

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public to Inspection

_		► The organization may have to use a copy of this return to satisfy state		equirements		Alnspect	on
			ending				
$\overline{}$	theck if ap	use IRS		D Employer	identificatio	n number	
	Address	change label or Doing Business As		39-1968099	1		
<u></u>	lame ch	ange print or type Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	number		
<u></u> □ '	nitial retu	irn see N6052 BOMBINSKI LANE		715 - 484-801	17		
	erminat	Specific Instruc- City or town, state or country, and ZIP + 4					
	Amended			G Gross rece	ipts \$		361,235
	Application	on pending F Name and address of principal officer	H(a) Is	this a group retur	rn for affiliate	es? Ye	s X No
		DON SHIRE N6052 BOMBINSKI LANE, WHITE LAKE, WI 54491	H(b) Ar	e all affiliates inc	luded?	Ye	s No
	20 000	mpt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	_	"No," attach a list			
			⊣		·	,	
		: ▶ WWW DONSHIRE COM		oup exemption n			
			ear of forma	ation 2001	M State	of legal domic	ile WI
	art l						
	1			stries is a nor			
a)		mult-national corporation with the purpose of obeying the words of Christ in Acts	18 To	spread the w	ords of J	esus Christ	
č		through missionary trips in the United State and various foreign countries					-
Activities & Governance							
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	ed of more	e than 25% o	of its net a	ssets	
8	3	Number of voting members of the governing body (Part VI, line 1a)			3		3
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		1
ţivi	5	Total number of employees (Part V, line 2a)			5		2
Ā	6	Total number of volunteers (estimate if necessary)			6		2
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12			7a		
	b	Net unrelated business taxable income from Form 990-T, line 34			7b		
				Prior Year		Current Y	
ø	8	Contributions and grants (Part VIII, line 1h)		392	2,539		360,550
nua	9	Program service revenue (Part VIII, line 2g)					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,411		685
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			274		004.005
	12	Total revenue—add lines, 8 through 1.1 (must equal Part VIII, column (A), line 12)		·	4,224		361,235
	13	Grants and similar amounts paid (Part X, column (A), lines 1–3)			2,995		4,600
	14	Benefits paid to or for members (Rait(X) column (A), line 4)	0)		2770		70.007
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	6,772		76,267		
ens	16a	Professional fundraising fees (Part IXOColumn (A), line 11e)					2000. 2 pr
Expenses	b	Total fundraising expenses (Part 1X, column (D), line 25) ▶		200	0044		
w	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			6,944		283,975
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			6,711 7,513		364,842
·	19	Revenue less expenses Subtract line 18 from line 12	Begin	ning of Current		End of Ye	-3,607
ts o	20	Total assets (Part X, line 16)	Degin		1,768		191,523
.⊀ Vsse Bak	20 21	Total liabilities (Part X, line 26)			1,700		3,362
ا المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجة المراجعة المراجعة المراجعة المراجعة المراجعة ا And Balances	22	Net assets or fund balances Subtract line 21 from line 20	}	19	1,768		188,161
4	HIE	Signature Block			.,,,		
▼	III TILIBAY	Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and st	tatements, and to	the best of	my knowledge	;
\circ		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	all informatio	on of which prepa	arer has any	knowledge	
CHINE D		1 PCI.		. ~			
Sic	ın	Rule Su			-14-	<u> 70 </u>	
E E	re	signature of officer	-	Date			
S	. •					<u>, </u>	_
		Type or priorname and title Preparer's Date	Check If		Prenarer's	identifying nun	nber
Da!	٨	signature	self-		(see instructi		
Pai		6/30/2010	employed	 ▶□	P006662	<u> 14 </u>	
	parer'			EIN •			
USI	Only	if self-employed), address, and ZIP + 4			(715) 219	9-0060	
1/0	, the II	RS discuss this return with the preparer shown above? (see instructions)		1	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	X Yes	No
ivia	y une It	79 discuss this return with the preparer shown above, (see instructions)					NO

Pa	Statement of Program Service Accomplishments												
1	Briefly describe the organization's mission												
	To spread the words of Jesus Christ through missionary trips in the United States and various foreign countries												
	•••••••••••••••••••••••••••••••••••••••												
2	Did the organization undertake any significant program services during the year which were not listed on												
	the prior Form 990 or 990-EZ?												
_	If "Yes," describe these new services on Schedule O												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services?												
	If "Yes," describe these changes on Schedule O												
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and												
	allocations to others, the total expenses, and revenue, if any, for each program service reported												
	anocations to atteres, the total expenses, and revenue, if any, for each program corride repented												
4a	(Code) (Expenses \$ 268,035 including grants of \$ 4,600) (Revenue \$ 361,235)												
	Mission Trips, Mission Expansion, Concert Expenses												
	Lousiana Baptist University & Seminary \$ 300/H E L P Ministries INTL - \$2,800												
	Christian Light Foundation - \$1500												
	The organization particpates in missions trips and concerts to spread the word of Jesus Christ												
	The trips are within U.S. borders as well as outside of the U.S.												
	Concerts are held as part of the ministry as well. These are primarily within US borders												
4p	(Code) (Expenses \$ including grants of \$) (Revenue \$)												
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)												
	•••••••••••••••••••••••••••••••												
	•••••••••••••••••••••••••••••••••••••••												
_													
4d	Other program services (Describe in Schedule O)												
	(Expenses \$ including grants of \$) (Revenue \$)												
40	Total program service expenses > 268 035												

Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A .	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	_ <u> </u>		_^
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
U	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	ME OU		
	Schedule D, Part VI		r.	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1 617
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			Mari
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			33
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	9		
-	Schedule D, Parts XI, XII, and XIII	12	A 10 Z	X
2A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	* Sections		200
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		V
	If "Yes," complete Schedule G, Part III	19 20		X
(U)	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	4 U		\sim

Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	i		
	in the United States on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>-</u> .
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
4	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254		
~	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,		'ı.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		, W.	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	Х	
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
2.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		Х
34	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
J J	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	<u> </u>		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance				-9
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			an way	
	U.S. Information Returns. Enter -0- if not applicable.	1a)
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			. *
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	and reportable		* *	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	gaming (gambling) winnings to prize winners?	'	1c		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		\$	**	3 8
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 2	2	ar	· * * •
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	(see		1,14	. ** **
	instructions)		1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year of	overed by		Kid	
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	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 ot	ner financial	-		ŀ
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country			ស្រ 🖓	Sin
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo	reign Bank	925		
	and Financial Accounts			<i>.</i>	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ear?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the			
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such cont	ributions or			ļ
	gifts were not tax deductible?		6b	و. سع	780383-273
7	Organizations that may receive deductible contributions under section 170(c).		5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	y for goods			331
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	n it was	_		
	required to file Form 8282?	1	7c	4 3	<u></u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	- } ,	4	ŧ.
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums obenefit contract?	on a personal	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contract?	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ	uired?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1	098-C as	1		
	required? .		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	ting	i i	4. V	
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	soring	*	, ,	
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		,		1
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders .	11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11b	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	ı	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	. 3. 2334		2000

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a	3	-	.~48 × +
b	Enter the number of voting members that are independent	1		•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	ľ	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	 ^ 	
3	supervision of officers, directors or trustees, or key employees to a management company or other person			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	s		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3 7887		######### {
	the year by the following	*		
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	}		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	l	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
		<u> </u>	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		_X
b		l l		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	e ₁₁	X	
11 /	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u></u>		Sin'
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	1 3	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		h	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		35/	/
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	ision?		
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b	ndr.	_X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		" • ,	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			>
	with a taxable entity during the year?	16a	 	X
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			,¢
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguar	1		
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI	((0)(2)=!-)		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(s)s only)		
	available for public inspection. Indicate how you make these available. Check all that apply Own website			
10	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	t of interest		
19	policy, and financial statements available to the public	. OF HIREFEST		
20	State the name, physical address, and telephone number of the person who possesses the books and rec	arde of the		
20	745	-484-2014		
	organization ► Don Shire /15 N6052 Rombinski Lane, White Lake, WI 54491	197 27 17		

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compe	ensate any curre	ent off	ice	r, d	irec	tor, or	r tru	ustee		
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated at employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from the organization y-2/1099-MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Donald Shire										
President	40	X		X	X			59,627		
Kathy Shire Vice President		X		X						
Jeff Swanstrom										
Secretary/Treasurer	15	Х		Х						
Mındy Martın Office Manager	20				 x			3,557		
								·		
					i i					

Pa	Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	l Hig	hest	Co	mpensated Em	ployees (conti	nued)
	' (A) ·	(B)			((C)			(D)	(E)	(F)
	Name and title	Average hours per		sition			hat ap		Reportable	Reportable	Estimated
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	-ighe empli	Former	compensation	compensation from related	amount of other
			dual i	utiona	, ×	mplo	est co	ª	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	
			truste	a) trus		yee	mper		(***271099-18130)		organization and related organizations
			Ď	stee			Highest compensated employee				organizations
				-							
						_	ļ				
				_							
									-		
				·							
						į					
1b	Total							D	63,184		
2	Total number of individuals (including but no		e list	ed a	bove	e) wł	no re	ceive	ed more than \$1	00,000 ın	
	reportable compensation from the organizat	ion ►				-					Yes No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,	or h	ighe	st compensated	**************************************	3 X
4	For any individual listed on line 1a, is the su					n an	d oth	er co	ompensation fro	m	
	the organization and related organizations g	reater than \$15	0,00	०२ If	"Yes	s," c	ompl	ete S	Schedule J for si	uch	4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye								ganızatıon for		
Sec	tion B. Independent Contractors	es, complete st	cried	uie c	101	Suci	pers	5011			5 X
1	Complete this table for your five highest con compensation from the organization	npensated indep	pend	ent c	ontr	acto	rs tha	at re	ceived more tha	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	rices C	(C)
									_		
2	Total number of independent contractors (in more than \$100,000 in compensation from t			ed to	thos	se lis	sted a	bov.	e) who received		

[®] Pan	VIII	Statement of Revenue							
				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	4 \					i	exempt	business	excluded from
. M	y w dynet was dans e						function revenue	revenue	tax under sections 512, 513, or 514
ts	1a	Federated campaigns		1a		« × > `	' ¾	3	, , , ,
ran	b	Membership dues		1b			٠, -		
s, g ⊒c	С	Fundraising events	Ì	1c			, ,		*
ar a	d	Related organizations	Ì	1d			, A). ' "
s, g		Government grants (contributions)	ľ	1e					*
ion sir		All other contributions, gifts, grants	and .				30 No. 1		100
ber	•	similar amounts not included above		1f	360,550				
	q	Noncash contributions included in I			000,000		Υ.,		
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f .	mes la m			360,550			
		Total / lad lines la li	_ •	_	Business Code	## 200,000	1 4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,100	, 100g ags
Program Service Revenue	2a					****	, ,	, ,	
Zev	b					-			
ce	C								
EZ.	d								
ų. S	u								
grar		All other pregram condensation							,
, ro	_	All other program service revenue	•		<u></u>		CONTRACTOR AND		NAS CARROL
	g	Total. Add lines 2a–2f	·		<u>_</u>		<u> </u>		\$, \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	3	Investment income (including divide	ends, interest	, an	d _	005			
		other similar amounts)			-	685	-		
	4	Income from investment of tax-exe	npi bona pro	cee	os -				
	5	Royalties	(3) D1		(1) Danier 1				
	C-	Cross Boots	(ı) Real		(ii) Personal				
	6a	Gross Rents				-			
	b	Less rental expenses				-	* . *		
	C	Rental income or (loss)	L			1	₹,4	** **C' '. *i	744-7444 1
	d -	Net rental income or (loss)			(1) (1)				
	/ a	Gross amount from sales of	(i) Securities	-	(II) Other	-			
		assets other than inventory				_			: 🌡
	b	Less cost or other basis						Ï	8.
		and sales expenses	ļ	_	 	}			
	C	Gain or (loss)	L		<u> </u>				
	a	Net gain or (loss)			<u>_</u>				
ē	8a	Gross income from fundraising							
ant.		events (not including \$							
e		of contributions reported on line 1c)						
Α.		See Part IV, line 18		a		-			
Other Revenue		Less direct expenses		b		-			
ō		Net income or (loss) from fundraising							
	9а	Gross income from gaming activities	25						
		See Part IV, line 19		a		+			
		Less direct expenses	-44	b	b	·			
		Net income or (loss) from gaming a	icuvilles						
	iva	Gross sales of inventory, less returns and allowances		_		1		}	
				a		-			
		Less cost of goods sold	nyonton:	b	L	1			
	С	Net income or (loss) from sales of i	nventory		Business Code				,
	11a				Duamess code	1			
	b								
	C								
	d	All other revenue							
	e	Total. Add lines 11a–11d	·		>		f was well as well as a first	s 8000 13	
	12	Total revenue. See instructions			>	361,235			

Part IX

2

3

5

7

9

10

11 а b С d е f g 12 13 14 15 16 17 18

а b C d е f 25 26

DON SHIRE MINISTRIES, INC 39-1968099 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 4,600 4,600 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 63,184 63,184 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 4,829 4,829 Payroll taxes 8,254 8.254

	Payroll taxes	8,254		8,254	
	Fees for services (non-employees)				
а	Management				
o	Legal .				
С	Accounting	9,592		9,592	
b	Lobbying				
Э	Professional fundraising services See Part IV, line 17			8 %	
f	Investment management fees		<u></u>		
j	Other	605		605	
	Advertising and promotion				
	Office expenses	3,023		3,023	
	Information technology	623		623	
	Royalties				
	Occupancy	5,948		5,948	
	Travel	6,538	6,538		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	17,621	17,621		
	Insurance	749		749	
	Other expenses Itemize expenses not				•
	covered above (Expenses grouped together				***************************************
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
3	Concert & Recording Expense	15,109	15,109		
)	Building Rental & Maintenance	4,632	4,632		
;	Mission Travel & Program Expense	127,288	127,288		
i	Mission Cruise Expense	59,786	59,786		
)	Faith In Action	32,393	32,393		
f	All other expenses Miscellaneous	68	68		
_	Total functional expenses. Add lines 1 through 24f	364,842	268,035	96,807	
	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation .				

PanX **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest-bearing 145,274 1 147,590 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 22,103 5 18,114 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 25 Part II of Schedule L 6 7 Assets Notes and loans receivable, net 7 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges 9 10a 126,941 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation b 10b 101,122 10c 25,819 Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 191,768 16 16 191,523 17 Accounts payable and accrued expenses 17 3,362 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 26 3,362 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 80,768 27 Unrestricted net assets 27 64,462 111,000 28 123,699 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 191,768 33 188,161 34 191,768 191,523 Total liabilities and net assets/fund balances

Pari	XI Financial Statements and Reporting			
	' '		Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash X Other Mod Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in	**	*	0
	Schedule O	**	, ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	, ,		
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ŀ		
	the Single Audit Act and OMB Circular A-133?	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 OMB No 1545-0047

		organization							⊏mployer	ridentificati		
		<u>RE MINISTRI</u>									68099	
Pai		Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	<u>e this par</u>	<u>t) See ır</u>	<u>nstructior</u>	18	
	orgar		•	ation because it is (Fo		-		•				
1	\vdash			rches, or association of			ea in sec	tion 170(b)(1)(A)(I).		
2	닉			on 170(b)(1)(A)(ii). (At		•						
3	\vdash	· ·	*	nospital service organi								
4			search organiza me, city, and sta	ation operated in conju ate	inction wi	th a hospi	tal descri	bed in se d	ction 170	i(b)(1)(A)(iii). Ente	r the
5		-		the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental un	ıt describ	ed
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed	ın sectior	1 170(b)(1)(A)(v).			
7	X	•		y receives a substanti (1)(A)(vi). (Complete I	•	ıts suppoı	t from a g	governme	ntal unit c	or from the	e general	public
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		receipts from support from	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 organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio i	n 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										
е		persons other		y that the organization on managers and othe								section
f		If the organiz		a written determination	n from the	IRS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting	<u> </u>
g		_	st 17, 2006, has	the organization acce	pted any	gift or cor	itribution f	from any o	of the			<u> </u>
		(i) A pers	on who directly	or indirectly controls,		_		persons o	described	ın (II)		Yes No
		•	,	verning body of the su		rganizatio	on?				11g(ı)	
				person described in (i y of a person describe		(III) above	2				11g(ii) 11g(iii)	
h				y or a person describe ation about the suppor							[119(11)]	
		e of supported anization		(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o		(v) Did y the organ col (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S ?	(vii) Amount of support	
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No		
						<u> </u>			i 			-
			l								 	
					! 					1		
									_			
					7.20							· · ·

Par	Support Schedule for Organi (Complete only if you checked				1)(A)(iv) and	170(b)(1)(A)(vi)	
Sect	ion A. Public Support			,				
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	350,220	354,015	241,215	392,813		1,698,813	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 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)	350,220	354,015	241,215	392,813	360,550	1,698,813	
6	Public support. Subtract line 5 from line 4				. 23 . 1		1,698,813	
	ion B. Total Support	, - · · · · · · · · · · · · · · · · · ·				,		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	350,220	354,015	241,215	392,813	360,550	1,698,813	
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	2,194	2,599	2,488	1,411	685	9,377	
	(Explain in Part IV)	-					4 700 400	
11	Total support Add lines 7 through 10		<u> </u>		·	12	1,708,190	
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here ion C. Computation of Public Suppor	organization's fir	•	rd, fourth, or fif	th tax year as)(3) >	
<u> 14</u>	Public support percentage for 2009 (line 6,		ed by line 11 (column (f))	·	14	99 45%	
15				50141111 (1))		15	98 50%	
16a	Tubile dappert personnage from 2000 constants in a constant in a constan							
b	33 1/3% support test–2008. If the organization and stop here The organization qualifi	ation did not che ies as a publicly	ck a box on lir supported org	ne 13 or 16a, a janization			>	
17a b 18	10%-facts-and-circumstances test–2009. or more, and if the organization meets the "the organization meets the "facts-and-circumstances test–2008. or more, and if the organization meets the "the organization meets the "facts-and-circumstances test–2008. Or more, and if the organization meets the "facts-and-circumstances test–2008.	facts-and-circur mstances" test If the organizat facts-and-circur mstances" test	nstances" test The organizati tion did not che nstances" test The organizati	, check this bo ion qualifies as eck a box on lir , check this bo ion qualifies as	x and stop he a publicly sup ne 13, 16a, 16i x and stop he a publicly sup	re. Explain in Poported organiza o, or 17a, and li re. Explain in Poported organiza	art IV how ation ► ne 15 is 10% Part IV how	
10	Firvate foundation in the organization did flot ci	HOUR & DOX OH HITE	, 10, 10a, 10b, 1	. 4 ,01 17 10, 01160	500 010 50			

Par	Support Schedule for Organiz	ations Desc	ribed in Sect	tion 509(a)(2))		
	(Complete only if you checked to	he box on line	e 9 of Part I)			· · · · · · · · · · · · · · · · ·	
	tion A. Public Support			1			1 (2)
Cale	endar 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")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
5	its behalf The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3					-	
<i>i</i> a	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						
С	amount on line 13 for the year Add lines 7a and 7b					+	
8	Public support (Subtract line 7c from				-		
	line 6)					l	
	tion B. Total Support	(-) 200F	(h) 2006	(~) 2007	(d) 2008	(e) 2009	(f) Total
Care	endar year (or fiscal year beginning ın)	(a) 2005	(b) 2006	(c) 2007	(a) 2006	(e) 2009	(i) Total
9	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
b	sources Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 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						
13	(Explain in Part IV) Total support. (Add lines 9, 10c, 11,						
4.4	and 12) First five years. If the Form 990 is for the org	annization's fire	st second thus	d fourth or fift	h tay yaar as a	section 501(c)(3)
14	organization, check this box and stop here	gariization s iii.	31, 3econd, tim	a, loartii, or iiit	ii tax year as a	30000011001100	▶ [
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		ed by line 13. c	column (f))		15	
16	Public support percentage from 2008 Schedu					16	
	tion D. Computation of Investment Inc	ome Percent	tage	_			
17	Investment income percentage for 2009 (line			ne 13, column ((f))	17	
18	Investment income percentage from 2008 Schedule A, Part III, line 17						
19a	a 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 d						
~	line 18 is not more than 33 1/3%, check this box at						▶ [
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Forn	n 990 or 990-EZ) 2009	DON SHIRE	MINISTRIES, I	NC		39-1968099	Page 4
Part IV	Supplemental	Information.	Complete this	s part to provide t	he explanations required	by Part II, line 1	0,
	Part II, line 17a	or 17b, and F	Part III, line 12	Provide any other	er additional information	See instructions	s
	·						
• • • • • • • • • • •							
							
					· - • - • • • • • • • • • • • • • • • •		
				- 			
							
				• • • • • • • • • • • • • • • • • • • •			
							

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990 ► See separa

OMB No 1545-0047

2009

Open to Rublic
Inspection

Employer identification number

Name of the organization

Department of the Treasury

See separate instructions.

	SHIRE MINISTRIES, INC.	39-1968099
Pari		nds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	····
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	purpose conferring impermissible private benefit?	Yes No
Pali	Conservation Easements. Complete if the organization answered "Yes" t	o Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of	of an historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year	on the form of a conscivation
	Sassificity of the last day of the tax your	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or ter	
	during the tax year	, ,
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes
	the organization's accounting for conservation easements	
Par		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or reservice, provide, in Part XIV, the text of the footnote to its financial statements that desc	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statem	
D	historical treasures, or other similar assets held for public exhibition, education, or research	
	service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under SFAS 116 relating to these items	J. 4 F
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	, > \$
-	·	

Ran	Organizations Maintaining Co	llections of	Art, His	torical T	reasures, o	r Oth	er Similar A	ssets (c	ontını	ied)
3	Using the organization's acquisition, acc	ession, and o	ther reco	rds chec	k any of the f	ollowir	ng that are a s	ionifican	ł	
•	use of its collection items (check all that			140, 01100	in any or the t	011011111	ig that are a c	ng milouit		
а										
b										
С	Preservation for future generations	2	ب -	0						
			المدينة أمضا		عالم برمطامين کارينا					
4	Provide a description of the organization Part XIV.	s collections	апа ехрі	ain now ti	ney lurther th	e orga	nization's exe	mpt purp	ose m	
5	During the year, did the organization soli assets to be sold to raise funds rather th								es 🔙	No
Ran	M Escrow and Custodial Arrang	ements. Co	omplete	of the org	ganization ar	nswer	ed "Yes" to F	orm 99), Par	t
	IV, line 9, or reported an amour	nt on Form 9	90, Part	X, line 2	21					
1a	Is the organization an agent, trustee, cus	stodian or oth	er interm	ediary for	contributions	s or oth	ner assets not			1
	included on Form 990, Part X?							Y	es 🔃	No
b	If "Yes," explain the arrangement in Part	XIV and com	plete the	following	ı table		T	•		
	6					-		Amount		
C	Beginning balance	•	•		•	1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance	_				1f				
2a	Did the organization include an amount of		Part X, Ii	ne 21?				Y	es 🔀	No
	b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
rich (1			(d) Three years ba		ur years	
1.0		Current year	(b) Pric	or year	(c) Two years b	Dack ((d) Three years ba	CK (e) FC	our years	- uack
1a	Beginning of year balance Contributions							3875		14
b							. *	**************************************	A STA	** -
С	Net investment earnings, gains, and losses						*	× \$ \$,
d	Grants or scholarships		<u>-</u>			-+			· · · · · ·	. ,
e	Other expenditures for facilities						· · · · · · · · · · · · · · · · · · ·	-		
C	and programs			i						
f	Administrative expenses					-				
g	End of year balance						·····			
2	Provide the estimated percentage of the	vear end bala	ance helc	l as				t		
- a	Board designated or quasi-endowment	▶	21100 11010	. 40						
b	Permanent endowment	******								
С	Term endowment ▶									
3a	Are there endowment funds not in the po	ssession of t	he organ	zation th	at are held ar	nd adm	ninistered for t	he		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization	tions listed as	s required	d on Sche	edule R?			3b		
4	Describe in Part XIV the intended uses of	f the organiza	ation's en	dowment	t funds					
Part	VI Investments—Land, Building	s, and Equi	pment.	See For	m 990, Part	X, line	e 10		_	
	Description of investment	(a) Cost or oth			st or other		ccumulated	(d) Bo	ok valu	е
		(investm	ent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
C	Leasehold improvements				126 041		101 122		-	5 910
d	Equipment				126,941		101,122			<u>5,819</u>
<u>e</u>	Other	unt naval For		art V col	uma /P) luno	10(a)			2	5 810

Schedule D (Form 990) 2009

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests	 		
Other			
			
	· · · · · · · · · · · · · · · · · · ·		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)			
Rant VIIIs Investments—Program Related	d. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	·		
			
Total (Column (b) must equal Form 990 Part X, col (B) line 13)		*	* ***
Part IX Other Assets. See Form 990, Part IX	art X, line 15		
(a) Description		(b) Book value
<u> </u>			
			.
Total. (Column (b) must equal Form 990, Part X, c		▶	
Part X. Other Liabilities. See Form 990	, Part X, line 25	1	
1. (a) Description of liability	(b) Amount		
Federal income taxes	<u> </u>		
-		 	
		 	
	·	\neg	
			, v %
Total (Column (b) must equal Form 990 Part X col (B) line 25)		y 3 while y.	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 2 Total expenses (Form 990, Part IX, column (A), line 25). 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 Prior period adjustments Other (Describe in Part XIV). 8 9 Total adjustments (net) Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c С Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e е 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a а Other (Describe in Part XIV) 4b Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b b 2c Other losses c 2d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Other (Describe in Part XIV) b Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Scriedule D (FORT)	990) 2009 Page 3
Part XIV	Supplemental Information (continued)

• • • • • • • • • • • • • • • • • • • •	
	••••••••••••••••••••••••••••••••

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

Attach to Form 990 or Form 990-EZ

► See separate instructions.

									Employer identification number								
	MINISTRIES, INC								<u>-19680</u>	099							
Part I	Excess Benefit Transaction Complete if the organization and									', line 4	0b						
1	(a) Name of disqualified person				(b) Description of transaction							(c) Correcte					
<u>'</u>	(a) Name of disqualified person					(b) Descriptio						Yes	No				
unde	the amount of tax imposed o			-		·	ons du	ring th	e year		\$	J	I				
3 Enter	the amount of tax, if any, on	line 2, abo	ove, rein	nbursed by	y the org	anızatıon				•	\$						
Part II	Loans to and/or From Ir Complete if the organization				90, Part	IV, line 26, d	or Form	n 990-l	EZ, Pa	ırt V, lı	ne 38a	a					
(a) Name	of interested person and purpose	1 ' '	to or from	(c) Original principal amount		(d) Balance due		(d) Balance due		, , ,		(e) In o	(e) In default?		(f) Approved by board or committee?		/ritten ment?
	····	То	From					Yes	No	Yes	No	Yes	No				
Don Shire B	uilding Construction		X		39,500	•	18,114		X	X			X				
Total		<u> </u>			▶ \$,	18,114										
Part III	Grants or Assistance B				sons.		,	ı		1							
(a)	Complete if the organization Name of interested person			between inte	erested per			(c) Amo	ount of g	rant or ty	pe of as	sistance					
			-	organizal	tion												
	****				•												
Part IV	Business Transactions Complete if the organization					IV line 28a	28b.c	or 28c		•							
(a)	Name of interested person	(b) Relationship be interested person a organization		between and the	(c) A	mount of nsaction	T	_	ption of	transacti	on	organi	aring of zation's nues?				
		<u> </u>										Yes	No				
			_														
												-					
							+					 	├──				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information

► Attach to Form 990

OMB No 1545-0047

2009
Open to Rublic Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number DON SHIRE MINISTRIES, INC 39-1968099 Form 990 Part VI Section A Line 2 Don & Kathy Shire are married Form 990 Part VI Section B Line 19 Documents are available on request

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172
2009
Attachment

Department of the Treasury Internal Revenue Service

; (99)

► See separate instructions.

Attach to your tax return.

Sequence No 67

	Business or activity to which this form relates Identifying number						
	990 39-1968099						
Part Election To Expense Certain	• •						
Note: If you have any listed property, con						T a T	250,000
1 Maximum amount See the instructions for a	•		ses			1	250,000
2 Total cost of section 179 property placed in3 Threshold cost of section 179 property before						3	800,000
4 Reduction in limitation Subtract line 3 from						4	000,000
5 Dollar limitation for tax year Subtract line 4				ried filing		7	
separately, see instructions		2010 07 1033, 0110	ci o ii iiiai	ned ming		5	250,000
6 (a) Description of property		(b) Cos	t (business use	e only)	(c) Elected c		200,000
(4)		()	,,				
							4
7 Listed property Enter the amount from line	29			7			
8 Total elected cost of section 179 property		column (c), line	s 6 and 7		•	8	
9 Tentative deduction Enter the smaller of lin	ne 5 or line 8					9	
10 Carryover of disallowed deduction from line	13 of your 2008	3 Form 4562				10	
11 Business income limitation. Enter the smaller				line 5 (see in	structions)	11	
12 Section 179 expense deduction Add lines 9				r		12	
13 Carryover of disallowed deduction to 2010				▶ 13			
Note: Do not use Part II or Part III below for liste							
Part II Special Depreciation Allowan					roperty)(See	instru	ctions)
14 Special depreciation allowance for qualified	property (other	than listed prop	erty) placed i	n service			
during the tax year (see instructions)						14	
15 Property subject to section 168(f)(1) election	1					16	
16 Other depreciation (including ACRS) Address Depreciation (Do not	include listed	property) (See	e instruction	<u> </u>		1 10	
WACKS Depreciation (Do not	include listed	Section A	e manachom	3 /			
17 MACRS deductions for assets placed in ser	vice in tax vear		ore 2009			17	17,621
18 If you are electing to group any assets place				nore			
general asset accounts, check here	, a	ing the tan year			▶□		
Section B - Assets Placed in	Service Durin	ng 2009 Tax Yea	ar Using the	General Den	reciation Syste		
Occitor B - Assets Flaced III	(b) Month and	(c) Basis for	(d) Recovery	(e)	(f)	<u> </u>	(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depre	ciation deduction
(4) 5.252531	in service	(business/investment)	'				
19 a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L	-	
property			27 5 yrs	MM	S/L	+	
i Nonresidential real			39 yrs	MM	S/L		
property	5	2000 T V	11-1	MM	S/L		
Section C - Assets Placed in S	ervice During	2009 Tax Year	Using the Ai	ternative De	S/L	em	
20 a Class life			12 yrs		S/L		
b 12-year			40 yrs	MM	S/L		
c 40-year Summary (See instructions)		L	TO AIS	1 141141			
21 Listed property Enter amount from line 28						21	
22 Total. Add amounts from line 12, lines 14 th	rough 17. lines	19 and 20 in co	olumn (g), and	d line 21			
Enter here and on the appropriate lines of y	our return Part	nerships and S	corporations	- see instructi	ons	22	17,621
23 For assets shown above and placed in servi							

06/30/2010 2:38 PM Page 1

Tax Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

DONSHORE Don Shire Ministries, Inc.

77.1	000000000000000000	00000
Тах	,	0000 0000
Tax Method	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	% % % % % %
Tax Net Book Value	0 0 0 0 0 0 0 0 123 367 1,020 1,038 368 406 274 648 406 274 648	2,532 3,943 16,742 23,217 2,532 20,685 2,532 2,532 2,532 2,532
Tax End Depr	3,000 2,760 6,144 2,374 3,25 1,209 1,209 1,209 2,257 460 679 679 679 679 827 821 144 821 144 821 144 821 821 821 821 821 821 822 823 824 823 824 824 826 827 827 827 827 827 827 827 827 827 827	1,922 33,453 16,463 35,486 2,954 90,278 16,463 117,584 16,463
Tax Current Depreciation	365 0 0 0 0 0 0 1184 1184 1184 1184 1184 129 227 226 226 82 82 82 82 82 82 82 82 82 82 82 82 82	3,345 950 7,885 2,954 15,134 15,134 15,134
Tax Prior Depreciation	3,000 2,760 6,144 2,009 3,355 1,209 1,954 452 453 453 473 473 1,626 1,62	1,922 30,108 15,513 27,601 0 75,144 15,513 89,631 15,513 15,513 84,450
Tax Bonus Amt		
Sec 179 Exp Current = c		
Tax Cost	3,000 2,760 6,144 6,144 2,558 325 2,558 1,209 2,257 460 679 679 670 670 670 670 670 1,286 1,330 1,482 450 450 450 450 450 450 450 450 450 450	1,922 33,453 18,995 39,429 19,696 113,495 18,995 145,936 18,995
Date In Service	6/01/99 6/01/00 12/03/02 6/025/03 2/06/03 11/05/03 6/01/03 9/04/04 1/20/04 1/20/04 1/28/05 11/28/05 11/128/05 11/10/09 6/06/09	6/01/03 7/04/04 3us 7/04/05 3us 7/01/05 4/08/09 Transportation tions and Transportation Grand Total tions and Transfers
d t Property Description	Equipment Computers Computers Computers Computers Furniture Sony Comp Drive Apple Powerbook - 1 25 GHZ Video Camera Sony Vaio Laptop Stereo Equipment Printer Futon Chemical Toilet Unit Bose PA System Unit Projector Equipment Sound Equipment Frieplace Travel Luggage Trailblazer Hitch	Transportation Cargo Trailer 1985 Lagle 10 Touring Bus 2004 Chevrolet Trailblazer Updates to Eagle Touring Bus 2006 Chevy Trailblazer *Less: Disposition: Net
Asset	Group:	Group: