	oe of service	(c) Com	pensati	on				
d T	Total number of other independent contractors ea	ach receiving over \$100,000	0 . ▶				<del></del>				
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete Declaration o	this return, including accompanyi f preparer (other than officer) is ba	ng schedules and sta sed on all information	tements, and to the best of which preparer has a	of my kr	nowled ledge	ge				
Sign Here	Signature of officer  VALENTIN BARB - TREASURER  Type or print name and title										
Paid Preparer	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying numb	er (See in	struction	ns)				
Jse Only	I Firm shame for the state of t										
/lay the	IRS discuss this return with the preparer shown a	above? See instructions	<u> </u>		Yes [ - 990-	□ No EZ (2					

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization							Employ	er identific	ation number		
			MINISTRIES						33		0995916
	rt l			harity Status (All o							ictions
The 1 2 3 4	organization is not a private foundation because it is (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
		hospital's n	ame, city, and s	tate							
5		section 170	0(b)(1)(A)(iv). (Co	•		•		•			ai unit described in
6 7 8 9	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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 )</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )</li> <li>✓ An organization that normally receives (1) more than 33½ % 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 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses</li> </ul>										
10 11	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a  Type I										
f g		If the organ	i, check this box st 17, 2006, has	a written determinate							III supporting
<u>h</u>	<ul> <li>(i) A person who directly or indirectly controls, either alone or together with person and (iii) below, the governing body of the supported organization?</li> <li>(ii) A family member of a person described in (i) above?</li> <li>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</li> </ul>						vou natify	(vi) organizat	is the	Yes   No	
				above or IRC section (see instructions))		document?		port?		S?	
NON	E				Yes	140	163	140			
Total		· · · · ·									

	Support Schedule for Org (Complete only if you ched					) and	l 170(b)(	1)(A)(vi)
Se	ction A. Public Support				······································			
С	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(4	e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	ļ			ļ	<del> </del>	<del></del>	
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	l	l	L				
	ction B. Total Support lendar year (or fiscal year beginning in)	(a) 2006	(b) 2006	(c) 2007	(d) 2008	1 6	3 2000	(f) Total
		(a) 2005	<b>(b)</b> 2006	(6) 2007	(u) 2006	(6	2009	(1) 10tai
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 .						لــــــا	
12	Gross receipts from related activities, etc	(see instructio	ns)			12	<u></u>	
13	First five years. If the Form 990 is for organization, check this box and stop he		n's first, secon	d, third, fourth	, or fifth tax y	ear as	s a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Sup	oport Percer	ntage		_			
14	Public support percentage for 2009 (line 6	6, column (f) dı	vided by line 11	, column (f))		14		%_
15	Public support percentage from 2008 Sch					15		
16a	33% % support test—2009. If the organization qualifies	as a publicly s	upported orgar	iization .				.▶ 🛚
	33% % support test-2008. If the organization qualitation and stop here. The organization qualitation	lifies as a publi	cly supported c	rganization			-	▶ ⊔
	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circum stances" test T	nstances" test, o he organization	check this box a qualifies as a p	and <b>stop here.</b> oublicly suppor	Expla ted or	ain in Part I rganization	V how the □
b 18	10%-facts-and-circumstances test – 2008. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did". If the organization did	acts-and-circum: nces" test The o	stances" test, c organization qua	heck this box a lifies as a public	nd <b>stop here</b> ly supported org	Explai ganiza	n in Part I tion	V how the ▶ □

Schedule A (Form 990 or 990-EZ) 2009 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 year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants, contributions, membership fees received (Do not include 247,871 385,537 487,055 426,793 475,427 2,022,683 any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 247,871 385,537 487,055 426,793 475,427 2,022,683 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 92,320 210,565 232,382 226,719 265,811 1,027,797 amount on line 13 for the year 92,320 226,719 265,811 210,565 232,382 1,027,797 c Add lines 7a and 7b Public support (Subtract line 7c from 5 1 1 S

	line 6)							994	4,886
Sec	tion B. Total Support								
Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(6	2009	(f) Tota	<u>al</u>
9	Amounts from line 6	247,871	385,537	487,055	426,793		475,427	2,022	2,683
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				_				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0		0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							<u></u> .	
13	Total support. (Add lines 9, 10c, 11, and 12)	247,871	385,537	487,055	426,793	_	475,427	2,022	,683
14	First five years. If the Form 990 is for to organization, check this box and stop		n's first, secon	id, third, fourth	i, or fifth tax y	ear a	s a section		3) ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage	<u> </u>					
15	Public support percentage for 2009 (lin	e 8. column (f)	(f) divided by line 13, column (f))			15		49.19	%_
16	Public support percentage from 2008 S			,		16		0	%_
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage						
17	Investment income percentage for 2009	9 (line 10c, coli	umn (f) divided	by line 13, co	olumn (f)) .	17		0	<u>%_</u>
18	Investment income percentage from 20	08 Schedule A	, Part III, line	17	( )	18		0	%
19a	33% % support tests—2009. If the organic 17 is not more than 33% %, check this be	anization did no ox and <mark>stop he</mark>	ot check the borre. The organiz	ox on line 14, a zation qualifies	as a publicly s	uppo	rted orgai	nization	▶ ☑
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not on the box and stop I	check a box on here. The orgar	line 14 or line 1 nization qualifies	19a, and line 16 s as a publicly s	suppo	ore than 3 orted organ	3⅓ %, an iization	d ▶ □
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and	d see instr	uctions I	<u> </u>
	Schedule A (Form 990 or 990-EZ) 2009								

Schedule A (I	rage = Fage	
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	
	Tartif, line 172 of 175, and 1 art in, line 12. Floride any other additional information. See instructions	_
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		-

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS 

DESCRIPTION

FURTHER THE GOSPEL AND HELP THE CHILDREN. FUNDING FOR THE NEEDS OF THE ORPHANS AND STREET CHILDREN AND TO DEFRAY THE EXPENSES OF THE MISSIONARY SUPPORT ROMANIANS WORKING ROMANIAN PROGRAM EXPENSE - FUNDS SPENT IN ROMANIA TO WITH THE ROMANIAN CHILDREN.

ALLOCATIONS GRANTS AND

272,679

TOTAL

03/22/2003 17:30:11

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STATEMENT