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**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

**Under 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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>Working Faith</b> <b>958 N Mar Vista Ave.</b> <b>Pasadena, CA 91104</b>	<b>D</b> Employer identification number <b>57-1205143</b>
		<b>E</b> Telephone number <b>(626) 486-0691</b>
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** ▶ workingfaith.com

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

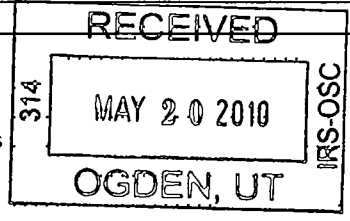
**J Tax-exempt status (check only one)** —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **12,839.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	2,701.
	2 Program service revenue including government fees and contracts	2	10,138.
	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		
<b>9 Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	12,839.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,088.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	6.
	16 Other expenses (describe ▶ <u>See Statement 1</u> )	16	18,488.
	<b>17 Total expenses.</b> Add lines 10 through 16	17	19,582.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,743.	
NET ASSETS OR FUND BALANCES	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	-627.
	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	-7,370.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15,179.	9,990.
23 Land and buildings		
24 Other assets (describe ▶ <u>See Statement 2</u> )	7,648.	4,960.
<b>25 Total assets</b>	22,827.	14,950.
26 Total liabilities (describe ▶ <u>See Statement 3</u> )	23,454.	22,320.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-627.	-7,370.

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

Form 990-EZ (2009)

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**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 8

		Yes	No			
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X			
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X			
<b>35</b>	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					
<b>35 a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X			
<b>35 b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?					
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X			
<b>37 a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.			
<b>37 b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X			
<b>38 a</b>	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?	38 a	X			
<b>38 b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	18,030.			
<b>39</b>	Section 501(c)(7) organizations Enter					
<b>39 a</b>	Initiation fees and capital contributions included on line 9	39 a	N/A			
<b>39 b</b>	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A			
<b>40 a</b>	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>40 b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X			
<b>40 c</b>	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.			
<b>40 d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.			
<b>40 e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X			
<b>41</b>	List the states with which a copy of this return is filed	CA				

**42 a** The organization's books are in care of Gregory R. Millikan Telephone no (626) 486-0690  
 Located at 236 West Mountain, Ste 119 Pasadena CA ZIP + 4 91104  
958 N. Mar Vista Ave

		Yes	No
<b>42 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
<b>42 c</b>	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b> 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: _____		X

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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

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

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

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

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

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

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

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.

**Sign Here**  
 Signature of officer: Gregory F. Millikan Date: 5-17-10  
 Type or print name and title: Gregory F. Millikan Chairman

**Paid Preparer's Use Only**  
 Preparer's signature: John B Craig CPA Date: 5/14/10 Check if self-employed:  Preparer's Identifying Number (See instructions): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Craig Accountants  
1835 W Orangewood Ave. Suite 260  
Orange, CA 92868-2011 EIN: N/A Phone no: (714) 634-9362

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



**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
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 15 %

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

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

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

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

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

**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)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")	78,739.	27,530.	13,286.	4,970.	2,701.	127,226.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	13,798.	3,240.	14,842.	22,338.	10,138.	64,356.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	92,537.	30,770.	28,128.	27,308.	12,839.	191,582.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	63,118.	23,230.	10,300.	2,200.	2,201.	101,049.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	63,118.	23,230.	10,300.	2,200.	2,201.	101,049.
<b>8 Public support</b> (Subtract line 7c from line 6.)						90,533.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	92,537.	30,770.	28,128.	27,308.	12,839.	191,582.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						191,582.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	47.3%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	0.0%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.0%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.0%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**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

**2009**

**Open to Public Inspection**

Name of the organization

Working Faith

Employer identification number

57-1205143

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Greg Millikan - A										
Acquire furniture & equipment	X		17,821.	17,821.		X	X		X	
Greg Millikan - A										
Acquire furniture & equipment	X		500.	209.		X	X		X	
<b>Total</b>				▶ \$ 18,030.						

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990** or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

## Working Faith

57-1205143

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Amortization	\$	364.
Depreciation		3,302.
Insurance		736.
Meals		53.
Merit Profile		150.
Mileage & Parking		24.
Office Expenses		324.
Office supplies		63.
Other		28.
Pasadena Mayors Prayer Bfst		10,302.
Professional Education		2,739.
Subscriptions		326.
Taxes - other		77.
Total	\$	<u>18,488.</u>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 1,000.
Deposits	22.	0.
Furniture and Fixtures	6,903.	3,529.
Intangible Assets	375.	11.
Machinery and Equipment	348.	420.
Total	<u>\$ 7,648.</u>	<u>\$ 4,960.</u>

**Statement 3**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Calif Sales Tax	\$ 568.	\$ 90.
Other current Liabilities	4,250.	4,250.
Payable to Officers, Directors, Etc.	18,114.	18,030.
Visa Card Payable	522.	-50.
Total	<u>\$ 23,454.</u>	<u>\$ 22,320.</u>

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Working Faith administers an educational program of events for Christian entrepreneurial business leaders, ministry leaders, school administrators and pastors, teaching and training them how to integrate principles of their Christian faith into organization philosophy and the management practices of their firms, ministries, organizations and churches.

**Statement 5**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

Consultative program with Christian-led or owned firms and non-profits assisting them to integrate Christian faith and development of Christian character in their organizational philosophy, mission, values, management practices, systems and processes

**Statement 6**  
**Form 990-EZ, Part III, Line 30**  
**Statement of Program Service Accomplishments**

Outreach to Christian-led and Christian-owned companies to encourage and support the adoption and integration of Christian faith and the development of Christian character into their business philosophy, values and management practices

**Statement 7**  
**Form 990-EZ, Part III, Line 31**  
**Statement of Program Service Accomplishments**

Description	Grants	Program Service Expenses
Educational program for Christian business leaders, ministry leaders, school administrators and pastors, teaching and training them how to integrate their Christian faith and the development of Christian character into the leadership and management practices of their firms, ministries, organizations and churches. Includes Foreign Grants: No		39.
Total	\$ 0.	\$ 39.

**Statement 8**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No