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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public  
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<b>A For the 2009 calendar year, or tax year beginning</b>		<b>, 2009, and ending</b>	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>STONEWORKS INTERNATIONAL, INC.</b> <b>D Employer identification number</b> <b>56-2419583</b>	
<b>E Telephone number</b> <b>678 436-3324</b>		<b>F Group Exemption Number</b> ►	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ►			

<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>H Check</b> ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
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<b>I Website:</b> ► <b>WWW.STONEWORKSINTERNATIONAL.COM</b>		<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K Check</b> ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>103,349</b></b>			

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)</b>		
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 100,033
	2 Program service revenue including government fees and contracts . . . . .	2 3,616
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a
b Less: direct expenses other than fundraising expenses . . . . .	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
b Less: cost of goods sold . . . . .	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8 Other revenue (describe) ►	8	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 103,649	
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule) . . . . .	10 63,610
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 7,768
	13 Professional fees and other payments to independent contractors . . . . .	13 215
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 362
	16 Other expenses (describe ► <b>travel(16,348), travel docs(1,124), staff development(2,449)</b> ) . . . . .	16 19,921
	17 <b>Total expenses.</b> Add lines 10 through 16	17 94,011
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 9,638
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 24,857
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 34,496
	<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.	

(See the instructions for Part II.)		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments . . . . .		23,438	22 36,01
23 Land and buildings . . . . .			23
24 Other assets (describe ► <b>ADVANCES MADE</b> ) . . . . .		3,043	24 3,300
25 <b>Total assets</b> . . . . .		26,481	25 39,310
26 Total liabilities (describe ► <b>PAYROLL TAXES DUE, PAYABLES</b> ) . . . . .		1,623	26 4,814
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .		24,857	27 34,496

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

Cat No 10642I

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

**What is the organization's primary exempt purpose? Spread gospel, disciple believers, meet basic life needs.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Mission team preparation and coordination, volunteer support, program admin. in Russia, letters of invitation, registrations. 116 volunteers served. Serves all purposes above.		
	(Grants \$ 27,035) If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	28a	27,035
29	Service to Orphanages. 15 Orphanages served. Over 600 orphans directly served (classes, outings, supplies special programs. Serves all purposes above		
	(Grants \$ 20,087) If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	29a	37,635
30	Transition Homes. 3 locations, 15 orphans served. Life skills training for graduating orphans. Serves purpose of meeting basic life needs.		
	(Grants \$ 3,488) If this amount includes foreign grants, check here . . . ► <input checked="" type="checkbox"/>	30a	13,306
31	Other program services (attach schedule) . . . . .		
	(Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	11,284
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	89,260

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
David A Hulley 57 Washington Avenue, Northampton, MA 01060	Chairman (10)	0	0	0
Michael Cantrell 344 Milledge Circle, Athens, GA 30606	Executive Director (25)	0	0	0
Philip Olson 371 Melbourne Lane, Mechanicsburg, PA 17055		0	0	0
Kirk S Wassmann 11 Shepherds Hollow, Leeds, MA 01053	Treasurer (5)	0	0	0
Mary Jean Preese PO Box 464839 Lawrenceville, GA 30042	Administrator (15)	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	40e	✓
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► Mary Jean Preece, Administrator Telephone no. ► 678-436-3324 Located at ► Stoneworks International Inc., PO Box 464839, Lawrenceville, GA ZIP + 4 ► 30042		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	✓
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

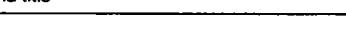
**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . ► \_\_\_\_\_

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

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
			Date 8/14/2010	
	Signature of officer <b>Kirk S. Wassmann, Treasurer</b>			
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 		EIN <input type="checkbox"/>	Phone no. <input type="checkbox"/>
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

**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

**2009**

Open to Public  
Inspection

Name of the organization

**STONEWORKS INTERNATIONAL, INC.**

Employer identification number  
**56 2419583**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	33,159	67,685	92,878	92,263	100,033	368,018
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 . . . . .	33,159	67,685	92,878	92,263	100,033	368,018
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) . . . . .						114,041
6 Public support. Subtract line 5 from line 4 . . . . .						253,977

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	33,159	67,685	92,878	92,263	100,033	368,018
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .			386	251	0	637
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						368,655
12 Gross receipts from related activities, etc (see instructions) . . . . .				12		53,964
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 ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	69	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	68	%
16a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>			
b 33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
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 . . . . . ► <input type="checkbox"/>			
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 . . . . . ► <input type="checkbox"/>			
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 ► <input type="checkbox"/>			

Stoneworks International EIN 56-2419583

IRS Form 990 EZ Year 2009 Part III Statement of Program Service

Primary Exempt Purpose: Christian Missions – Russia and Belarus

- A To spread the gospel of Jesus Christ through long-term and short-term evangelistic efforts.
- B To disciple believers through providing Bibles and Christian literature, conducting Bible studies and courses of discipleship training.
- C To meet basic life needs of needy groups of people, including, but not limited to, orphans, the homeless and the elderly. These provisions may include, but will not be limited to, medical and dental care, medicines, housing, clothing, food and emergency funds.
- D To promote social and spiritual well-being and harmony through camps, performances, meetings, and other organized activities.

### Accomplishments

- 28 Mission team preparation and coordination, Volunteer Support, Program Administration in Russia, Letters of Invitation, Registration. 116 Volunteers served. Grant \$27,035 Total \$27,035. Serves mission aims A,B,C,D
- 29 Service to Orphanages 15 Orphanages served. Over 600 orphans directly served (classes, outings, supplies, special programs). Grants \$20,087. Total \$37,635. Serves mission aims A,B,C,D
- 30 Transition Homes – 3 Locations 15 orphans served. Life skills training for graduating orphans. Grant \$3,488 Total \$13,306. Serves mission aims B,C
- 31 All other – Encourage and train indigenous churches. 50 served. Staff training. Medical supplies. Grant \$0. Total \$11,284 Serves mission aims A,B,C,D