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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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
STEIGER INTERNATIONAL, LTD.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 480
 City, town, or country State ZIP + 4
HUNTINGTON MA 01050-0480

D Employer identification number
36-3517418

E Telephone number
(413) 667-3471

F Group Exemption Number ▶

G Accounting Method Cash Accrual
 Other (specify) ▶

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

I Website: ▶ STEIGER.ORG

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

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 ▶ \$ **481,768**

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	475,134
2	Program service revenue including government fees and contracts	2	6,525
3	Membership dues and assessments	3	
4	Investment income	4	109
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
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 \$ 0 of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
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	0
8	Other revenue (describe ▶)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	481,768
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	91,342
13	Professional fees and other payments to independent contractors	13	6,436
14	Occupancy, rent, utilities, and maintenance	14	11,244
15	Printing, publications, postage, and shipping	15	28,164
16	Other expenses (describe ▶ See Attached Statement)	16	350,308
17	Total expenses. Add lines 10 through 16	17	487,494
18	Excess of deficit for the year (Subtract line 17 from line 9)	18	-5,726
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	75,407
20	Other changes in net assets or fund balances (attach explanation)	20	1,668
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	71,349

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	80,421	22 102,596
23 Land and buildings		23
24 Other assets (describe ▶)	0	24 0
25 Total assets	80,421	25 102,596
26 Total liabilities (describe ▶ See Attached Statement)	5,014	26 31,247
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,407	27 71,349

SCANNED JUL 13 2011 Revenue

RECEIVED
MAY 8 2011
\$100,000

17

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>EVANGELISTIC MISSIONARY SERVICES</u>		(Required for section 501(c)(3) and 501(c)(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, and other relevant information for each program title.		
28	<u>MISSIONARIES CONDUCT OUTREACH SERVICES AND EVANGELISTIC TEACHING ACTIVITIES ON A WORLD-WIDE BASIS</u>	
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 344,568
29		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31	Other program services (attach schedule)	
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32	Total program service expenses. (add lines 28a through 31a)	32 344,568

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID PIERCE 27 MARRAM WAY WAIKANAE New Zealand	Title EX DIR Hr/WK 40.00	0	0	0
JODI PIERCE 27 MARRAM WAY WAIKANAE New Zealand	Title EX DIR ASSOC Hr/WK 40.00	0	0	0
MARY ROSE JONES P O BOX 824 HUNTINGTON MA 01050	Title TREAS Hr/WK 40.00	0	0	0
JAKE CHAYA 516 WOOD WAY BURNSVILLE MN 55337	Title SECY Hr/WK 10.00	0	0	0
MICHAEL SENGLE HIRSCHSTRASSE 19 KARLSRUHE Germany	Title DIR Hr/WK 10.00	0	0	0
MARK JOHNSON PO BOX 32131 FRIDLEY MN 55432	Title DIR Hr/WK 10.00	0	0	0
OLI HILLE 13 HARDWICKE ST SUMNER CHRISTCHURC New Z	Title DIR Hr/WK 10.00	0	0	0
HARRY HAMMAN GPO BOX 1622 SYDNEY Australia	Title DIR Hr/WK 10.00	0	0	0
THERESE BOUFFARD 108 TOWN HILL RD HINSDALE MA 01235	Title EMP Hr/WK 20.00	2,550	0	0
JEFF GOTT 141 DOLOMITE DRIVE COLORADO SPRINGS CO 80	Title EMP Hr/WK 40.00	0	0	0
LINDA RAY 7 BROOKSIDE GLEN HUNTINGTON MA 01050	Title BKP Hr/WK 40.00	33,888	0	0
AARON PIERCE 3701 LOUISIANA AVE N MINNEAPOLIS MN 55427	Title EMP Hr/WK 40.00	45,008	0	0
NEIL CLAYTON 16 THE ANCHORAGE WHITBY, WELLINGTON New	Title DIR Hr/WK 10.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V 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.		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
37 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?		X
38 a	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	0	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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.		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. ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ _____		
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.		X
41	List the states with which a copy of this return is filed. ▶ MA		
42 a	The organization's books are in care of ▶ MARY ROSE JONES Telephone no. ▶ (413) 667-3471 Located at ▶ 169 WORTHINGTON ROAD City HUNTINGTON ST MA ZIP + 4 ▶ 01050		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
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.

	Yes	No
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.		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
49 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 & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0

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
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

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 ▶ Mary Rose Jones | 5/14/2010
Signature of officer Date

▶ MARY ROSE JONES, Treasure
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <u>Lawrence P. Zabielski</u>	Date <u>4/20/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <u>011-34-0694</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>LAWRENCE P ZABIELSKI CPA</u> <u>65 BROAD STREET, WESTFIELD, MA 01085</u>	EIN ▶ <u>04-2624779</u>	Phone no ▶ <u>(413) 562-0000</u>	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization

STEIGER INTERNATIONAL, LTD.

Employer identification number

36-3517418

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 a 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 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 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 it 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)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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 any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** 0.00%

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** 0.00%

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and 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

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 year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	332,741	399,655	449,664	618,022	475,134	2,275,216
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				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	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	332,741	399,655	449,664	618,022	475,134	2,275,216
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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 amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						2,275,216

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	332,741	399,655	449,664	618,022	475,134	2,275,216
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148	191	232	252	109	932
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	148	191	232	252	109	932
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	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	332,889	399,846	449,896	618,274	475,243	2,276,148
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 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	99.96%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.96%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.04%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.04%

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 line 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.

Area with horizontal dashed lines for supplemental information.

Part I, Line 16 (990-EZ) - Other Expenses

		350,308
1	Travel	83,915
2	Meals and entertainment	
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	
6	Depreciation	0
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	
10	Supplies	472
11	Telephone	1,976
12	Unrelated business income taxes	0
13	AUTOMOBILE EXPENSES	6,003
14	EVANGELISTIC MATERIALS	280
15	INSURANCE	2,354
16	INTERNET SERVICE	3,412
17	MISSIONARIES EXPENSES	89,753
18	MISSIONARIES PROJECTS EXPENSES	122,287
19	OFFICE EXPENSES	1,870
20	MEMBERSHIPS	1,665
21	BANK FEES AND CHARGES	2,833
22	MISCELLANEOUS	401
23	CLERGY HOUSING	32,825
24	PROFESSIONAL FEES	262
25		
26		
27		
28		
29		

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

1,668

Description		Amount	
1	PRIOR PERIOD ADJUSTMENT -	1	1,668
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 26 (990-EZ) - Liabilities

5,014

31,247

	Description	Beginning	End
1	ACCOUNTS PAYABLE	1,224	28,285
2	ACCRUED PAYROLL TAXES	1,185	587
3	EMPLOYEE TAXES WITHHELD	2,605	2,375
4			
5			
6			
7			
8			
9			
10			

qry 2009 gifts over \$5000

3/3/2010

Name	Name Account #	Name Street1	Name Street2	Name City	Name State	Name Zip	SumOfAmount
Burgess, Willia	958	6285 Elm Ridg		Corcoran	MN	55340	13240
Clayton, Neil	8855	16 The Anchor	Whitby	Wellington		5024	27479.5
Dirks, Andrew a	2376	3833 Chicago		Minneapolis	MN	55407	6050
First Christian	365	909 Court Stree		The Dalles	OR	97058	8938.54
Gage, Tom	11511	3004 S. Coral		Sioux Falls	SD	57103	10000
Gott, Jeffrey &	860	141 Dolomite D		Colorado Sprin	CO	80919	12000
Jones, Stewart	8948	Po Box 540	169 Worthingto	Huntington	MA	01050	19200
Krebs, Wayne	937	146 126th Lan		Coon Rapids	MN	55448	9206
McIntyre, Domi	2027	773 N. Van Dor		Alexandria	VA	22304	7250
Minnetonka Co	40	13215 Minneto		Minnetonka	MN	55305	5640
N L Dornholt Fa	486	6635 Cherrywo		Minnetrista	MN	55364	30000
NPC Robotics	11234	P. O. Box 118	4851 Shoreline	Mound	MN	55364	10121.08
Shorey, Philip &	5218	3637 10th Ave		Minneapolis	MN	55407	5303.21
Sullivan, Marian	2708	PO Box 5361		Sioux Falls	SD	57117-5361	25500
The Crowell Tr	9006	1880 Office Clu	Suite 2200	Colorado Sprin	CO	80920	15000
YWAM - Steige	8960						8492.53