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SCANNED JUN 3 0 2010

Form 990

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	For th	ne 2009 ca	alendar	year, or tax year beginning	g January 1 ,	2009, and	d ending	Decer	nber 31	, 20_09	
В (- Check if	applicable	Please	C Name of organization With	Love From Jesus Min	istries			D Emplo	yer identification	number
		s change	use IRS label or	Doing Business As					56	22714	41
	Name c	•	print or	Number and street (or P O box	if mail is not delivered to street add	ress) F	Room/suite		E Teleph	one number	
	nitial re		type. See	P.O. Box 37713		1			(919)	233-80°	10
	Termina		Specific Instruc-	City or town, state or count	ry, and ZIP + 4						
_		ed return	tions	Raleigh, NC 27627-771	3				G Gross re	eceipts \$ 1,3	92,067
		on pending	F Nan	ne and address of principal offi	cer Linda Williams, Ex	ecutive	Director	M(a) Is this	a aroup rotum	n for affiliates? Yes	
	фрисан	on pending			,			[included? Ves	
\overline{T}	Tax-ex	empt status	17 1.5	501(c) (3)◀ (insert no)	4947(a)(1) or 527			1		list (see instruction	
j	Webs	ite: ▶ wi		romJesus.org	<u>- </u>			1	exemption nu		,
K				oration Trust Association	☐ Other ▶	L Year o	of formation	2001		f legal domicile N	IC.
	irt I	Summ									 _
				the organization's missi			To coor	erate wit	th the Ho	ly Spirit to bu	ild the
	1	Kingdor	escribe	the organization's missi od by meeting practical	on or most significant a	ctivities: tv. Ever	v wook o	vor 1 000	honore	d queste are s	enved
9				ovision of food, clothin							
Jan					g, nousenoid items, idi	illule, e	illu cale	uonateu	Dy Dusin	esses, citarci	163,
ющ	i _		- 	ors, and volunteers.		4 -6 4	b 050/ -/		. 		
Governance				if the organization disconti			nan 25% o	its net ass		ı	
∞ಶ				ng members of the gove					. 3		7
ties				pendent voting member	•	(Part VI,	line 1b)		4		
Activities &	5	Total nur	mber of	f employees (Part V, line	2a)	•			. 5		2
Ac				f volunteers (estimate if i					. 6_		1,000
				elated business revenue			2		7a		0
_	b	Net unre	lated b	usiness taxable income	from Form 990-T, line 34	1	 , _	<u> </u>	. 7b		0
a							<u> </u>	Prior Y		Current Ye	
	8	Contribu	tions ar	nd grants (Part VIII, line	1h)			1,	125,102	1,4	37,671
Š	9	Program	service	e revenue (Part VIII, line:	2g)				0		0
Revenue	10	Investme	ent inco	me (Part VIII, column (A)), lines 3, 4, and 7d)				0		0
Œ	11	Other rev	venue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, an	d 11e)			0		0
	12	Total reve	enue — a	add lines 8 through 11 (mu	ist equal Part VIII, column	(A), line	12)	1,	125,102	1,4	37,671
	13	Grants a	nd sımı	ılar amounts paid (Part I	X, column (A), lines 1-3)				939,602	1,1	72,838
	14	Benefits paid to or for members (Part IX, column (A), line 4)									0
ses	15			ompensation, employee be), lines 5-	-10)	_	64,428		69,731
Expenses	16a			idraising fees (Part IX, col	7		. L		0	L	0
ă	b			expenses (Part IX, colum		11:					
	17	Other ex	penses	(Part IX, column (A), line	es 17a-1/1d, 11f-24f)	VED			131,005	_ 1	77,114
	18	Total ext	enses	. Add lines 13-17 (must	equal Part IX Addumn (A). line 25	5) / T	1	135,035	1,4	19,683
				penses. Subtract line 18 f		9,10	/\c/[-9,333	-	-17,988
5 6					000	<i>10 </i>	O Be	ginning of C	urrent Year	End of Ye	ar
ets	20	Total ass	sets (Pa	art X, line 16)	QUENT	· /0	š/		71,633		80,394
Ass	21			Part X, line 26)			/		9,227		
Net Assets Fund Balanc	22			und balances. Subtract I	ne 21 from line 20	·/· :/	/: :		62,406		80,394
	art II		ature								
		Under pe	enalties of	f perjury, I declare that I have ex							
		and belie	ef, it is tru	ue, correct, and complete Decl	aration of preparer (other than	officer) is b	pased on all	information	of which p	reparer has any kr	nowledge
Sig	ın	\ \ \	(_O	W.Willeme	tree lack	1 &	L. Due	etal	5-11	- 10	
He		Sign	ature of	officer)	1		Da	te		
	. •		ind	a H. Willia	ms tresid	exL	1 Ex.	Dice	Low		
		Type	or print	name and title)	-,-,-	/				
_		 	<u> </u>			Date	Chec	k ıf	Preparer's	identifying number	
_	_	Preparer signature					self-	oyed ▶ 🔲	(see instru		
Paid		•	•				Lembi	oyeu - L			
	parer's	Firm's na	ame (or y	ours L		L		EIN	▶	:	
Use	Only	ıf self-en	nployed),					Phone r		·	
		i augress,	and ZIP	+ 4 /				L HOUSE L		,	

No

Yes

Form 990 (2009)

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Provision and distribution of needed resources including food, clothing, household items, furniture, and appliances to high need/low income populations in the community. The average weekly adult population served is over 1,000.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code.) (Expenses \$ 1,155,832 including grants of \$) (Revenue \$) With Love From Jesus Ministries serves the community's less financially-priviledged populations through the
	provision of food, clothing, household items, furniture and other items provided through contributions from churches, businesses, other groups, and individual donors in the area. There is no cost to our honored guests for any of these items. The good news of the gospel of Jesus Christ is always given freely in both English and Spanish during the initial welcome of our honored guests. Every volunteer strives to extend the love of Jesus Christ throughout the visit of each and every honored guest that we serve.
4b	(Code:) (Expenses \$ 87,043 including grants of \$) (Revenue \$) With Love From Jesus Ministries operates out of approximately 20,000 square feet of an old and gutted grocery store. We have lights and electricity, but we have no heating or air conditioning. We continue to strive to be good stewards with the resources that God has richly provided to us. Without heat and air conditioning, the concrete floors and no window ventilation causes some sacrificial challenges for our volunteers and staff. However, we are blessed through the service done in His name.
4c	(Code.) (Expenses \$ 48,573 including grants of \$) (Revenue \$) With Love From Jesus Ministries operates with two key paid employees and hundreds of volunteers. While more paid employees would be most beneficial, we recognize that we need to be good stewards in terms of administrative costs so that more of the resources provided can go to serve our honored guests.
	Other program services. (Describe in Schedule O.) (Expenses \$ 54,297 including grants of \$) (Revenue \$) Total program service expenses > 1,345,745
<u></u>	1,070,170 Control Onpolicos I,070,170

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	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 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 IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	:		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	, , , , ,	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	✓	
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	16		1
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	17		1
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	18		1
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.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		V

Par	Checklist of Required Schedules (Continued)			
04	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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	1	
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c		24b 24c		√ ✓
d 25a	to defease any tax-exempt bonds?	24d		<u> </u>
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a 25b		✓
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		✓
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		✓
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):			:
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	√	
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	√	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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		/
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		1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			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			ĺ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	-	√
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	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?	<u>5a</u>		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
٥	Prohibited Tax Shelter Transaction?	6a		1
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	-		<u>*</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>	-	}
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	✓
10	Section 501(c)(7) organizations. Enter:		}	
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]	1
b	dross receipts, included our rount 950, rear vin, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			1
a	Gross meeting from members of shareholders]]
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			l

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>Sec</u>	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			, ,
	any other officer, director, trustee, or key employee?	2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		-
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		1
6	Does the organization have members or stockholders?	6_	_	-
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	ı	,
	of the governing body?	7a_		1
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ļ
	the year by the following:		<i>ī</i> -	;
	The governing body?	8a		
	Each committee with authority to act on behalf of the governing body?	8b	*	├──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0-		
5	tion B. Policies (This Section B requests information about policies not required by the Inte	9a		
	enue Code.)	nnai		
	situe dedaily		Yes	No
100	Deep the exceptation have local chapters, branches, or offiliates?	10a		1
	Does the organization have local chapters, branches, or affiliates?	700		<u> </u>
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	✓	
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? <i>If "No," go to line 13</i>	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	✓_	
13	Does the organization have a written whistleblower policy?	13		/
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ	
а	The organization's CEO, Executive Director, or top management official	15a	/	<u> </u>
b	Other officers or key employees of the organization	15b	✓	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ļ.,
	with a taxable entity during the year?	<u>16a</u>	ļ	/
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			}
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			 -
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u>L</u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
^-	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization. Linda Williams, 5401 Tryon Road, Raleigh, NC 27606 (919) 233-8010	rds o	the	- <i>-</i>

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 co	mpensate	any o	curre	ent -	offic	cer, d	irec	tor, or trustee.		
(A)	(B)			(0	()			(D)	(E)	(F)
Name and Title	Average	1	Position (check all that apply)					Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Linda H. Williams, Executive Director										
5401 Tryon Road, Raleigh, NC 27606	45	1		✓	1	 ✓		44,5973		
Becky Armistead	40									
2100 Osprey Circle, Raleigh, NC 27615	10	1		✓		}	l	1		
Jerry Boyd	2									
5722 Belmont Valley Ct., Raleigh, NC 27612	2	1		✓			<u> </u>			· <u> </u>
Jack Brinson	3									
6016 Bur Trail, Raleigh, NC 27616	J	✓		✓			L			
Scott Gottfried	1						1			
4009 Graham Newton Rd., Raleigh, NC 27606		✓			_					
Keith Strandman	10	ĺ			ĺ	[ĺ		
8932 New Windsor Pl., Raleigh, NC 27603		↓ ✓		✓	ļ		ļ			
Tina Wilson	1									
904 Wellstone Circle, Apex, NC 27502		✓_	H	├	_			·		
Vince DiMondi		١,					١,			
5505 Spence Plantation Ln., Holly Springs,	ļ. <u> </u>	/	-				✓			
NC 27540					•	ļ		ļ		
Terri Smith			-		 	\vdash	\vdash	 		
205 Frenchman's Bluff Dr., Cary, NC 27513		1		1			1			
Sonny Wilson		\ <u>*</u>		 	\vdash	<u> </u>	 •			
8405 Fawncrest Dr., Raleigh, NC 27603		1		1		[1			
Greg Flowers, Missionary				Ė			<u> </u>			
5401 Tryon Road, Raleigh, NC 27606			'		1	✓		32,679		
				 _	_	<u> </u>	_	ļ		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	↓_	ļ		
]		ļ]		
		L	<u> </u>	1.		l	<u> L</u>	L		

Part VII	Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	and	d Hig	hes	t Compensate	Employees (co	ntınued)
	(A)	(B)	(C)						(D)	(E)	(F)
	Name and title	Average hours per	}- ——	on (d			that ap		Reportable compensation	Reportable compensation	Estimated amount of
		week	or d	Instr	Officer	æ	髌	Former	from	from related	other
			individual or director	nstitutional	ğ	employee	loye	Пę	the organization	organizations (W-2/1099-MISC)	compensation from the
						ğ	# 69 m		(W-2/1099-MISC)	,	organization
			trustee	trustee		8	Pen				and related organizations
			~	8			Highest compensated employee				
			-	├	├-		 	├			
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					L		<u> </u>	<u> </u>			
1b Total .	<u> </u>	<u> </u>	<u> </u>			<u></u>		>	L		
	nber of individuals (including but i e compensation from the organiza		to th	ose	list	ed a	above	e) w	no received me	ore than \$100,00	00 in
Теропари	e compensation from the organiza							_			Yes No
0 D.d.th.											103 10
	organization list any former office e on line 1a? <i>If "Yes," complete</i> S							oye	e, or nignest c	compensated	3 1
	ndividual listed on line 1a, is the s							an	d other compe	nsation from	
	nization and related organizations										
ındıvıdua	-										4 🗸
5 Did any	person listed on line 1a receive rendered to the organization? If "	or accrue	com	oen.	sati	on i	from	any	unrelated org		- <u>-</u> -
	dependent Contractors	res, comp	Jiele	3011	ear	ie J	101 8	uci	rperson	• • • •	5 ✓
	this table for your five highest co	ompensate	d ind	epe	nde	ent o	contra	acto	rs that receive	d more than \$10	00,000 of
	ation from the organization.										
	(A)								(B)		(C)
	Name and business add	dress						↓_	Description of s	ervices	Compensation
Not applicab	e							↓			
							 .	+			
								+			·····
		· · · · · · · · · · · · · · · · · · ·						<u> </u>			
2 Total nur	mber of independent contractors (i	ncluding b	ut no	: lım	ııtec	l to	those	list	ed above) who	received	
	in \$100,000 in compensation from										

Dar	VII	Statement of Revenue					
Pal	L VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a	0				
Contributions, gifts, grants and other similar amounts	I	Membership dues 1b	0				
is, (1	Fundraising events 1c	0		ļ		
gi Jar		Related organizations 1d	0				
in.		Government grants (contributions). 1e	0				
igi S S	1 -	All other contributions, gifts, grants,					
혈餋		and similar amounts not included above 1f					
d g	g	Noncash contributions included in lines 1a-1f. \$	1,148,613				l
<u>2 g</u>	h	Total. Add lines 1a-1f	▶	1,437,671			
e	[Business Code		_ 、		
Ven	2a						
æ	b						
Program Service Revenue	C						·
	d						
Ē	e						
ogu	f	All other program service revenue .		0	0	0	0
<u> </u>	g	Total. Add lines 2a-2f	<u>.</u>	0			
	3	Investment income (including dividend	ds, interest, and				
	1	other similar amounts)		0	0	0	0
	4	Income from investment of tax-exempt bo		0	0	0	0
	5	Royalties		0	0	0	0
	}	(i) Real	(ii) Personal				
	6a	Gross Rents	0				1
			0				
		Rental income or (loss)	0				
	d	Net rental income or (loss)	🕨	0	0	0	0
	_{7a}	Gross amount from sales of (i) Securities	(II) Other				
	1 "	assets other than inventory	0 0				
	h	Less cost or other basis					
	~		o o				ı
	c	Gain or (loss)	0 0				!
	d			0	0	0	0
a	۵۵	Gross income from fundraising					
enne	Oa	events (not including \$				ı	I
	İ	of contributions reported on line 1c).	1 1				,
æ		Con Dank IV June 40	a o				
Other Rev	b		0				·
ᅙ	c	Net income or (loss) from fundraising		0	0	0	0
	0-	Cross income from coming activities					
	9a	Gross income from gaming activities. See Part IV, line 19	o				,
	h		0	}			
		Net income or (loss) from gaming act		0	0	0	0
	1	Gross sales of inventory, less					
	.00		a 0				,
	Ь		0				
		Net income or (loss) from sales of inver		0	0	0	0
		Miscellaneous Revenue	Business Code				
	112		1				
	b		1 1				
	"						
	ہ ا	All other revenue		0	0	0	0
		Total. Add lines 11a-11d	>	0			
	12	Total revenue. See instructions.		1,437,671	0	0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu		t required to comp	lete columns (B), (C	(D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,155,832	1,155,832		
3	Grants and other assistance to governments,		į		
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	17,006	17,006		1
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	67,303	48,573	11,505	7,225
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0	o	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	2,428	2,168	147	113
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees).		_		•
а	Management	0	0	0	0
b	Legal	0	0	0	0
_	Accounting	0	0	0	0
d	Lobbying	0			
f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	6,122	2,196	3,807	119
14	Information technology	901	160	741	0
15	Royalties	0	0	0	0
16	Occupancy	114,971	87,043	20,703	7,225
17	Travel	13,530	13,530	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	o	o	o	0
19	Conferences, conventions, and meetings .	1,103	645	283	175
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	13,716	13,716	0	0
23	Insurance	1,786	1,786	0	0
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.)				j
а	Flowers Designated Funds	5,380	5,380	0	0
b	Williams Designated Funds	4,595	4,595	0	0
c	Volunteer Appreciation	786	786	0	0
d	Computer Dist. , Food Bank	6,092	5,841	251	0
е	Cardin Designated Funds	7535	0	0	7525
	All other expenses Bank cgs. & org. fees	607	204	403	0 000
25 26	Total functional expenses. Add lines 1 through 24f 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	1,419,683	1,357,675	39,626	22,382

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	27,927	1	50,404
	Savings and temporary cash investments	0	2	0
	Pledges and grants receivable, net	0	3	0
	Accounts receivable, net	0	4	0
	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	0
	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L	0	6	0
	Notes and loans receivable, net	0	7	0
	Inventories for sale or use	0	-	0
8 8			9	0
10a	Prepaid expenses and deferred charges	-		<u> </u>
	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b	43,706	10c	29,990
		0		0
	Investments—publicly traded securities	0		0
	•		13	0
	Investments—program-related. See Part IV, line 11		14	
	Intangible assets		_	0
	Other assets. See Part IV, line 11		$\overline{}$	80,394
				00,334
	Accounts payable and accrued expenses	0,227		0
	Grants payable		19	0
	Deferred revenue		20	0
	Tax-exempt bond liabilities		21	0
' I	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>≅</u> 22	Payables to current and former officers, directors, trustees, key		i	
Ē	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
1	•	0		0
	Secured mortgages and notes payable to unrelated third parties	0		0
	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	0		0
	Total liabilities. Add lines 17 through 25	9,227		
S	Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	J,621	20	1
⊆	Harrist water disease and a	0	27	0
e 28		0	28	0
26 29	Permanently restricted net assets	0	29	0
ج د	Organizations that do not follow SFAS 117, check here ▶ □	<u> </u>		<u>_</u> <u>_</u>
-	and complete lines 30 through 34.			
8 20	_	62,406	30	80,394
30	Capital stock or trust principal, or current funds	02,400	31	00,034
% 31 ∀ 30	Paid-in or capital surplus, or land, building, or equipment fund	0	32	0
- I	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	62,406	33	80,394
型 33 34	Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances	71,633	-	80,394
		7 1,000	<u> </u>	50rm 990 (2000)

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash 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	✓	7
	Were the organization's financial statements audited by an independent accountant?	2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	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?	<u>3</u> a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Wit	h Lo	ve From Jes	us Ministries						56	<u>i</u>	271441			
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganızatio	ons mus	t comple	ete this	part.) S	See instru	ctions.			
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 through	h 11, ch	eck only	one bo	x.)				
1	Ĭ		•		-	_								
2														
3						-	ın sectio	n 170(b)	(1)(A)(iii	i).				
4		A medical re	search organiza	tion operated in conj)(A)(iii). E	nter the		
5		An organizat	for Public Charity Status (All organizations must complete this part.) See instructions. of a private foundation because it is: (For lines 1 through 11, check only one box.) onvention of churches, or association of churches described in section 170(b)(1)(A)(ii). scribed in section 170(b)(1)(A)(iii). (Attach Schedule E.) reacroperative hospital service organization described in section 170(b)(1)(A)(iii). search organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the ime, city, and state: on operated for the benefit of a college or university owned or operated by a governmental unit described in (b)(1)(A)(iii). (Complete Part II.) ate, or local government or governmental unit described in section 170(b)(1)(A)(v). on that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi). (Complete Part II.) on that normally receives: (1) more than 33/5 % of its support from contributions, membership fees, and gross in activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/5 % of its in gross investment income and unrelated business taxable income (less section 511 tax) from businesses the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ition organized and operated exclusively to test for public safety. See section 509(a)(4). Ition organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section neck the box that describes the type of supporting organization and complete lines 11e through 11h I b Type II c Type III-Functionally integrated d Type III-Other this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified or than foundation managers and other than one or more publicly supported organizations described in section 509(a)											
	\Box					doorwho	هممم ما ام	ian 170/k	-\/4\/A\	(. A)				
6	님		_	-								- الطاريب الم		
7	Ш	•	•		•	its suppo	ort from a	governm	ientai u	nit or from	tne gener	ai public		
0	\Box					`omploto	Dort II \							
8 9								m contrib	utions	mambarch	in food o	nd aronn		
J														
10	П	· · ·	=											
11	$\overline{\Box}$	-	_		-		-				r to carn	out the		
••		purposes of	one or more put	olicly supported organ	nizations	describe	d in secti	on 509(a)	(1) or s	ection 509	(a)(2). See	section		
_		_												
·	_													
		persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												
f					on from	the IRS	that it is	a Type I	Type	II or Type	III sunni	ortina		
•					011 110111			и туро	, 1,50	π, οι τγρο	. III oupp	C		
g		•			epted anv	, aift or c	ontribution	on from a	inv of t	he	•			
•		following per		3	,	J			,					
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	ether wit	th person	s desc	ribed ın (iı)	Y	es No		
		(ii) A family	member of a pe	rson described in (i) a	above?									
						(II) above	? .				11g(iii)			
<u>h</u>		Provide the	following informa	ation about the suppo	orted org	anızatıon	(s)							
(i)		of supported	(ii) EIN											
	orç	janization									sup	port		
			,	(see instructions))			sup	port?		US?				
					Yes_	No	Yes_	No	Yes	No				
							_							
											_	-		
		-			_					1				
														
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						,			1	1				

Total

Sched								Page 2
	(Complete only if you chec					and 1	70(b)(1)(A)(vi)
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) A mounts from line 4 Calendar year (or fiscal year beginning in) Calendar year (or								
2	benefit and either paid to or expended on							
	furnished by a governmental unit to the organization without charge							(f) Total (f) Total (f) Total (f) Total (f) Total (f) Total (f) Total
-	•							
3	person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
		l		L	L			
		4) 0005	4 2 2000	(-) 0007	(1) 0000			(0 T)
		(a) 2005	(b) 2006	(c) 2007	(a) 2008	(e) 2	2009	(t) lotal
8	payments received on securities loans, rents, royalties and income from similar							
payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on								
10	loss from the sale of capital assets							
11	Total support. Add lines 7 through 10 .	L		L	L	 		
12	•	•	•					
	organization, check this box and stop he	ere	<u> </u>		-		a sectio	in 501(c)(3)
								
14				1, column (f))				
						15		
16a				on line 13, and	line 14 is 33/3	% or mo	ore, che	_
							•	
b	• • • • • • • • • • • • • • • • • • • •							_
170	•	•		-				
1/8	include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 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. 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 Yeu Saymort Add lines 7 through 10 16 33%% support test—2008. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box and stop here. The organization did not check he box on line 13, and line 14 is 33%% or more, check this box and stop here. 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, check this box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Impair to the organization meets t							
b 18	more, and if the organization meets the "forganization meets the "facts-and-circumsta	facts-and-circur ances" test. The	nstances" test, o organization qua	check this box alifies as a public	and stop here. cly supported or	Explain ganizatio	in Part on ,	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,241,308	1,277,599	1,288,123	1,125,102	1,437,671	7,369,803
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o			0	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 2,241,308	0 1,277,599	0 1,288,123	0 1,125,102	0 1,437,671	7,369,803
6	Total. Add lines 1 through 5	2,241,300	1,277,000	1,200,120	1,123,102	1,407,071	7,003,003
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	o	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	0	0	0	0
с 8	Add lines 7a and 7b Public support (Subtract line 7c from				0	<u>U</u>	7 360 903
500	tion B. Total Support		l		_		7,369,803
	alendar year (or fiscal year beginning in)	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6	(a) 2005 2,241,308	(b) 2006 1,277,599	(c) 2007 1,288,123	1,125,102	1,437,671	7,369,803
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	2, <u>241,</u> 308	1,277,599		1,125,102	1,437,671	7,369,803
14	First five years. If the Form 990 is for to organization, check this box and stop to	here		nd, third, fourth	-		in 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su					·	
15	Public support percentage for 2009 (lin					15	100 %
16	Public support percentage from 2008 S			<u>,</u>	<u> </u>	16	100 %
	tion D. Computation of Investmer						
17	Investment income percentage for 2009			=	olumn (f)) .	18	0 %
18	Investment income percentage from 20				and line 45 is a		
19a	17 is not more than 331/4 %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly	supported orga	ınızatıon 🕨 🗹
b	33%% support tests - 2008. If the organ line 18 is not more than 33%%, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions 🕨 🔲

Schedule A (F	om 990 or 990-EZ) 2009		Page 4
Part IV	Supplemental Information. Complete this	s part to provide the explanations required by Part II, line 2. Provide any other additional information. See instruction	10; ns.
	•••••••••••••••••••••••••••••••••••••••		
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	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
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	•••••••••••••••••••••••••••••••••••		
·	•••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number With Love From Jesus Ministries 56 :

With	Love From Jesus Ministries			56	2271441
Par		nor Advised Funds or O	ther Similar Fu	nds or Acco	unts. Complete if
	the organization answered "Yes				
		(a) Donor advised fur	ds	(b) Funds and	d 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 funds are the organization's property, sub				
6	Did the organization inform all grantees, d				
	used only for charitable purposes and not purpose conferring impermissible private		or donor advisor,	-	
Par	<u> </u>				
		<u> </u>		1 01111 000, 1 4	111, 1110 11
1	Purpose(s) of conservation easements hel Preservation of land for public use (e.g.			f an hietorically	important land area
	Protection of natural habitat	3., recreation of pleasure,	_	-	storic structure
	☐ Preservation of open space		- Trescrvation	or a confined in	storio structure
2	Complete lines 2a through 2d if the organi	zation held a qualified conser	vation contribution	n in the form of	a conservation
	easement on the last day of the tax year.				
				Held	at the End of the Tax Year
а	Total number of conservation easements			. 2a	
b	Total acreage restricted by conservation e	easements		2b	
С	Number of conservation easements on a	certified historic structure inc	luded in (a)		
d	Number of conservation easements include	ded in (c) acquired after 8/17	/06	. 2d	
3	Number of conservation easements modified the tax year ▶	fied, transferred, released, ex	tinguished, or terr	minated by the	organization during
4	Number of states where property subject	to conservation easement is	located ▶		
5	Does the organization have a written policy violations, and enforcement of the conservations.		nitoring, inspection	n, handling of	. 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to mon	nitoring, inspecting, and enfor	cing conservation	easements du	iring the year
7	Amount of expenses incurred in monitorin ▶ \$	ng, inspecting, and enforcing	conservation ease	ements during	the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				. Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserve	n reports conservation easem the text of the footnote to th	ients in its revenu	e and expense	statement, and ents that describes
Par	Organizations Maintaining Coll Complete if the organization ans			ther Similar A	Assets.
1a	If the organization elected, as permitted u	inder SFAS 116, not to repor	t in its revenue sta	atement and ba	alance sheet works o
-	art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	sets held for public exhibition,	education, or rese	earch in further	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to (i) Revenues included in Form 990, Part	s held for public exhibition, e these items	ducation, or resea	arch in furthera	nce of public service
	(ii) Assets included in Form 990, Part X	viii, iiile i		► \$	
2	If the organization received or held works following amounts required to be reported	s of art, historical treasures,	or other similar a		cial gain, provide the
	Revenues included in Form 990, Part VIII,				
b	Assets included in Form 990, Part X .			▶ \$	

Sched	dule D (Form 990) 2009							Page 2				
Par	t III Organizations Maintaining	Collections of	f Art, His	storical	Treasure	s, or C	ther Similar As	sets (continued)				
3	Using the organization's acquisition, a collection items (check all that apply):		ther record	ds, checl	k any of th	e follov	ving that are a sig	gnificant use of its				
а	Public exhibition		d	Loa	an or exch	ange p	rograms					
b	Scholarly research		е									
С	Preservation for future generatio	ns										
4	Provide a description of the organizat Part XIV.		and expla	ain how t	they furthe	er the o	rganization's exe	mpt purpose in				
5	During the year, did the organization so assets to be sold to raise funds rather the	icit or receive do nan to be mainta	nations of ned as pa	art, histo	rical treasu organizatio	ires, or n's colle	other similar ection?	Yes No				
Pai	Escrow and Custodial Arr IV, line 9, or reported an an	angements. Conount on Form	omplete if 990, Part	f the org	anization 21.	answe	red "Yes" to For	m 990, Part				
	Is the organization an agent, trustee, included on Form 990, Part X?					tions or	other assets not	Yes No				
b	If "Yes," explain the arrangement in P	art XIV and com	plete the	following	table [.]							
							 	nount				
С	Beginning balance					10						
d	Additions during the year											
е	Distributions during the year					<u>1e</u>						
f	f Ending balance											
2a b	o If "Yes," explain the arrangement in Part XIV.											
Pai	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
	<u></u>	(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three years back	(e) Four years back				
1a	Beginning of year balance					_	L	<u> </u>				
b	Contributions							ļ				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	1						<u> </u>				
2	Provide the estimated percentage of	the year end bal	ance held	as.								
а	Board designated or quasi-endowmen	-										
b	Permanent endowment ▶	. %										
С	Term endowment ▶ %											
3a	Are there endowment funds not in the organization by.	possession of th	e organiza	ition that	are held a	nd adm	ninistered for the	Yes No				
	(i) unrelated organizations .							3a(i)				
	(ii) related organizations							3a(ii)				
þ	If "Yes" to 3a(II), are the related organ							3b				
4	Describe in Part XIV the intended use						<u> </u>					
Pai	t VI Investments—Land, Buil	dings, and Eq	uipment.	See Fo	rm 990, F	Part X,	line 10.					
	Description of investment	(a) Cost or oth			or other (other)		Accumulated epreciation	(d) Book value				
1a	Land											
	Buildings											

62,826

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment , .

32,836

29,990

29,990

Part VII	Investments—Other Securitie	s. See Form 990, Part >	(, line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial c	derivatives			
	ld equity interests			
•	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
			 	
			 	
		· 		
• • • • • • • • • • • • • • • • • • • •				
				
Total (Column	(b) must equal Form 990, Part X, col. (B) line 12)	 	 	
Part VIII		ed See Form 990 Part)	K line 13	
	(a) Description of investment type	(b) Book value	(c) Method of value	ation
		(S) BOOK Value	Cost or end-of-year ma	
		 	 	
		<u> </u>	 	
			 	
				
				
	 			
				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, P	art X, line 15.		
		(a) Description		(b) Book value
				· · · · · · · · · · · · · · · · · · ·
				
				
Total (Coli	umn (b) must equal Form 990, Part X, col	!. (B) line 15.)		
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes			
				
Total //>	(A) must acted Form 000 Part V and (D) (mage)		 	
i otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25) 🕨	' I	Í	

a	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Fir	nancial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,437,67
	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,419,68
	Excess or (deficit) for the year Subtract line 2 from line 1			3	-17,98
	Net unrealized gains (losses) on investments			4	
	Donated services and use of facilities			5	
	Investment expenses			6	
	Prior period adjustments			7	
	Other (Describe in Part XIV.)			8	
				9	
	Excess or (deficit) for the year per audited financial statements. Combin			10	-17,98
Ì	t XII Reconciliation of Revenue per Audited Financial State	ements With	Revenue	e per Ret	urn
	Total revenue, gains, and other support per audited financial statements	3		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
ı	Net unrealized gains on investments	2a			
,	Donated services and use of facilities	2b]	
	Recoveries of prior year grants	2c]]	
ı	Other (Describe in Part XIV.)	2d		7]	
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ii			
ı	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
)	Other (Describe in Part XIV)	4b		7]	
;	Add lines 4a and 4b	•		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 13	2.)		5	
3	t XIII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expens	es per R	eturn
	Total expenses and losses per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
a	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
c	Other losses	2c			
Ŀ	Other (Describe in Part XIV)	2d]]	
-	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
1	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
1	Other (Describe in Part XIV)	4b		7	
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)		5	
a	t XIV Supplemental Information				
d	pplete this part to provide the descriptions required for Part II, lines 3, 5, a 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; part to provide any additional information.				

Schedule D (For	rm 990) 2009	
Part XIV	m 990) 2009 Supplemental Information (continued)	
· · · · ·		
		• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •

Schedule F (Form 990)

Totals

Department of the Treasury Internal Revenue Service

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 Employer identification number

Name of the organization

Vitl	h Love From Jesus Ministr	ies				56 2271441
Pa	rt I General Informa "Yes" to Form 990,			e the United States.	Complete if the orga	anization answered
1	For grantmakers. Does to assistance, the grantees' ethe grants or assistance?	eligibility for th	n maintain rec e grants or as	ords to substantiate th sistance, and the selec	e amount of the gra tion criteria used to	nts or award
2	For grantmakers. Describ United States.	e in Part IV the	e organization'	's procedures for monit	oring the use of gran	at funds outside the
3	Activities per Region (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(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) a program service, describe specific type o service(s) in region	expenditures for
	_					
	· · · · · · · · · · · · · · · · · · ·	<u></u>				
						-
					_	
			-			
		1				

Page 2

Schedule F (Form 990) 2009

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. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement Wire transfer 17,006 (e) Amount of cash grant (d) Purpose of grant Gen. Support Use Schedule F-1 (Form 990) if additional space is needed. (c) Region South Asia (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

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

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Schedule F (Form 990) 2009

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Schedule F (Form 990) 2009

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. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

Schedule F (Forn	m 990) 2009	Page 4 ,
Part IV	Supplemental Information Complete this part to provide the info	ormation required in Part I, line 2, and any additional information.
In Part II abo	ove, With Love From Jesus Ministries	s tithes our cash donations. This tithe goes to support Raja Kumar
Orphanage	in Dilsukhnagar, Hyderabad, India. T	hese funds go toward supporting some fifty (50) orphans with food,
clothing, me	edical care, and educational resource	2S.
		,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 2271441 56

% ∑ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use □ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant assistance Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (b) EIN Enter total number of other organizations With Love From Jesus Ministries 1 (a) Name and address of organization or government Name of the organization Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	(b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)	ire 50,000 1,172,838 Estimated value Food, clothing, household items			Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	With Love From Jesus Ministries provides food, clothing, household items, and furniture freely to those in need with love from Jesus. Our honored guests who are	receiving these services are not asked to provide any type of eligibility and no selection criteria is used. Everyone who comes for assistance is welcomed and their	needs are freely met with all the items which have been donated. We serve approximately 1,000 honored guests per week, so an approximate figure of 50,000 was					
1 ((b) Number of recipients	50,000			e this part to provide	othing, household iter	any type of eligibility a	been donated. We ser			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Schedule I (Form 990) 2009 Part III Grants and Other Assistance to Individuals Local Dat IV and Schodule 1-1 (Form 900) if and	(a) Type of grant or assistance	Food, clothing, household items, furniture			Part IV Supplemental Information. Complete	With Love From Jesus Ministries provides food, cl	receiving these services are not asked to provide	needs are freely met with all the items which have	used.				

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization	<u>-</u>					E	mploye	r ident	rficatio	num	ber	
With Love From Jesus Ministries							56 :		227	71441	l	
Part I Excess Benefit Transact Complete if the organization								Part V	, line 4	10b.		
4 (a) Name of the collection of		0-1							(c) Corrected?			
1 (a) Name of disqualified perso	n 	_		(D) 1	Description of	transactio	n 				Yes	No
			<u> </u>									
	_ 		<u> </u>									
2 Enter the amount of tax imposed under section 49583 Enter the amount of tax, if any, or							-	-	▶ \$ ▶ \$			
Part II Loans to and/or From In			_			_						
Complete if the organizat			T T									
(a) Name of interested person and purpos		to or from anization?	(c) Orig principal a		(d) Balan	(d) Balance due		(e) In default?		It? (f) Approved by board or committee?		ntten ment?
	То	From					Yes	No	Yes	No	Yes	No
		<u> </u>			<u> </u>		-			-		ļ
							 	-			_	
							 				-	
Total				. ▶ \$			<u> </u>		L		<u> </u>	
Part III Grants or Assistance Be Complete if the organizat				in Part I	V line 27							
(a) Name of interested person			between inte				c) Amou	ınt and	type o	of assis	tance	_
(a) Name of interested person	(5)		organizat			`						
					 							_
						<u></u>						
Part IV Business Transactions I Complete if the organizat				n Part I	V line 28a	28h or	280					
(a) Name of interested person											(a) Sh	aring of
(a) Name of interested person			person and the transaction		Description of transaction		organı: rever	zation's nues?				
Leah Bowman	Famil	v of Fy	ec. Direct.	\$57	1 monthly	Bookk	eeping	duti	es.		Yes	No J
Michael Bowman			ec. Direct.		0 monthly					etc.)	-	1
		<u>,</u>						<u> </u>				<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

2009

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Nam	e of the organization				Employer	identificatio	n numi	ber	
Wit	th Love From Jesus Ministries_				56	22	71441	1	
Pai	tt I Types of Property								
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part Vill, Is		Method o	(d) if deter venues		g
1	Art-Works of art								
2	Art - Historical treasures								
3	Art-Fractional interests								
4	Books and publications .								
5	Clothing and household			1					
	goods	✓		155,535		Fair ma	rket v	value	
6	Cars and other vehicles .	_ / _	4	3,000		Donor -	blue	book	<u>: </u>
7	Boats and planes		_ <u></u>	<u></u> _					
8	Intellectual property								
9	Securities-Publicly traded .								
10	Securities - Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate - Residential .								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	✓	271	737,018		Fair ma	rket	value	
20	Drugs and medical supplies .		·			_		_	
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ (Furniture)	✓	58	12,157		Fair ma			
26	Other ▶ (Electronics)	✓	20	2,518		Fair ma	arket	valu <u>e</u>	<u>-</u>
27	Other ▶ ()			<u> </u>					
28	Other ▶ ()			<u> </u>					
29	Number of Forms 8283 received which the organization complete				ns for 2	9			
			•					Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any proj	perty reported in Par	t I lines 1	-28 that			į ,
oou	it must hold for at least three ye								
	used for exempt purposes for the				•		30a		✓
b	If "Yes," describe the arrangement		• .						
31	Does the organization have a	gift acce			any non-s	tandard	31		/
32a	Does the organization hire or us	e third pai		ns to solicit, proces	s, or sell r	ioncash	32a		/
h	If "Yes," describe in Part II.								
33	If the organization did not report in describe in Part II.	revenues ir	n column (c) for a type of pr	operty for which colu	ımn (a) ıs c	hecked,			

Schedule M ((Form 990) 2009	age 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.
► Attach to Form 990.

With Love From Jesus Ministries 56 2271441

From Form 990, Part VI, line 11A - electronic and hard copies of the Form 990 and applicable supplemental schedules are

From Form 930, Fart VI, time TTA - electronic and hard copies of the Form 930 and applicable supplemental schedules are
provided to each of our Board of Directors for review and comment prior to submission.
From Form 990, Part VI, line 19 - we make our governing documents, conflict of interest policy, and financial statements
available to the public upon request.
From Form 990, Part III, line 4d - the \$54,297 in Other Program Service Expenses include: \$17,006 in tithes on our cash
donations to support Raja Kumar Orphanage in Dilsukhnagar, Hyderabad, India for the food, clothing, medical care and
educational resources of 50 orphans; travel costs to pick up food and other donated items; expenses to purchase meats,
canned goods, and other items from the NC Food Bank; computer distribution expenses; and a variety of smaller
administrative expenses.
From Form 990, Part VI, line 1a - in 2008 we showed 10 voting members of the governing body versus 7 in 2009. Several
of our directors simply entered different life stages (e.g., birth of additional children, job changes, etc.) and needed to step
back from directorship positions for a season. Mentoring training also lead us to believe that the seven current directors
provided a more efficient leadership base; therefore, we have chosen to remain at seven board members for now.
From Form 990, Part VI, lines 12c, 15a, and 15b - the With Love From Jesus Ministries Board of Directors meets normally
on a monthly basis to review all necessary business of the ministry including any conflict of interest issues and matters
dealing with the compensation of top management, key employees, and other employees of the ministry. The full board
votes on any such issue and appropriate action is taken as a result of these votes.
From Form 990, Part I, line 6 - we have approximately 50 volunteers per week; however, many of these are repeat
volunteers. We took a conservative figure of 20 un-duplicated volunteers per week times 50 service weeks.
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7878	RECTED		
Danee's name, street address, city, state, ZIP code, and telephone no Wilh Love From Jesus Ministrec PO Box 37713 Roleigh NC 27627	1 Date of contribution	OMB No 1545-1959	Contributions of Motor Vehicles, Boats, and
<i>1</i>	Nov 5, 1009	Form 1098-C	Airplanes
919 233-8010	2 Make, model, and year of 195 Metcary Vi		
DONEE'S federal identification number DONOR'S identification number	3 Vehicle or other identificat		
56-2271441 240 92 4101	4M2D/11W55	DT55712	
James E Pretce III	4a Donee certifies that length transaction to	vehicle was sold in arm unrelated party	ı's
Street address (including apt no)	4b Date of sale		
4612 ternigan dr.	N/A		Come A
City, state, and ZIP code Apex NC 17539	4c Gross proceeds from sale	e (see instructions)	Copy A
5a Donee certifies that vehicle will not be transferred for money, o improvements or significant intervening use	other property, or services before co	empletion of material	Internal Revenue Service Center
5b Donee certifies that vehicle is to be transferred to a needy individuel's charitable purpose	vidual for significantly below fair ma	trket value in furtherance	File with Form 1096. For Privacy Act
5c Donee certifies the following detailed description of material improve	rements or significant intervening us	e and duration of use	and Paperwork Reduction Act
N/A			Notice, see the
N/A			Instructions for Forms 1099, 1098, 3921, 3922,
6a Did you provide goods or services in exchange for the vehicle? .		▷ Yes 🗌 I	5498, and ₩-2G.
6b Value of goods and services provided in exchange for the vehicle			
6c Describe the goods and services, if any, that were provided If this	box is checked, donee certifies that	t the goods and service	s 🔲
N /A			
7 Under the law, the donor may not claim a deduction of more than \$	\$500 for this vehicle if this box is ch	ecked	

7878	RECTED	
DONEE'S name, street address, city, state, ZIP code, and telephone no With Love from Tesus Ministries PO BOX 37713 Raleigh, NC 27627	1 Date of contribution 2009 1 Date of contribution Form 1698-C	Contributions of Motor Vehicles, Boats, and Airplanes
140grs, 140 L16 L1	2 Make, model, and year of vehicle	
DONEE'S federal identification number DONOR'S identification number	3 Vehicle or other identification number	
56 227 1441 24082 9137 DONOR'S name	YV1 L\$572 GV137 1588 4a Donee certifies that vehicle was sold in arm's	_
Dan Harrod Street address (including apt no)	length transaction to unrelated party 4b Date of sale	-
3320 Harden rd.	A. Constant for all for all for	- Copy A
Raleigh NC 17607	4c Gross proceeds from sale (see instructions) \$	For
5a Donee Certifies that vehicle will not be transferred for money, o improvements or significant intervening use	ther property, or services before completion of material	Internal Revenue Service Center
5b X Donee certifies that vehicle is to be transferred to a needy individual donee's charitable purpose	vidual for significantly below fair market value in furtherance of	File with Form 1098. For Privacy Act
5c Donee certifies the following detailed description of material improve	ements or significant intervening use and duration of use	and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
6a Did you provide goods or services in exchange for the vehicle? .		
6b Value of goods and services provided in exchange for the vehicle \$		
6c Describe the goods and services, if any, that were provided. If this is consisted solely of intangible religious benefits	box is checked, donee certifies that the goods and services	
7 Under the law, the donor may not claim a deduction of more than \$	5500 for this vehicle if this box is checked ▷	<u> </u>

	☐ CORRE	ECTED		
DONEE'S name, street address, city Will Love I DM TE 921 Che Jaile Acteich NC	sus Ministries	1 Date of contribution	OMB No 1545-1959 2009 Form 1098-C	Contributions o Motor Vehicles Boats, and Airplanes
DONEE'S federal identification number SG-22/144	DONOR'S identification number	3 Vehicle or other identification	on number	
Street address (including apt no.)	11 cl.	4a Donee certifies that length transaction to 4b Date of sale	vehicle was sold in arm's i unrelated party	Сору [
5a Donee certifies that vehicle improvements or significant	will not be transferred for money, other intervening use	4c Gross proceeds from sale \$ er property, or services before co		For Done
donee's charitable purpose	is to be transferred to a needy individ			l ·
				Instructions fo Forms 1099 1098, 3921 3922, 5498 and W-20
6a Did you provide goods or services pro	es in exchange for the vehicle?		, . ▶ Yes □ No	
6c Describe the goods and service consisted solely of intangible rel	s, if any, that were provided If this bo ligious benefits	x is checked, donee certifies that		

7 Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked

Form 1098-C

Department of the Treasury - Internal Revenue Service

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DONEE'S name, street address, city, state, ZIP code, and Will Live Ind Joseph Million &c.	telephone no	OMB No 1545-1959	Contributions of
16 Pox 37713 Raking 1, 12 27 27	1 Date of contribution	2009 Form 1098-C	Motor Vehicles, Boats, and Airplanes
414 234-8010	Make, model, and year o	f vehicle	
DONEE'S federal identification number Stor- 22711411 243 59	INCC AGMENTE		
BONOR'S name	4a Donee certifies that length transaction	t vehicle was sold in arm's to unrelated party	
Street address (including apt no)	4b Date of sale		Copy D
City, state, and ZIP code	4c Gross proceeds from sa	ale (see instructions)	For Donee
5a Donee certifies that vehicle will not be transferred improvements or significant intervening use	for money, other property, or services before o	completion of material	
Donee certifies that vehicle is to be transferred to donee's charitable purpose	a needy individual for significantly below fair m	narket value in furtherance of	For Privacy Act and Paperwork Reduction Act Notice, see the
5c Donee certifies the following detailed description of ma	aterial improvements or significant intervening u	ise and duration of use	2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
6a Did you provide goods or services in exchange for the	e vehicle?	▶ Yes 🗌 No	
6b Value of goods and services provided in exchange for \$	the vehicle		
6c Describe the goods and services, if any, that were proconsisted solely of intangible religious benefits	ovided If this box is checked, donee certifies the	at the goods and services	
7 Under the law, the donor may not claim a deduction of	of more than \$500 for this vehicle if this box is o	checked	

Form **1098-C**

Department of the Treasury - Internal Revenue Service

