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SCHEDULE B IS NOT MADE AVAILABLE FOR PUBLIC INSPECTION

932001 02-04-10

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

	A F	or the	e 2009 calendar year, or tax year beginning and ending		
	Во	heck (f	Please C Name of organization	D Employer identification number	per
	а	pplicabl	use IRS		
	X	Addre chang	pnnt or AFRICA RENEWAL MINISTRIES, INC		
		Name chang	type Doing Business As	43-2004779	
]Initial return	0	•	
		Termin	Instruc-	210-979-74	
	Ļ	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$ 2,9	00,544.
		Application tion pendii	BAN ANIONIO, IX 70213	H(a) Is this a group return	C
		P 0	F Name and address of principal officer:DONALD M. JONES		res X No
			SAME AS C ABOVE	' ' '	res No
			empt status: X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527	If "No," attach a list. (see inst	
			te: ► WWW • AFRICARENEWAL • ORG forganization	H(c) Group exemption number	
		rt I	forganization X Corporation	ear of formation 2003 M State of lega	II domicile TV
			Briefly describe the organization's mission or most significant activities: SUPPORT	CHRISTIAN CHURCHES	
	Activities & Governance		SCHOOLS & ORPHANAGES IN UGANDA	CHRIBITAN CHORCHEDY	
	rua		Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net assets	
	ove		Number of voting members of the governing body (Part VI, line 1a)	3	7
	Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	es {		Total number of employees (Part V, line 2a)	5	7
	viti		Total number of volunteers (estimate if necessary)	6	12
	Acti		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	_	b	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
			Pro-		nt Year
	ne		Contributions and grants (Part VIII, line 4)	2,250,796. 2,89	98,163.
	Revenue	9	Program service revenue (Part VIII) ine 2g)	0.406	0 201
-	Re	10	Investment income (Part VIII, column (Allines 3, 4, and 7d)	9,486.	2,381.
Z		11	Other revenue (Part VIII, column (A) lines 5, 6d, 82, 92010c, and 11e)	2,260,282. 2,9	00,544.
		12 13	Total revenue - add lines 8 through 17 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-8)	1,984,895. 2,5	70,304.
අත			Benefits paid to or for members (Part IX, column (A), line 4)	1,504,055. 2,5	10,304.
es.	S		Salaries, other compensation, employee benefits (Part IX; column (A), lines 5-10)	138,902.	76,125.
AUG	ıse		Professional fundraising fees (Part IX, column (A), line 11e)		,
	Expenses		Total fundraising expenses (Part IX, column (D), line 25) 42,010.		
	Ω į		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	126,919.	42,074.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,250,716. 2,8	88,503.
		19	Revenue less expenses. Subtract line 18 from line 12	9,566.	12,041.
SCAN	Assets or d Balances				of Year
6	sset Balai	20	Total assets (Part X, line 16)		08,832.
W2	Net A Fund I		Total liabilities (Part X, line 26)		00,513.
			Net assets or fund balances. Subtract line 21 from line 20	696,278.	08,319.
	-	rt II		hts and to the best of my knowledge and belief it is	n true correct
			bader penalties of penury, I declare that have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge	s true, contect,
	Sigr		I DOG A	17/28/10	
	Her		Signature of officer	Date	
		-	DONALD M. JONES, SECRETARY		
			Type or print name and title		
	D-14		Preparer's Date,	Check if Preparer's identifying no (see instructions)	umber
	Paid Pron	21010	signature / homacl-Claim, CP/7 G/22/10	employed P00832	2247
	use:	arer's Only	Firm's name (or yours if AKIN, DOHERTY, KLEIN & FEUGE, P.C.	EIN ► 74-260655	9
	J36 '	Jy	self-employed), 8610 N. NEW BRAUNFELS, SUITE 101		
			ZIP+4 SAN ANTONIO, TX /821/	Phone no ► (210) 8:	
	May	the IF	RS discuss this return with the preparer shown above? (see instructions)	<u>X</u> Ye	s No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2009) AFRICA RENEWAL MINISTRIES, INC	13-2004779	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: THE ORGANIZATION MOBILIZES AND ENCOURAGES GOD'S PEOPLE IN		
	AMERICA TO ACTIVELY SUPPORT, SERVE AND FACILITATE GOD'S V	WORK IN AFR	ICA
	THROUGH AFRICA RENEWAL MINISTRIES - UGANDA.		
2	Did the organization undertake any significant program services during the year which were not listed on		-
	the prior Form 990 or 990-EZ?	Yes	XNo
	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?	Yes	X No
•	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 expe	nses.	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gr		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	ansound to divisio, the total orpolices, and leveling, if any, for each program contact repense.		
4a	(Code:) (Expenses \$ 1,650,250 • including grants of \$) (Reve	enue \$)
	THE ORGANIZATION MAINTAINS AND SUPPORTS THE FUNDRAISING I	•	,
		ESE FUNDS A	RE
	USED FOR EDUCATION, MEDICAL CARE, CLOTHING, MEALS, AND NO		
	.,		
			
	· · · · · · · · · · · · · · · · · · ·		
4b	THE ORGANIZATION SUPPORTS SEVEN SCHOOLS IN UGANDA, EAST A)
	PROVIDE FOR THE EDUCATION OF UGANDA CHILDREN WHO ARE FROM		
		HIS PROGRAM	<u>, </u>
	THE ORGANIZATION PROVIDES THE TUITION FOR CHILDREN TO ATT	LEND LOCAL	
	SCHOOLS IN REMOTE AREAS OF UGANDA.		
		 	
			
			
4-	(Code:) (Expenses \$ 857, 264 • including grants of \$) (Reve	¢	
40	(Code:) (Expenses \$ 85/, 264 • including grants of \$) (Reverted Code:) (Expenses \$ 100 (Reverted Code:) (Expenses \$ 100 (Reverted Code:) (Reverted Code	enue\$ Z approxima	(ע.זקיף
	15 CHILDREN, LOCATED IN BETHANY VILLAGE, UGANDA, EAST AFT		<u> </u>
	13 CHIEDREN, ECCRIED IN DEFINANT VIELEGE, COMMON, EACT ALL	CION.	
		·····	
		· - · · · · · · · · · · · · · · · · · ·	
			··········
			
4d	Other program services. (Describe in Schedule O.)	<u> </u>	
74	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶\$ 2,733,945.	·	
	A		

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 II 4 Section 501(e)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III 5 Section 501(e)(8), 501(e)(6), 501(e)(6), 501(e)), and 501(e)(6), and 501(e)(6), and 501(e)(6), 501(e)(6)(e)(1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
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 II 4 Section 501(e)(8) organizations. Dut the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 X Section 501(e)(8), 501(e)(8), and 501(e)(8) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and procy tax? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any smilar 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 I 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 IV 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 Did the organization report an amount for amounts on the services of the organization report an amount for amounts on the services of the servic		If "Yes," complete Schedule A	1_		
public office? If "ies," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization may do not avised 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 II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts in the service of the schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quise-endowments? If "Yes," complete Schedule D, Part IV, IV, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - coherine related in Part X, line 10? If "Yes," complete Schedule D, Part X, IV. Did the organization report an amount for investments - coherine related 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 XII. Did the organization report an amount for wisetments - 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 X. Did the organization obtain an amount for the assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did t	2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
4 Section 501(c)(3) organizations. Did the organization subject to the section 603(3)(a) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lind areas, on historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation service? If I"Yes," complete Schedule D, Part III 10 Did the organization report an amount for Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation service? If I"Yes," complete Schedule D, Part III 10 Did the organization report an amount for line following questions "Yes"? If so, complete Schedule D, Part XI, III IX X 11 X 12 Did the organization report an amount for line, send equipment in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 15? If "Yes," complete Schedule D, Part XI, III 12 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 15? If "Yes," complete Schedule D, Part XI, III 13 Did the organization between the properties of the part X, line 15 that is 5% or more	3		3		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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide ored to counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, viii, Viii, IV, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, viii, viii, viii, in 16? If "Yes," complete Schedule D, Part Viii. 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 Viii. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X. Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Sc	4		4		Х
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The different process of 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 III	6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
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Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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 VII. Did the organization report an amount for other assets 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 IV. Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII is optional If yes," completenges Schedule D, Parts XI, XII, and XIII is optional If yes," completenges Schedule D, Parts XI, XII, and XIII is optional If yes," complete Schedule D, Parts XI, XII, and XIII is optional If yes, "complete Schedule D, Parts XI, XII, and XIII is optional If yes, "complete Schedule D, Parts XI, XII, and XIII is	,		_ 7		Х
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counselling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, or Yes, "If So, complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VI, or Yes," complete Schedule D, Part VI, or Yes, "complete Schedule D, Part VII, or Yes, "complete Schedule C, Part III 15 Did the orga	8		8		х
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 12 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. 13 Did the organization report an amount for investments - other securities 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. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16 the organization in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X, line 17 that X, line 18 that organization as chool described in section 170(b)(1)(A)(B)? If "Yes," complete Schedule E 14 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 III 15 Did the organization report on Pa			9		Х
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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 VII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII. 12 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, IX, IX, IX, IX, IX, IX, IX,	10				
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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 16 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 17 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	b				
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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 17 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	15			.,	
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17 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 18 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	16			v	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	4-		16	Λ	
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1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	10		17_		
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	10		10		x
complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	19		10		
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19		Х
	20	·			
				990 (

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 in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$ldsymbol{le}}}}}}}}}$
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
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	X	
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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	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		X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ĺ	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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		X
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	X	L.,
		Form	990 (2009)

. 44,	tri Otatements Regarding Other into ranigs and rax Compilario			,	,
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a J			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
22	(gambling) winnings to prize winners?	1	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7	,		
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax retui		2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	ia by timo rotain.	3b		
	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	•	4a		Х
ь	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	_		.,
	provided to the payor?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	7.		Х
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	·	1		
	benefit contract?	Je i Soriai	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f	<u> </u>	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	=			
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
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?		9ь	ļ	
10	Section 501(c)(7) organizations. Enter:	1 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	1 1			
	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				
40	amounts due or received from them.)	11b	۱.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l .	12a	 	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	000	2000
			rom	990 (ZUU9)

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.

<u> </u>	tion A. Governing body and Management					
_		1	ı		Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>	<u> </u>	<u>/</u>		
ь	Enter the number of voting members that are independent	1b	L	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		v	
2	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision		1	v
	of officers, directors or trustees, or key employees to a management company or other person?	-00	0 51 10	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		X
5 6	Did the organization become aware during the year of a material diversion of the organization's asset	S7		_5		X
_	Does the organization have members or stockholders?			6	 	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s or the	- -		х
ь	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other per		1	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			78		
Ŭ	by the following:	auring	i tile year			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ahad	at tha	-00		<u> </u>
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cnea	at trie	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	01/07/1	e Code)		<u> </u>	
	tion Division (This occurry bridgests information about policies not required by the internal ric	everiu	e code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates.	100		
	and branches to ensure their operations are consistent with those of the organization?	о	,,	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	lına th	e form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gıv	e rise			
	to conflicts?	·		12b		Х
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	X	
13	Does the organization have a written whistleblower policy?			13		X
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 approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		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 arrangements	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate i	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anizatı	on's			
	exempt status with respect to such arrangements?			16b		<u> </u>
	tion C. Disclosure			_		
17	List the states with which a copy of this Form 990 is required to be filed ▶TX					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avaıla	ble for		
	public inspection. Indicate how you make these available. Check all that apply.					
	X Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest policy	, and fina	ncial	
••	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books ar	na rec	ords of the organ	ization:		
	THE ORGANIZATION - 210-979-7441 PO BOX 13733, SAN ANTONIO, TX 78213					
	PO BOX 13733, SAN ANTONIO, TX 78213					

Part VII 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 (A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
REV. PETER KASIRIVU PRESIDENT	2.00	х		x				0.	0.	0.
KARL J. ZEILE CHAIRMAN OF THE BOARD	2.00	x		x				0.	0.	0.
DONALD M. JONES SECRETARY	2.00	х		х				0.	0.	0.
TOM BROWN TREASURER	2.00	x		х				0.	0.	0.
TOMMY GORE BOARD MEMBER	2.00	x						0.	0.	0.
LARRY THRASHER BOARD MEMBER	2.00	X						0.	0.	0.
CRAIG DUBOIS EXECUTIVE DIRECTOR	40.00	x		x				47,601.	0.	0.
JOHNNY KARLS EXECUTIVE DIRECTOR	40.00	х		х				44,800.	0.	0 .

	t VII Section A. Officers, Directors, Tru								Compensated Employ	rees (continued)	<u> </u>	, , ,		age o
. 44	(A)	(B)	Пріс	yee	: <u>s, a</u> ((<u>na r</u> C)	rigii	est	(D)	(E)			(F)	
	Name and title	Average				rtion	1		Reportable	Reportable		Es	stimate	ed
		hours	(cl	heck	all 1	that	арр	ly)	compensation	compensation from related	1	ar	nount	
		per week	actor						from the	organizations	,	com	other opensa	
			Individual trustee or director	38			Highest compensated employee		organization	(W-2/1099-MIS			rom th	
			taste	Institutional frustix		86	a de		(W-2/1099-MISC)			_	janizat d relat	
			Matrix	tata de la companya d	Officer Officer	Key employee	pleste	Former				ŀ	anızatı	
			물	₹	8	2	동.	Ē						
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			╁		-		\vdash							
<u>1b</u>	Total						<u> </u>		92,401.		0.	<u> </u>		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wi	no r	eceived more than \$100	,000 in reportable)			0
	compensation from the organization									· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated er	molovee on				1.00
_	line 1a? If "Yes," complete Schedule J for s			,	,		,,					3	1	X
4	For any individual listed on line 1a, is the su	ım of reportab	ie co	omp	ensa	ation	and	d ot	her compensation from	the organization				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a				rom	any	unr	elat	ed organization for serv	ices rendered to		_		v
Sec	the organization? If "Yes," complete Sched tion B. Independent Contractors	ule J for such	pers	on								5	L	Х
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	oens	ation	from	
	the organization. NONE													
	(A)								(B)		_		C)	
	Name and business	address							Description of s	services		ompe	nsatio	<u>n</u>
							•	_						
														
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lu	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 in compensation from the organization						<u>) </u>				******			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	2,570,304.	2,570,304.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	00 401	40 401	50.000	
	persons described in section 4958(c)(3)(8)	92,401.	42,401.	50,000.	20 206
7	Other salaries and wages	79,605.	32,252.	18,147.	29,206
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	4 110		2 002	1 226
10	Payroll taxes	4,119.		2,883.	1,236
11	Fees for services (non-employees):				
а	Management				
þ	Legal	20 256	17 677	2 570	
C	Accounting	20,256.	17,677.	2,579.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	1,363.	1 210	31.	1 /
12	Advertising and promotion	31,260.	1,318. 22,783.	5,934.	14
13	Office expenses	90.	22,103.	45.	2,543 45
14	Information technology	90.		43.	43
15	Royalties	6,989.	5,444.	1,082.	463
16	Occupancy	29,389.	3,444.		5,878
17	Travel	29,309.		23,511.	5,070
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2,985.	2,985.		
22	Depreciation, depletion, and amortization	7,408.	2,903.	5,186.	2,222
23	Insurance Other expenses not severed	7,400.		3,100.	2,222
24	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)				
а	MERCHANT FEES	29,317.	29,317.		
b	SOFTWARE LICENSE FEES	7,185.	6,433.	526.	226
C	BANK SERVICE CHARGE	4,937.	2,727.	2,210.	
d	OTHER EXPENSES	895.	304.	414.	177
е	MEALS	0.			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,888,503.	2,733,945.	112,548.	42,010
26	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				

932010 02-04-10

Form 990 (2009)
Part X Balance Sheet

				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		693,144.	1	807,249
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		430.	4	
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employees				
		of Schedule L		_	5	
	6	Receivables from other disqualified persons (as d	efined under section			
		4958(f)(1)) and persons described in section 4958	8(c)(3)(B). Complete			
		Part II of Schedule L			6	
şt	7	Notes and loans receivable, net		_	7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 8,873. 10b 7,290.			
	b	Less: accumulated depreciation	<u>10ы</u> 7,290.	3,551.	10c	1,583
	11	Investments - publicly traded securities			11	
	12	Investments · other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 1	1 _		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34) .	697,125.	16	808,832 15,513
	17	Accounts payable and accrued expenses	847.	17	15,513	
	18	Grants payable	Ļ		18	
	19	Deferred revenue	ļ		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Pa			21	
	22	Payables to current and former officers, directors				
Liabilities		highest compensated employees, and disqualified	d persons. Complete Part II			
_		of Schedule L			22	85,000
	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	-	047	25	100 510
	26	Total liabilities. Add lines 17 through 25	- KVI	847.	26	100,513.
.		Organizations that follow SFAS 117, check her	e X and complete			
Net Assets of Fund balances	07	lines 27 through 29, and lines 33 and 34.		606 270		700 210
	27	Unrestricted net assets	ļ-	696,278.	27	708,319
š	28	Temporarily restricted net assets	-		28	
	29	Permanently restricted net assets			29	· · · · · · · · · · · · · · · · · · ·
		Organizations that do not follow SFAS 117, che	eck here and			
2	20	complete lines 30 through 34.				
2	30	Capital stock or trust principal, or current funds			30	
	31	Patring or capital surplus, or land, building, or equi	r-		31	
	32 33	Retained earnings, endowment, accumulated inco	orner funds	696,278.	32	700 210
	33 34	Total net assets or fund balances	}	697,125.	33	708,319.
		Total liabilities and net assets/fund balances		051,123.	34	808,832.

		Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	2b	X	
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a		Х
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.	3ь		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

inspection

Name of the organization

AFRICA RENEWAL MINISTRIES, INC

Employer identification number

			AFRICA	RENEWAL MINI	STRIE	S, IN	IC			43	-2004	779	
Part	Į.	Reason		rity Status (All organiz				t.) See ins	tructions.				
he or	ganı	zation is not	a private foundation	n because it is: (For lines	1 through 1	11, check	only one b	oox.)					
1 [\neg			es, or association of chur).				
2		A school des	scribed in section 1	1 70(b)(1)(A)(ii). (Attach So	hedule E.)								
з 🗆	_			pital service organization	-	ın sectio r	170(b)(1)	(A)(iii).					
4	\neg			n operated in conjunction					(b)(1)(A)(i	ii). Enter th	e hospital's	s nam	10.
		city, and stat		,,		•			. ,, ,, ,,	•	•		•
5		An organizat	ion operated for the	e benefit of a college or u	niversity ov	wned or o	perated by	a govern	mental un	it describe	d in		
			(b)(1)(A)(iv). (Comp	-									
6				ment or governmental uni	t described	d in sectio	on 170(b)(1)(A)(v).					
7 🖸	-		-	· ·					or from the	e general p	ublic descri	bed i	n
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	_			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	\neg	•		eceives: (1) more than 33	•	•	from contr	ibutions, n	nembersh	in fees, and	d aross rec	eints	from
				unctions · subject to certa									
				taxable income (less sec									
			509(a)(2). (Comple	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,o o.g.			,	٠.
10 🗆	\neg			operated exclusively to te	st for publi	c safetv.	See sec tio	on 509(a)(4).				
11 [_	-	•	operated exclusively for the	•	•			•	v out the c	ourooses of	one	or
		-	-	zations described in secti		•				•	•		
				g organization and compl				-,		-,,-,-			
		а П Туре		-	с 🔲 Тур	•		tegrated		dП	Type III · O	ther	
e 🗆	\neg	• • •		nat the organization is not	• • •		•	•	r more dis		••		n
		-		than one or more publicl		•	-	-		•			
f				ritten determination from						· (-)(.) · · ·		∽, (−).	
			rganization, check				,,,,,,,	, , , ,	•				
9			•	organization accepted a	ny aift or co	ontributio	n from anv	of the fall	owing per	sons?			
•		_		directly controls, either a			•					Yes	No
				supported organization?			. , , , , , , , , , , , , , , , , , , ,		(, a	() 55.5111	11g(i)		
		-		on described in (i) above?	,						11g(ii)		
		• •	•	a person described in (i)		-?					11g(iii)		
h			•	n about the supported or									
••		i iovido tilo i	onowing informatio	in about the supported of	gamzation	ω,.							
(i) No		of augmented	(II) FIN	(ili) Type of	(ly) is the o	roanization	(v) Did vo	u notify the	(vi) Is	s the	(n.11) A	=4	
		of supported nization	(II) EIN	organization	in col (i) lis	-	, , ,	tion in col	organizáti (I) organiz	on in col.	(vii) Amo supp		"
•	o.gu.			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2 111 (116	Зарр	UI C	
				(see instructions))	Yes	No	Yes	No	Yes	No			
						-	1		†	 			
•							1			 			
						-	1		<u> </u>	 	··· ,		
			· · · · · ·							† 			
			·					1					

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Schedule A (Form 990 or 990-EZ) 2009

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 2155777. 1103581. 2435621. 2898163.10843938. include any "unusual grants.") 2250796. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1103581. 2155777. 2435621. 4 Total. Add lines 1 through 3 2250796. 2898163.10843938. 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) 2,207. 10841731. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1103581 2435621 2250796. 2155777 2898163.10843938. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 5,241 18,584. 9,486. 2,381. 35,692. 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.) 10879630. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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)) 99.65 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ►X 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

	rt III Support Schedule for C ction A. Public Support				1,1,5,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(6) 2003	(0) 2000	10) 2001	(4) 2000	(6) 2003	
·	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>			-	
	Total. Add lines 1 through 5					-	
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)					 	
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u></u>		<u> </u>		
14	First five years. If the Form 990 is for	the organization'	s tirst, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here					·	▶∟_
	tion C. Computation of Publ						
15	Public support percentage for 2009 (I		=	olumn (f))		15	
16	Public support percentage from 2008					16	
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	09 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	
18	Investment income percentage from 2	2 008 Schedule A,	Part III, line 17			18	
19a	33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organizatıon qualı	fies as a publicly s	upported organiz	ation	▶□
b	33 1/3% support tests - 2008. If the	organization did i	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box andst	op here. The orga	nization qualifies a	s a publicly supp	orted organization	▶ [
	10 10 1101 111010 111011 00 17070, 0110		op note, make	meanon quannos a		or tod organization	_

Schedule D

Department of the Treasury Internal Revenue Service

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 separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number 43-2004779

	AFRICA RENEWAL MIN		43-2004779
Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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 in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
_	for charitable purposes and not for the benefit of the donor of		·
	impermissible private benefit?	of deficit devices, of for any exist purpose	Yes No
Pa		ranization answered "Ves" to Form 990. F	
1		· · · · · · · · · · · · · · · · · · ·	art IV, IIIIe 7.
•	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualr	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		printing
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture 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, re		e organization during the tax
-	year >	,,	organization defining the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements i	J. ,	Yes No
æ	•		
6	Staff and volunteer hours devoted to monitoring, inspecting,	~	
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	/e satisty the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?	•	└ Yes
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	性順 Organizations Maintaining Collections o		ther 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, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pul	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	,
ь	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures
-	or other similar assets held for public exhibition, education, of		
	these items:	resourch in fortheration of pooling service	s, provide the following amounts relating to
			~ c
	(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 tre	·	i gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		. • \$. • \$

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Oth				
Other				
	-			
				
		-		. :
		- 		
			 	
· · · · · · · · · · · · · · · · · · ·			·····	······
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related. 9	See Form 990, Part X, line	e 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year man	
				- · · · · · · · · · · · · · · · · · · ·
				
<u> </u>				
				
	ļ	ļ		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
(a)	Description			(b) Book value
				•
		 		
				
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
	· • · · · · · · · · · · · · · · · · · ·			
				
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u> </u>	
Part X Other Liabilities. See Form 990, Part X	, line 25.		}	
(a) Description of liability		(b) Amount		
Federal income taxes		·		
			1	
	· · -			
			1	
			1	
			1	
			-	
			-	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.) >		<u> </u>	

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. 932053 02-01-10

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AFRICA R	ENEWAL	MINISTRI	ES, INC		43-20047	79
Part I G	eneral Info	rmation on A	ctivities Ou	tside the United States. Comp	olete if the organization answered	'Yes'
	Form 990, Par			 	 	-
				ds to substantiate the amount of the g		Yes No
grantees	eligibility for tr	ie grants or assi	stance, and the	selection criteria used to award the gr	ants or assistance?] 162 NO
2 For grant	t makers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United St	ates.
				Iditional space is needed.)		"
(a) Re	egion	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
UGANDA, BASI	C AFRICA	0	0	PROGRAM SERVICES 100%	SUPPORT APPROXIMATELY 3,600 CHILDREN IN UGANDA, EAST AFRICA. THESE FUNDS COVER	2,570,304.
				, , , , , , , , , , , , , , , , , , , ,		
-						-
· · · · · · · · · · · · · · · · · · ·						
						
Totals	>	0 perwork Reduc	0 tion Act Notice	, see the Instructions for Form 990.	Schedule F	2,570,304. (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

932071 02-01-10

Schedule F (Form 990) 2009 AFRICA RENEWAL MINISTRIES, INC 43–2004779

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F·1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant					foreign country.
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region					s listed above that are r
(b) IRS code section and EIN (if applicable)	I			L	recipient organization
1 (a) Name of organization					2 Enter total number of a

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2009

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Page 3

AFRICA RENEWAL MINISTRIES, INC

Schedule F (Form 990) 2009

AFRICA RENEWAL MINISTRIES, INC

43-2004779

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(g) Description of (h) Method of valuation on-cash assistance (book, FMV, appraisal, other)	COST BASIS
_	
_	
(e) Manner of cash disbursement	WIRE TRANSFERS OR CHECK, FOLLOWING AUTHENTICATION 2570304, DF DOCUMENTATION.
(d) Amount of cash grant	WIRE FOLL 2570304.DF D
(c) Number of recipients	3 654
(b) Region	UGANDA & RAST APRICA
(a) Type of grant or assistance (b) Region rec	THESE FUNDS COVERED EDUCATION COSTS, MEDICAL CARE, CLOTHING, MEALS AND NURTURING.

28

Schedule F (Form 990) 2009

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION RECEIVES FUNDS FROM DONORS AND THEN ADMINISTERS GIFTS, OFFERINGS, DONATIONS AND OTHER CONTRIBUTIONS VIA WIRE TRANSFERS FOR SPECIFIC PROJECTS IN UGANDA WITHIN THE MINISTRY OF AFRICA RENEWAL MINISTRIES. THE MINISTRY IN UGANDA, AFRICA RENEWAL MINISTRIES, KEEPS AN ACCOUNTING SYSTEM. THEY ARE AUDITED BY AN OUTSIDE AUDIT FIRM. THE ORGANIZATION RECEIVES QUARTERLY FINANCIAL STATEMENTS FROM THEM AND A BOARD MEMBER TESTS THAT WIRE TRANSFERS THROUGH THE ACCOUNTING SYSTEM TO ENSURE FUNDS ARE BOOKED TO THE APPROPRIATE AREA. EACH YEAR, TWO BOARD MEMBERS CONDUCT AN ON-SITE INSPECTION IN UGANDA FOR A FIRST HAND OBSERVATION OF THE VARIOUS MINISTRIES AND PROJECTS AT THE FIELD LEVEL, VERIFYING THAT THE WORK OR ACTIVITY IS BEING PERFORMED ACCORDING TO ITS SPECIFICATIONS.

SCHEDULE F, PART I, LINE 3: ALL EXPENDITURES ARE ACCOUNTED FOR AND DISBURSED ONLY FOLLOWING SUBSTANTIATION OF THE AMOUNT AND PURPOSE. THIS ORGANIZATION IS AUDITED, AS IS THE SUPPORTING ORGANIZATION IN AFRICA.

PART I, LINE 3, COLUMN (E):

REGION: UGANDA, EAST AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT APPROXIMATELY 3,600 CHILDREN IN UGANDA, EAST AFRICA. THESE FUNDS COVER EDUCATION, MEDICAL CARE, CLOTHING, MEALS AND NURTURING.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

AFF	≀ICA RE	NEWAL	MINIS	STRIES,	INC			4	3-20	0477	'9	
Part I Excess Benefit	Transacti	ons (sec	tion 501(c)(3) and section	501(c)(4)	organization	s only).					
Complete if the orga	ınızatıon ansı	wered "Ye	s" on Form	990, Part IV, I	ine 25a or	25b, or For	n 990-E	Z, Part	/, line 40)b.		
1 (a) Name of dis	aualified per	800			(b) [Description o	f tranca	otion			(c) Corr	ected?
(a) Name of dis					(0)		l trailse				Yes	No
	<u>.</u> .											
											<u> </u>	
												
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if ar			•	·	•	s during the	year un	der	► \$ ► \$		·	
Part II Loans to and/o												-
					06	F 000 F	7 Dart 1	/ luna 20	٠.			
Complete if the orga (a) Name of interested		to or from		nal principal		ance due		ine sc	(f) Apr	oroved	(a) W	ritten
person and purpose		nization?		nount	(u) bala	ance due		ault?	by bo	ard or nttee?	agreei	
	То	From					Yes	No	Yes	No	Yes	No
DONALD M. JONES -	- X			35,000.	3	5,000.		X	Х		Х	
KARL J.ZEILE -	X			0,000.	5	0,000.		X	Х		Х	
								<u> </u>		ļ	ļ	
										<u> </u>		
Total	D-		1-4	<u>▶ \$</u>		5,000.			l		<u> </u>	
Part III Grants or Assis		_										
Complete if the orga		wered "Ye							(a) A ==		-I 4	
(a) Name of Interested	person		(b) Helat	onship betwe the org	en interes janization		and			iount an assistar	d type o	ī
				-							_	
					<u> </u>							
			- · · · · · · · · · · · · · · · · · · ·									
, , , , , , , , , , , , , , , , , , , ,												
Part IV Business Trans												
Complete if the orga								. -			(e) Sha	ring of
(a) Name of interested	person	(b		ip between in d the organiza		(c) Amo			Descript transact		organiz	ation's
											Yes	No
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		4										

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

AFRICA RENEWAL MINISTRIES, INC

Employer identification number 43-2004779

AFRICA RENEWAL MINISTRIES, INC. 43-2004779
FORM 990, PART VI, SECTION A, LINE 2: ON THE BOARD OF DIRECTORS, THE
CHAIRMAN OF THE BOARD, KARL ZEILE, IS THE SON-IN-LAW OF LARRY THRASHER, WHO
IS ALSO A BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY THE
INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. IT IS REVIEWED BY THE BOARD
TREASURER AND THEN REVIEWED BY THE ENTIRE BOARD OF DIRECTORS, BEFORE
SIGNING AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD PERIODICALLY REVIEWS AND
DISCUSSES ANY CONFLICTS OF INTEREST AND RESOLVES ANY ISSUES AS IT
DETERMINES NECESSARY.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD RESEARCHED THE
COMPENSATION AMOUNT OF EXECUTIVE DIRECTORS IN COMPARABLE NON-PROFIT
ORGANIZATIONS. THE BOARD ESTABLISHED A REASONABLE RANGE OF COMPENSATION FOR
THE POSITION AND BEGAN THE INTERVIEW PROCESS OF NUMEROUS CANDIDATES.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
THE AUDIT IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM HIRED BY THE BOARD
OF DIRECTORS.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DONALD M. JONES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organiz	AFRICA RENEWAL MINISTRIES, INC	Employer identification number 43-2004779
(A) PURPOS	E OF LOAN:	
	FUNDS TO PAY FOR TRAVEL EXPENSES OF MWANGAZ	A CHOIR
(A) NAME O	F PERSON: KARL J.ZEILE	
(A) PURPOS	E OF LOAN:	
	FUNDS TO PAY FOR TRAVEL EXPENSES OF MWANGA	ZA CHOIR
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FORM 9	FORM 990 PAGE 10						990							•
Asset	Description	Date Acquired	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
**	PROGRAM SERVICES PUBLITHIRE, FIRMURES & EQUIENCES	VARIOUS		·	\$ **	; ##		: :	: !	12 22	ST X		**************************************	***
	* 13.4	:	· · · · · · · · · · · · · · · · · · ·	****		8,671.	;		:	8,671.			2,985.	8,105.
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:				***********	; ;						. :	_ ,,		<u>{</u>
928111 04-24-09						(D) - Asset disposed	peso		*	ITC, Salvage,	Bonus, Comn	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172

Business or activity to which this form relates

Identifying number

AFR	ICA RENEWAL MINIST	RIES, INC) ,	FOI	RM 9	90 1	PAGE 10			43-2004779
Par	Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo					V befor	e y	ou complete Part I.
1 N	laximum amount. See the instructions	s for a higher limit	for certain b	usinesses			-		1	250,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)					2	
	hreshold cost of section 179 property								3	800,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				L	4	
5 D	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	r-0- If married fil	ing separately, se	e instruc	tions			5	
6	(a) Description of p	roperty		(b) Cost (busi	ness use	only)	(c) Electe	d cost		
7 L	sted property. Enter the amount from	n line 29				7				
8 T	otal elected cost of section 179 prope	erty. Add amounts	s in column (d	c), lines 6 and	d 7			<u> </u>	8	
	entative deduction. Enter the smaller								9	
	arryover of disallowed deduction from	•						_1	0	
	usiness income limitation. Enter the s		· ·		•	ne 5			1	ļ
	ection 179 expense deduction. Add I				ine 11			1	2	
	arryover of disallowed deduction to 2					13				<u> </u>
	Do not use Part II or Part III below fo	''''			I . I A					
Par	····ind		-	· · · · · · · ·						
	pecial depreciation allowance for qua	ulified property (ot	her than liste	d property) p	laced i	n servi	ce during			
	ne tax year					•			4	
	roperty subject to section 168(f)(1) el	ection						_	5	2 005
Par	ther depreciation (including ACRS)	et in aliuda liatad a	ranartu \ /Ca				·	1	6	2,985.
FOI	MACRS Depreciation (Do no	ot include listed p		ection A	5.)					
47 N	IACRO deductions for seasts alread				····				7	
	IACRS deductions for assets placed	•	•	•			▶ □	¬ ├ '		
10 11	you are electing to group any assets placed in ser Section B - Assets							ation S	vst	
	(a) Classification of property	(b) Month and year placed	(c) Basis fo (business/ii	or depreciation nvestment use	(d)	Recovery		[(g) Depreciation deduction
		in service	only - see	instructions)	 	penod		ļ		
<u>19a</u>	3-year property	4			ļ			ļ		
b_	5-year property	4			 			<u> </u>		
	7-year property	4						 		
<u>d</u>	10-year property	4			 			ļ		
<u>e</u>	15-year property	_			 			ļ		
<u>f</u>	20-year property	4			 _					
9	25-year property					5 yrs.		S/L		
h	Residential rental property	/				.5 yrs.	MM	S/L		
		 			+	.5 yrs.	MM	S/L		
i	Nonresidential real property				$\frac{3}{1-3}$	9 yrs.	MM	S/L		
		/ No and in Coming	D	0 T V 11			MM	S/L		<u></u>
	Section C - Assets F	Placed in Service	During 200	9 lax Year U	Ising ti	e Alte	mative Depre		Ť	item
20a	Class life	4			+			S/L		
ь	12-year	<u> </u>				2 yrs.	1414	S/L		
C	40-year	/	L		4	0 yrs.	MM	S/L		
Par										
	isted property. Enter amount from line		40			line 04		2	21	
	otal. Add amounts from line 12, lines							_	.	2 005
	nter here and on the appropriate lines	=		•	ations .	see ins	str.	2	22	2,985.
	or assets shown above and placed in		e current yea	ar, enter the		00				
916251 11-04-0	ortion of the basis attributable to sect			-AA':		23				Farm 4500 (0000)
11 04 0	₉ LHA For Paperwork Reduction	ı açı nolice, see	separate in:	SITUCIIONS.						Form 4562 (2009)

P	art V Listed Proper			ertain otl	her vehic	les, cell	lular te	lepho	nes	, certain	compute	ers, and	property	y used fo	or enterta	ainmen	
	recreation, or a Note: For any			sina the	standari	d mileen	ne rate	or de	duc	tina lesse	AYNAN	e com	leteonly	1242 24	th colum	nne (a)	
	through (c) of	Section A, ali	of Section B,	and Sec	ction C if	applica	ble.				CAPCIA					#15 (cg	
	Section A	- Depreciati	ion and Other	Inform	ation (Ca	aution:	See the	e insti	ruct	ions for l	mits for	passeng	ger autoi	mobiles)			
248	a Do you have evidence to	support the bu	ısıness/investm	ent use cl	laimed?	<u> </u>	'es [io	24b If "Y	es," is ti	ne evide	nce writ	ten?	Yes [No	
	(a) Type of property (list vehicles first) (b) Date placed in service		(c) Business/ Investment use percenta		(d) Cost or other basis		(e) Basis for depreci (business/invest use only)		mant Hecove	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost		
25	Special depreciation all	owance for c	qualified listed	property	y placed	in servi	ce dun	ng the	e ta	x year an	d						
	used more than 50% in	a qualified b	ousiness use									25					
26	Property used more that	n 50% in a c	qualified busin	ess use:	:												
		<u> </u>		%									ļ				
		<u> </u>	ļ	%					\dashv			_					
		<u> </u>	<u> </u>	<u>%</u>							<u> </u>		L				
<u>27</u>	Property used 50% or I	ess in a qual	Ified business	use:							1				·		
		ļ	1	%					4		S/L·		ļ		-		
		 		%					_		S/L·				-		
		<u> </u>	<u> </u>	%							S/L·		1		-		
	Add amounts in column		_				, page	1				28	<u> </u>		ļ		
<u>29</u>	Add amounts in column	n (i), line 26. E												29	<u> </u>		
_					B - Infor												
	mplete this section for vi ou provided vehicles to													ing this :	section f	or	
tho	se vehicles.																
				(a) (b) (c) (d) (e)							(f)						
30	Total business/investment miles driven duri		luring the	Vel	hicle	Ve	Vehicle		Ve	hicle	Vel	hicle	Vel	hicle	Vet	Vehicle	
	ear (do not include commuting miles)				-										<u> </u>		
31	Total commuting miles driven during the year				•												
32	Total other personal (no	oncommuting	g) miles														
	driven																
33	Total miles driven durin	g the year.				1		ł									
	Add lines 30 through 32	2					,	ļ		, <u> </u>			<u> </u>		ļ		
34	Was the vehicle available for personal use		nal use	Yes	No	Yes	No	<u> </u>	es_	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?			ļ	1		<u> </u>	_				ļ	ļ	ļ	ļ		
35	Was the vehicle used p		more														
	than 5% owner or relat	•		ļ			 			 		ļ	 	ļ <u> </u>	<u> </u>		
36		Is another vehicle available for personal			1												
	use?			<u> </u>	<u> </u>	L				٠	<u> </u>	<u> </u>			ł	<u> </u>	
			- Questions	•	-						•					===	
	swer these questions to	determine ir	you meet an e	xception	n to com	pleting	Section	n B 10	r ve	enicies us	ea by ei	mpioyee	s wno a	re not n	nore than	15%	
	ners or related persons. Do you maintain a writte	en nollov sta	toment that no	ohibite (all person	nal use	of vobu	oloc ı	noli	iding cor	omutino	by you			Voc	No	
5,	employees?	en policy sta	ternerit tilat pi	OHIDITS	ali persor	iai us o i	OI VEIII	CI C S, I	iicic	ding cor	illiutilig	, by you	•		Yes	No	
38	Do you maintain a writte	en nolicy stat	tement that or	ohibits i	nersonal	use of v	vehicle	e exc	ent	commut	ina hv v	/OUT				+-	
-	employees? See the ins		•						-			, 00.					
39	Do you treat all use of v							- ,	. , •								
	Do you provide more th	_				ınformat	tion fro	m voi	ure	mplovees	about						
	the use of the vehicles,		•					,									
41	Do you meet the require					monstra	ation us	se?									
	Note: If your answer to								ө сс	overed ve	hicles.						
P	art VI Amortization												_			h.,	
(a) Description of costs Date			(b) (c) amortization Amortizable herins amount							Amortiza	(e) Amortization An enod or percentage fo		(f) nortization				
42	Amortization of costs th	nat begins di	iring vour 200	begins 9 tax ve:	ar:	-110411	<u> </u>					poriou ui pe	WHENO		or this year	-	
72	, anorazation of costs ti	.c. Dogins du	ig 5001 200	- 140 700	 			·· T			· · ·		$\neg \uparrow$				
					1												
43	Amortization of costs th	nat began be	fore your 2000	tax ve	ar		-			- \			43				
	Total Add amounts in	•	•	=		report							44			-	

Form **8868**(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

- 1r				▼ X							
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).											
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.											
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
A corp	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete										
Part I only											
·											
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.											
noted (not au you mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or corpust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	cally if nsolida	(1) you want the sted Form 990-T.	additional							
Туре	Name of Exempt Organization	Empl	ion number								
print				_							
File by th	AFRICA RENEWAL MINISTRIES, INC	43-2004779									
due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 13733										
retum S instructio	50										
	SAN ANTONIO, TX 78213										
Chaol	type of return to be filed (file a separate application for each return):										
X I	Form 990 Form 990-T (corporation) Form 47										
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52										
	Form 990-EZ Form 990-T (trust other than above) Form 60										
	Form 990-PF	370									
	DONALD M TONEC										
	books are in the care of DONALD M. JONES										
	ephone No. ► 210-979-7441 FAX No. ►		 	~ \Box							
	e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	- 1- 6-									
	is is for a group neturn, enter the organization's four digit group exemption Number (GEN) If the If it is for part of the group, check this box. ▶ and attach a list with the names and EINs of all										
DOX P	If it is for part of the group, check this box and attach a list with the names and Elivs of all i	memb	ers the extension	n will cover.							
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension											
	s for the organization's return for: ▶ X calendar year 2009 or										
	tax year beginning, and ending		<u>-</u> ·								
2	f this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	unting period							
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any										
	nonrefundable credits. See instructions.	3a	\$								
b	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			 -							
1	ax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$								
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,										
(deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	ļ									
	See instructions.	3c	\$	N/A							
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment i	instructions.							
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)											

923831 05-26-09