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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization EAST WEST INTERKNIT	D Employer identification number 41-1772214
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 270333	E Telephone number (651) 765-2550
		City or town, state or country, and ZIP + 4 ST. PAUL MN 55127-0333	F Group Exemption Number
		<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	

G Accounting method: Cash Accrual Other (specify) ▶

I Website: ▶ N/A

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 ▶ \$ **84,225.**

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	84,198.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	27.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	84,225.
10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	51,145.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	18,960.
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	1,575.
15	Printing, publications, postage, and shipping	15	8,529.
16	Other expenses (describe ▶ See Other Expenses Statement)	16	11,536.
17	Total expenses. Add lines 10 through 16	17	91,745.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,520.
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	34,551.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,031.

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	25,736.	22 align="right">18,358.
23	Land and buildings	9,964.	23 align="right">9,964.
24	Other assets (describe ▶ _____)	0.	24 align="right">0.
25	Total assets	35,700.	25 align="right">28,322.
26	Total liabilities (describe ▶ payroll taxes)	1,149.	26 align="right">1,291.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,551.	27 align="right">27,031.

SCANNED AUG 23 2010

EXPENSES

ASSETS

674

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		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.		
35a	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
35b	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	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
40c	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 <input type="text"/>		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	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 <input type="text"/>		

42a The organization's books are in care of Annette Jones Telephone no. (651) 765-2550
 Located at 928 Lawnview Ave Shoreview MN ZIP + 4 55126-9109

		Yes	No
42b	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: <input type="text"/>		X
42c	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: <input type="text"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

		Yes	No
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
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Annette Jones 7/26/10
 Signature of officer Date

Annette Jones Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

Non-Paid Preparer

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

BAA Form 990-EZ (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	106,845.	97,004.	100,465.	90,956.	84,225.	479,495.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	106,845.	97,004.	100,465.	90,956.	84,225.	479,495.
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						479,495.

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	106,845.	97,004.	100,465.	90,956.	84,225.	479,495.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						479,495.
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	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Payroll Expense	1,450.
Office Expenses	3,522.
Telephone	1,748.
Travel	1,659.
Meeting	105.
Insurance	1,801.
Education Materials	681.
Casual Labor	200.
Promotion	370.
Total	11,536.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment Support of schools, clinic & general missions

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Mission Evangelique DuNord	none	26,603.
	HAITI		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Library development, salary supplements, medical needs

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Good News Theological College/Seminary	none	10,437.
	GHANA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Support serving orphans & widows

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Bethel Mission	none	4,635.
	KGF		
	INDIA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support of Children's Home

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Jehovah Shammah Children's Home	none	1,660.
	INDIA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Assistance to Individual Workers

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> various	none	5,060.
	INDIA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Assistance to Individual Workers

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	none	900.
	various		
	BURMA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Assistance in building construction of Children's Home

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	none	250.
	St. Aiden's Church		
	GUINEA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Assistance to Individual Workers

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	none	100.
	various		
	KENYA		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Indigent Assistance	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	Good News Theological College/Seminary	none	
	GHANA		1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:

Form 990-EZ/Line 31, Grants & Alloc

Description	Amount
Burma	900.
Guinea	250.
Kenya	100.
Total	<u>1,250.</u>

Program Service Accomplishments
Purpose, Grants and Allocations
2009

Organization's Primary exempt purpose: partner with indigenous Christian workers in the developing world by providing funding, training, or tools to enhance effectiveness of their work.

Number of Clients served: Partnerships or working relationships have been established with up to 20 individuals or leaders of missions or institutions.

Funding or tools benefit thousands served by the national workers. For example, children's homes served house up to 225. Schools being assisted serve over 6000 children. Pastors or workers serving under our partners number in the hundreds for whom we sometimes provide salary supplements, bicycles or other means of transportation, audio/visual tools, literature for distribution, personal reference libraries, training, etc. Scholarship recipients and students supported number around 50. Students served by library development number in the hundreds.

Haiti: Purchases and gifts in kind sent including school supplies, agricultural equipment, tools and equipment for vocational-technical training, clinic supplies, computer equipment and supplies and materials for the churches. Supplemental funding for support of mission workers, clinic workers and school teachers. Some funding is used to send trainers to Haiti to participate in seminars, conferences and work projects.

Ghana: Ongoing development of the seminary library serving about 40 full time and about 100 part time students. Funds used for the shipping of books, purchase of new books, salary supplements, facility development, audio/visual and library equipment, and to meet emergency needs (primarily medical) at the campus. Dollar amount may not include all costs of wire transfers, communication, or handling of gifts in kind.

Bethel Mission at KGF India

Funds are used to assist with expenses of three children's homes, care of widows, training programs, and special events.

Jehovah Shammah Children's Home at Narsapur, India

Funds to aid with maintenance of the facility, and to provide supplemental support for care of 40 children. Funds also distributed to assist with the outreach and training programs directed by the Home director and associates.

Guinea: funding assistance for the completion of a home for orphans. Project is now complete

During 2009 we issued eight informational newsletters and sent out a number of additional letters to the donor base.

Non-measurable achievements: Long term results of exposing American friends to the field partners through vision trips, speaking engagements, and individual conversations. Long term results of relationships established and of the networking and introductions that take place.

Long term results of funding education, care of widows and orphans, vocational training for self support, the impact of preaching and teaching on worldview and lifestyle for greater productivity, healthier living, participation in assisting others, etc.

New and used books and other learning materials distributed to 14 Bible Schools, Seminaries or other training programs.