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## Form 990

## **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

****	_								<del></del>				·
		For ti	he 2009 calend	dar year,	or tax year	beginning		2009, and endir	19				
В	•	Check	if applicable			organization				D Employer	Identificatio	n Number	
		Ad	ddress change	Piease use IRS label	Bob &	Rose Weiner	Ministries,	Inc.		59-3	022470		
		$\prod_{N_i}$	ame change	or print or type.		and street (or P O box if			suite	E Telephoni	e number		
		$\overline{}$	itial return	See specific	P. O.	Box 1799				1352	) 375-	1155	
			ermination	instruc- tions.		n or country		State ZIP code +	4	(332	1 3/3-	4400	
		Ħ	mended return	GOIIS.	Gaines	-			•			07 466	
		Ħ		E N	· · · · ·		<del></del>	FL 32602	1462 15 15 1	G Gross rec		97,466	
		L.J AF	plication pending			principal officer.				a group return affiliates includ		Yes	X No
_						. O. Box 1799				attach a list (s		ns) Yes	∐ №
Ţ	_		-exempt statu	s X   501	(c) (3	) ◀ (insert no.)	4947(a)(1)	or   527					
<u>J</u>		Wel	bsite: ► N/	<u> </u>					H(c) Group	exemption num	ber 🟲		
K			of organization	X Corpora	ation Tru	st Association	Other ►	L Year of Forma	tion 199	O M Sta	te of legal do	micile FL	
P.	ai	rt'l¥	<b>Summa</b>	ary					•				
		1	Briefly describ	e the org	anization's	mission or most sig	gnificant activities:	To sprea	d the	gospel	of Jes	us Chi	rist.
( <u>)</u>	,		Major fo	cus wa	s give	n to student	s on college	e campuses	and r	orimari	lv		
SWWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Harvard								<b>-</b>		
3 5													
$\stackrel{>}{\sim}$ 8		2	Check this bo	x <b>-</b>	if the organ	nization discontinue	d its operations or o	disposed of mor	e than 25	% of its ass	 ets		
(UENNVO) S & Governance		3	Number of vot	ting memi	bers of the	governing body (Pa	rt VI, line 1a)				3 6		
<u>ي</u> و		4	Number of inc	dependent	t voting me	mbers of the govern	ning body (Part VI,	line 1b)			4 4	·	
다. ctivitles		5	Total number	of employ	yees (Part '	V, line 2a)					<b>5</b> 5		
of Mul. Sctivities						ate if necessary)					6 10		
<u>-</u> 3 ◀			-			enue from Part VIII		2			7a		0.
ত <b>—</b>	4	<u>b</u>	Net unrelated	business	taxable inc	come from Form 990	0-T, line 34 .	· · · · · · · · · · · · · · · · · · ·			7Ь		
									P	rior Year		Current Yo	ear
		8	Contributions	and grant	ts (Part VIII	l, line 1h)				636,32	4.	593	,190.
₽Ž		9	Program service revenue (Part VIII, line 2g)										
∭ Revenue		10	Investment in	come (Pa	rt VIII, colu	mn (A), lines 3, 4,	and 7d)				5.	1,	,835.
Œ		11	Other revenue	(Part VII	ll, column (	A), lines 5, 6d, 8c,	9c, 10c, and 11e).			87	7.		
		12	Total revenue	- add lin	es 8 throug	gh 11 (must equal P	art VIII, column (A)	), line 12)		637,20	6.	595,	,025.
	ı	13	Grants and sir	milar amo	ounts paid (	Part IX, column (A)	, lines 1-3)			49,69	4.	44,	,468.
		14	Benefits paid	to or for r	nembers (F	Part IX, column (A),	line 4)						
	1					ployee benefits (Par	· ·	nes 5·10)		450,14	0.	393.	,335.
868	ı				-	t IX, column (A), lin		,			-		
Expenses					- '		•		25000000		· 1 1/2 / 3 1		*
찣	1					X, column-(D), line		1,464.	200			Contract of the second	- 11° 131'
	1					A), lines Ta-11d,				189,85			<u>,646.</u>
	ı					must equal Part IX,		)		689,68	8.	616,	,449.
	$\perp$	19	Revenue less	expenses	Subtract	ime 18 fold Vine 12	<u> 2010 . 191</u>			-52,48	2.	-21,	,424.
8	}								Begir	ning of Yea	ır l	End of Ye	ar
beets or Belencos		20	Total assets (I	Part X, Iir	ne 16) .	000:3	1			271,83			,612.
8.0	3		Total liabilities	-	•	OGDEN	1, 01			160,97	9.		,179.
ž	!			-	•	ract line 21 from line	a 20			110,85			, 433.
P	_	t4   <b>\$</b> c				det inte 21 nom int	C 20	• •	<u> </u>	110/03	J.,	<u> </u>	133.
14	***	.,	<del>'                                     </del>	•		1			* · · · · · · · · · · · · · · · · · · ·		1 1 4.	41.1.4	
			true, correct, ar	nd complete.	Declaration of	have examined this return preparer (other than office	n, including accompanyin cer) is based on all inform	nation of which preparation	arer has any	knowledge	ny knowleage	e and belief	II IS
Si	۸.	_	> <i>Q</i>	?	PT	(h) se a			ı	11/15	-110		
He	yı ar	<u>.</u>	Signature of	of officer		~-~			Da		<del>'</del>		
110	- 1 '	C				_							
				nt name and	Veiner,	Jr.			Presi	dent			
_	_		Type or pri	in name and	i title			15.	<del></del>		I Dennarasia	.dontshung.e	n. umbar
_			1	_	_	_		Date	Cr se	neck if	(see instru	identifying r ictions)	umber
Pa			Preparer's	>	بيد	\	!	11/5/		nployed 🏲 📘	_		
Pr			signature	<u> </u>	noter	e_w, rak	^	1/13/	0				
pa Us		er's	Firm's name (or	JAHN	SZA 'A I	OCIATES, INC	·						
Or	_		yours if self- employed),	▶ P.O.					EII	N <b>-</b>			
O1	"	7	address, and ZIP + 4		INIA B		VA 2	3467	Ph	none no			
Ma	v	the IF				parer shown above?				······································	х	Yes	No
_	_					ction Act Notice se		ructions		TEFACIOI (		Form 990	<del></del>

-	1990 (2009) Bob & Rose Weiner Ministries, Inc.	59-3	0224	70		Page 2
Par	t III Statement of Program Service Accomplishments	.,.				
1	Briefly describe the organization's mission:					
	To spread the gospel of Jesus Christ.					
	We desire to see more than a million trained for Christian leade	rship	befor			
	See Form 990, Page 2, Part III, Line 1 (continued)		20101	- <u>-</u>		
	2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					<b></b>
	Did the organization undertake any significant program services during the year which were not listed on t	ho prior				
2	Form 990 or 990-EZ?	ne prior		<b>v</b>	<b>6</b>	
			· Ц	Yes	X	No
_	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 servi	ces?		Yes	X	No
_	If 'Yes,' describe these changes on Schedule O.					
4	Describe the exempt purpose achievements for each of the organization's three largest program services I and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	y expens	es. Sec	tion 50	)1(c)(	3)
	expenses, and revenue, if any, for each program service reported.	anocation	s to our	215, UI	e ioia	•
4 a	(Code:) (Expenses \$ 378,276. including grants of \$ 34,399.) (I					0.)
	In accomplishing the primary exempt purpose of this ministry, th	e Gosp	el_oi	_Je	sus .	
	Christ was presented at 34 churches and various Bible schools an	d univ	ersit	ies		
	throughout the United States and in Greece as well as several co	untrie	s in			
	Asia including the Republic of Korea, Singapore, Hong Kong, and Indone			ach i	ncl	uded
	participation in conferences, seminars, and leadership meetings					
	- conformed in Indonesia Feb 2000					
	- youth conference in Indonesia with over 1000 attendees, Mar. 2					
	- conference in Hong Kong, May 2009				. — — -	
	See Form 990, Page 2, Part III, Line 4a (continued)					
41	(Code ) (Expenses \$ 184,670. including grants of \$ 10,069.) (Fig. 184,670. including grants of \$ 10,069.)	Revenue	\$			0.)
	Campus ministry focused greatly on Harvard and the Boston area.			10		<u> </u>
	pastor, Brian Lahoue, served with WMI through August to minister		7	. <u>.                                   </u>		
	Boston. Activities involving students included a 3-day conferen	ce in	Poarc	n		<del>-</del>
	during March.					
					. – – -	
40	: (Code) (Expenses \$ including grants of \$) (Fig. 2)	Revenue	\$			)
					. <b></b> .	
			<del>-</del>			
					. – – .	
						<del>-</del>
40	Other program services. (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$					
4e	Total program service expenses ► 562, 946.					

Form 990 (2009) Bob & Rose Weiner Ministries, Inc.

Partive 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
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		<u>x</u> _
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		X
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		х_
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	х	
•	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	3	,	
•	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?  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	14a 14b	x	<u> </u>
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		
	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		x
	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		<u>x</u>
	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		x
	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		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	_	X

Form 990 (2009) Bob & Rose Weiner Ministries, Inc.

Part IV Checklist of Required Schedules (continued)

		1 .	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
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		х
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? <i>If 'Yes,' complete Schedule J</i> .	23	X	
24	a 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, and 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		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
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		х
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		х
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_	х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
		C	000	2000

Form **990** (2009)

Yes No

Form 990 (2009) Bob & Rose Weiner Ministries, Inc. 59-3022470 Statements Regarding Other IRS Filings and Tax Compliance 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable

				_	_	
1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming		1 c		
2	a 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	5			
21	o If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?		2Ь	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retur	n (see instructions)	Ĩ			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by		3a	-	x
- 1	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3ь		
4:	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?		4a		х
ı	olf 'Yes,' enter the name of the foreign country:	·	Ì			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	oreign Bank and				
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year? .	.[	5 a		Х
ı	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?		5 b		Х
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti- Tax Shelter Transaction?	ty Regarding Prohibited		5 c		
6:	Does the organization have annual gross receipts that are normally greater than \$100,000, an	d did the organization		$\neg$		
	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?		-	6a		x
•	If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	tributions or gifts were not	-	6Ь		1
7	Organizations that may receive deductible contributions under section 170(c).		i			
	• • • • • • • • • • • • • • • • • • • •					
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and pai provided to the payor?	rtly for goods and services	_	7a		Х
t	of Yes, did the organization notify the donor of the value of the goods or services provided?		Г	7b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file		7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year .	7d				
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums benefit contract?	s on a personal		7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		L	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as red		L	7g		
ŀ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the ve excess business		8		
9	Sponsoring organizations maintaining donor advised funds.			اخ		
	Did the organization make any taxable distributions under section 4966?		-	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?		┢	9b		
	Section 501(c)(7) organizations. Enter	•				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	· I				
	Gross income from other members or shareholders	11 a				
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116				
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I	<del> </del>	<b>ऻ</b> ॱ	12a		

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

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.

1 a 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 employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organizations assets? 5 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?  9 Is there any officer, director or 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  10 Does the organization have local chapters, branches, or affiliates? bif Yes, does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11 Abas the organization have a written conflict of interest policy? If No, go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict?  10 Does the organization have a written orbinity of interest policy? If No, go to line 13 b Are officers of key employees of the organization of the deliberation and decision?  11 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12 Does the organization have a written orbinity of interest policy? If No, go to line 13 b Ones t	<u> </u>	tion A.	Governing	Body and Mai	nagement							
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.  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?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  8 but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  9 is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body is the reached at the governing body?  9 is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body?  9 is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body?  10 a Does the organization have local chapters, branches, or affiliates?  110 because the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11 A becarbe in Schedule O the process, if any, used by the organization to revew this Form 990.								1 1 -			Yes	No
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BAA

Form 990 (2009)

## 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 organizations'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 employees.'
- 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	t compens	ate ar	ту с	urre	nt o	fficer,	dıre	ctor, or trustee.		
	(A)	(B)				c)			(D)	(E)	(F)
	Name and Title	Average hours		_	_	_	that app	• •	Reportable compensation from	Reportable	Estimated amount of other
		per week	adividual frustee or director	institutional forstee	Officer	key employee	Hig) est compensated employee	रक्तास	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	obert T. Weiner, Jr. irector/President	40.00	x		x	x	x		139,562.	0.	88,117.
R	ose Weiner irector/Vice-Pres	40.00			X				8,030.	0.	8,412.
D	herrie Jarnutowski irector/Secretary/Treas	1.00	х		х				0.	0.	0.
D	ick Sorenson irector	1.00	х						0.	0.	0.
D	ick Pappas irector	1.00	х						0.	0.	0.
	erry Millinder irector	1.00	Х						0.	0.	0.
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accompanies to the properties of the properties		1 ' '	D	h					(D)	(E)		(F)
1b Total.  1 Total   147,592,   0, 96,529,   2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation in large and the organization is a six by such person in lie 1a? If Yes, 'complete Schedule I for such individual or such individual   2 Total number of individual   1 Total number of individual   2 Total number of individual   3 Did the organization is a six be sum of reportable compensation and other compensation from the organization and related organizations of organizations of present than \$150,000 of 'the's complete Schedule I for such person   3 Did the organization of the organization of services   5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services   5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.   1 Total number of independent contractors (including but not limited to those listed above) who received more than \$200,000 of compensation.	Name and Title					ě			the organization	compensation from	n l amour	nt of other pensation
1b Total.  1 Total   147,592,   0, 96,529,   2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is an analysis of such individual in the companization is a such individual in the companization and related organization granulation granulation and related organization granulation and related organization granulation			dual t	utiona	¤	mplo	est cor	Ē		,	orga and	nization I related
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rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  N O N E  (B)  Compensation	4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com ),00(	pen: )? <i>If</i>	satio 'Ye	on a s' c	and o omp	othei lete	r compensation fro Schedule J for su	om ch		G-14-12
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  NONE  (B)  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Schi	mpensa edule J	ation for s	fror	n ar pers	ny u s <i>on</i>	ınrel	ated	organization for s	services		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  N O N E  2 Total number of independent contractors (including but not limited to those listed above) who received more than												
(A) Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than	Complete this table for your five highest compensate compensation from the organization.	d indep	ende	ent c	onti	act	ors t	hat	received more tha	n \$100,000 of		
NONE  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than	(A) Name and business addres	s							(B)	) of Services	(C Comper	) nsation
						_						
	•		ımıte	ed to	tho	se	liste	d ab	ove) who received	more than		

Pa	rt 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
SS	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
200	c Fundraising events . 1c				}
Ĕ,	d Related organizations . 1 d				
S,S	e Government grants (contributions) 1 e				į
5 2	£ All allers and the desired and				
늞	f All other contributions, gifts, grants, and similar amounts not included above 1f 593, 190.			•	
E O	g Noncash contribus included in lns 1a-1f. \$ 475.				ļ
Š₹	h Total. Add lines 1a-1f	593,190.			
Щ	Business Code	333,130.	<del></del> · ·		
EN	2a			·	
Ě	b			- <del></del> -	<u> </u>
S	c			<del></del>	
₹.	ှ		<del>-</del>		
S	<u> </u>				
¥	e			<del></del>	
õ	f All other program service revenue		<del></del>		
			<del></del>		
	3 Investment income (including dividends, interest and	2 506	0.	0.	3 506
	other similar amounts)	3,596.		<u></u>	3,596.
	4 Income from investment of tax-exempt bond proceeds			<del></del> .	
	5 Royalties			<del></del>	<u></u>
	(i) Real (ii) Personal	1			
	6a Gross Rents	[			
	b Less rental expenses .				
	c Rental income or (loss)			<del></del>	
	d Net rental income or (loss) .		<del> </del>	·	
	7a Gross amount from sales of (i) Securities (ii) Other		٠		,
	assets other than inventory 680.				
	<b>b</b> Less. cost or other basis				
	and sales expenses 2,441.				
	c Gain or (loss)				
	d Net gain or (loss)	-1,761.	-1,761.	0.	0.
4UE	8a Gross income from fundraising events (not including \$				
Ş	of contributions reported on line 1c)				
~	See Part IV, line 18 . a				
OTHER REVEN	<b>b</b> Less: direct expenses <b>b</b>				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 . a				
	b Less: direct expenses b				L
	c Net income or (loss) from gaming activities				
					-
	10a Gross sales of inventory, less returns and allowances a				
	<b>b</b> Less cost of goods sold <b>b</b>	1			
	c Net income or (loss) from sales of inventory			· · · · · · · · · · · · · · · · · · ·	
	Miscellaneous Revenue Business Code			···········	
	11a				
	ь				
	<del>_</del>			· · · · · · · · · · · · · · · · · · ·	
	d All other revenue				
				-	
	e Totali Add Illies Tra-Tra	595,025.	-1,761.	0.	3,596.
	12 Total revenue. See instructions	333,023.	-1,101.		<u> </u>

#### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 42,415. 42,415 Grants and other assistance to individuals in the U.S. See Part IV, line 22 1,464 1,464 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 589 589 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees . 260,007 260,007 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) . . 86,080 81,897 4,183 0. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... 45,125 Other employee benefits 45,125 0. 0. 10 Payroll taxes 2,123. 1,803 320 0. 11 Fees for services (non-employees) a Management **b** Legal 13,145 0 13,145 0. c Accounting d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees **g** Other 9,425 9,425 0. 0. 0. 12 Advertising and promotion 680. 680 0. 10,908. 137. 23,874. 12,829 Office expenses Information technology 6,798. 2,638 2,833. 1,327. Royalties 0. 56,101. 47,144 8,957 Occupancy

23 Insurance 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.)				
a Books/Subscriptions/Tapes	1,032.	1,032.	0.	0.
b Contract Svc-Other	1,380.	1,380.	0.	0.
c Gifts-Professional	1,100.	1,100.	0.	0.
d Memberships/licenses	906.	881.	25.	0.
e Supplies - other	3,153.	3,153.	0.	0.
f All other expenses	1,118.	625.	493.	0.
25 Total functional expenses. Add lines 1 through 24f .	616,449.	562,946.	52,039.	1,464.
26 Joint costs. Check here ► if following SOP 98-2. Complete this line only if the				

41,231.

2,724.

7,305

8,674

41,115

2,724

4,920

0.

BAA

13

15

17

19

21

Travel ...

Interest

public officials

Payments to affiliates

Payments of travel or entertainment expenses for any federal, state, or local

Conferences, conventions, and meetings

Depreciation, depletion, and amortization

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2009)

0.

0.

0.

0.

116.

0.

7,305.

3,754

BAA

Form 990 (2009)

		•	(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash – non-interest-bearing	. 24,334.	1	14,028.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,908.	4	4,353.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	822.	5	
	6	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		6	
A S E	7	Notes and loans receivable, net .	82,747.	7	80,630.
Ě	8	Inventories for sale or use .		8	
Ś	9	Prepaid expenses and deferred charges .	0.	9	
	10 a	Land, buildings, and equipment: cost or other basis 10a 71,103	<u>3 .                                     </u>		
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation . [10b] 60, 863	21,080.	10 c	10,240.
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	138,943.	15	138,361.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	271,834.	16	247,612.
	17	Accounts payable and accrued expenses	49,109.	17	24,395.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ĭ	20	Tax-exempt bond liabilities .		20	
ĝ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II		00	
E S		of Schedule L	•	22	
5	23	Secured mortgages and notes payable to unrelated third parties .	111 070	23	122 704
	24	Unsecured notes and loans payable to unrelated third parties .	111,870.	24 25	133,784.
	25 26	Other liabilities. Complete Part X of Schedule D	160 070	26	150 170
	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ► X and complete lines	160,979.	20	158 <b>,</b> 179.
N E T		27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	94,103.	27	84,433.
4WWEI	28	Temporarily restricted net assets	16,752.	28	5,000.
Ī	29	Permanently restricted net assets	10,732.	29	3,000.
Q R		Organizations that do not follow SFAS 117, check here ▶ □ and complete	·		
		lines 30 through 34.			
סבכיי	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BAL	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ñ	33	Total net assets or fund balances.	110,855.	33	89,433.
Ē	34	Total liabilities and net assets/fund balances	271,834.	34	247,612.

TEEA0111 01/30/10

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other ۲. If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . 2a **b** Were the organization's financial statements audited by an independent accountant? 2b c 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? 2 c If the organization changed either its oversight process or selection process during the tax year, explain ın 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 3a 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? ... За X 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

ВАА

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)

OMB No. 1545-0047

eliby of rego all repeation

Department of the Treasury Internal Revenue Service

Total

nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Bob & Rose Weiner Ministries, Inc. 59-3022470 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Х 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type III - Functionally integrated Type III - Other a | Type I Type II d | \_ \_ 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? <u>11 g (i)</u> a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the organization in col (I) organized in the US? (i) Name of Supported Organization (ii) EIN (vii) Amount of Support your support? governing document? (see Instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200					59-3022470	Page 2
Par	t II Support Schedule for (Complete only if you checke	-			(D)(1)(A)(IV) an	а ти(в)(т)(А)(ч	<b>'1)</b>
Sec	tion A. Public Support	the beat off the	<u>0, , , or 0 or r arc</u>	.,			<del></del>
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<del></del>			<del>                                     </del>	<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	r fifth tax year as a	a section 501(c)(3)	. ▶□
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	• •	•	e 11, column (f)		. 14	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14	• •	•	15	%_
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, check	this box
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported org	on line 13, or 16a, ganization .	and line 15 is 33	-1/3% or more, chec	k this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization i	est — <b>2009</b> If the omeets the 'facts-a	rganization did no nd-circumstances	ot check a box on test, check this b	line 13, 16a, or 16 oox and <b>stop here</b> .	5b, and line 14 is 10 Explain in Part IV l	% now

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

Schedule A (Form 990 or 990 EZ) 2009 Bob & Rose Weiner Ministries, Inc.

Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Soci	tion A. Public Support	ked the box on line	e 9 of Part 1)		-			
	<del></del>	(a) 200E	(h) 2006	(*) 2007	(4) 2000	(6) 200	, –	(O Tatal
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 200	<del>'</del>	(f) Total
	Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants ')	667,597.	757,780.	643,921.	636,324.	593,1	90.	3,298,812.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	2 422			526		•	2 000
3	purpose Gross receipts from activities that are not an unrelated trade or business	2,482.			526.	<del></del>	0.	3,008.
	under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					·		
5	The value of services or facilities furnished by a governmental unit to the organization without charge		·					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	670,079.	757,780.	643,921.	636,850.	593,1	90.	3,301,820.
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							
c	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)							3,301,820.
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) 200	•	(f) Total
9	Amounts from line 6	670,079.	757,780.	643,921.	636,850.	593,1	90.	3,301,820.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.			5.	3 =	96.	3,601.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.						
c	Add lines 10a and 10b	0.			5.	3,5	96.	3,601.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on .							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	54.	310.	2.	888.			1,254.
13	Total support. (add ins 9, 10c, 11, and 12.)							3,306,675.
14	First five years. If the Form 990 organization, check this box and	s for the organizat	tion's first, second	, third, fourth, or	fifth tax year as a	section 50	(c)(3	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 200			13, column (f))			15	99.85%
	Public support percentage from 2				_ •		16	99.96%
	tion D. Computation of Inv			· · · · ·				
	Investment income percentage for				nn (f)) .		17	0.11%
18	Investment income percentage fr						18	0.00%
19 a	33-1/3 support tests - 2009. If the more than 33-1/3%, check this be	ne organization did ox and stop here.	I not check the box The organization of	c on line 14, and qualifies as a pub	iliciy supported org	anization .		· · · · •
	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization did this box and <b>stop</b>	not check a box on the here. The organiz	on line 14 or 19a, ation qualifies as	, and line 16 is mo a publicly support	re than 33- ed organiza	tion	and line 18
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	, 19a, or 19b, ch	eck this box and se	ee instruction	ns .	<u> </u>

Schedule A (Form 990 or 990-EZ) 2009 Bob & Rose Weiner Ministries, Inc. 59-3022470 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Other Income Part III, Line 12
Description: Wrote off stale dated checks
2006: 300.
2008: 750.
Description: Miscellaneous
2006: 10.
Description: Other income
2005: 54.
2007: 2.
2008: 138.

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ➤ See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Bob	& Rose Weiner Ministries, I	nc.		5	9-3022470	
	Organizations Maintaining Dono		er Similar Funds			- ıf
	the organization answered 'Yes' t	o Form 990, Part IV, lin	e 6.	01 710001	anto compiet	<b>-</b> 11
	<del></del>	(a) Donor advised		<b>(b)</b> Fu	nds and other acc	counts
1	Total number at end of year	(2)		\_/.		
2	Aggregate contributions to (during year)					<u> </u>
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
_	,					<del></del>
5	Did the organization inform all donors and don funds are the organization's property, subject to	or advisors in writing that the to the organization's exclusive	assets held in donor a legal control?	advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or done	ig that grant funds ma or advisor or for any c	ay be other	∏Yes	□No
Dar	Conservation Easements Comple		aswared 'Ves' to	 Form 990		
	<del></del>			01111 990	, raitiv, iiile	
•	Purpose(s) of conservation easements held by	- · ·				
	Preservation of land for public use (e.g., re	screation or pleasure)	Preservation of ar			area
	Protection of natural habitat		Preservation of ce	erunea nista	oric structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservatio	n contribution in the to		<del></del>	
	<b>-</b>				Held at the End o	t the Year
	Total number of conservation easements			2a	·	
	Total acreage restricted by conservation easer			2b	· · · · · · · · · · · · · · · · · · ·	
	Number of conservation easements on a certif		ın (a)	2c		
	Number of conservation easements included in		Į.	2d	-	
3	Number of conservation easements modified,	ransferred, released, extingui	shed, or terminated by	the organi	zation during the	tax
	year ►					
4	Number of states where property subject to con	nservation easement is located	ı ►			
5	Does the organization have a written policy requand enforcement of the conservation easement	garding the periodic monitoring	j, inspection, handling	g of violation	ns, Yes	☐ No
	Staff and volunteer hours devoted to monitoring during the year ▶			ts		_
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conse	rvation easements	\$		
8	Does each conservation easement reported or	Ine 2(d) above satisfy the re	quirements of section		Yes	□No
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	••	• •		🗀	
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial s	n its revenue and exp tatements that describ	ense stater bes the org	ment, and balanc anization's accou	e sheet, and nting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Ot ), Part IV, line 8.	ther Simi	lar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or res	earch in furtherance o	nd balance of public se	sheet works of a rvice, provide, in	rt, historical Part XIV,
ŧ	o If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	SFAS 116, to report in its revice exhibition, education, or res	enue statement and b earch in furtherance (	alance she of public se	rvice, provide the	following
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$ ►\$	
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$	
2	If the organization received or held works of an amounts required to be reported under SFAS	t, historical treasures, or othe 116 relating to these items.	r sımılar assets for fın	ancıal gaın	, provide the follo	wing
á	Revenues included in Form 990, Part VIII, line	<del>-</del>			<b>►</b> \$	
	Assets included in Form 990, Part X				. <b>-</b> \$	
•		·			· — —	

Para III Organizations Mainta					r Other Similar Ass	
3 Using the organization's acquisition items (check all that apply)						
a Public exhibition			d Loan	or exchange programs		
<b>b</b> Scholarly research			e Other	- · · -		
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.		ections	and explain how	they further the organiz	zation's exempt purpose	ın
5 During the year, did the organizate assets to be sold to raise funds ra						Yes No
Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	<b>nents</b> m 990	Complete if o , Part X, line	organization answe 21.	red 'Yes' to Form 9	90, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or oth	er intermediary	for contributions or other	er assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV aı	nd comp	plete the followin	g table <sup>.</sup>	<u> </u>	Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year			•	•	1e	
f Ending balance			••	•	16	
2a Did the organization include an a	mount on For	m 990 l	Part X line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement		550,	, art 71, 11110 21	•	•	
Party Endowment Funds Co		rganiz	ation answer	ed 'Yes' to Form 9	90 Part IV line 10	
	(a) Current		(b) Prior year			(e) Four years back
1 a Beginning of year balance	(a) carrent	you.	(b) The year	(c) Two years bac	(d) Three years back	(c) Tour years blok
<b>b</b> Contributions						
					— <del>}</del> -	
c Net Investment earnings, gains, and losses	<del></del> _					
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses .						<u> </u>
<b>g</b> End of year balance .					<u></u>	UL
2 Provide the estimated percentage	of the year e	nd bala	nce held as:			
a Board designated or quasi-endow	ment 🟲		₩			
<b>b</b> Permanent endowment ►						
c Term endowment ►						
3a Are there endowment funds not in organization by:	n the possess	ion of th	ne organization t	hat are held and admin	stered for the	Yes No
(i) unrelated organizations				• •		3a(i)
(ii) related organizations						3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations l	sted as	required on Sch	nedule R? .		3b
4 Describe in Part XIV the intended	uses of the	rganiza	ition's endowmei	nt funds		
Part VI Investments-Land, B	uildings, a	nd Eq	uipment. See	e Form 990, Part X	, line 10.	
Description of investment			it or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
<b>1 a</b> Land						
<b>b</b> Buildings .						
c Leasehold improvements						
<b>d</b> Equipment				71,103.	60,863.	10,240.
e Other						
Total. Add lines 1a through 1e (Column	n (d) must equ	ıal Forn	990, Part X, co	lumn (B), line 10(c).)	<u> </u>	10,240.
BAA			<del></del>		Sche	dule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 20	009 Bob & Rose Weiner	Ministries, In	nc.	59-3022	470 Page 3
	nts-Other Securities See Fo	rm 990, Part X, Iin	ne 12.		
(a) Description (including	n of security or category g name of security)	(b) Book value	(c) Me Cost or end	thod of valuation	n t value
Closely-field equity intere	ests				<u>'</u>
Other					
				<del>.</del>	
					· ,
					<u></u>
	Form 990 Part X, col (B) line 12.)				
<del></del>	nts-Program Related (See F		,		
(a) Descripti	ion of investment type	(b) Book value	(c) Me	thod of valuation	n Augus
			Cost or end	l-of-year marke	t value
<del> </del>			· · · · · · · · · · · · · · · · · · ·		
				<del></del>	
				<u> </u>	
				<del> </del>	
	Form 990, Part X, Col (B) line 13.)	line 15)			
Part IX Other Ass	ets (See Form 990, Part X,				(h) Pook volue
Cash value of 1		scription		<u> </u>	(b) Book value 138, 361.
Cash value of 1	Tre insurance				130,301.
<del> </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
			<del></del>	<del></del>	
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<del> </del>	<del></del>			<del></del>	
Total (Column (b) must	equal Form 990, Part X, col (B), lir			<b>-</b>	138,361.
	bilities (See Form 990, Part		·		130/3011
	escription of Liability	(b) Amount		-	
Federal Income Taxes	escription of Clability	(b) Amount			
rederal income raxes	· · · · · · · · · · · · · · · · ·				
	<del>-</del>				
		<del>-  </del>			
			<del> </del>		
		<del></del>	$\dashv$		
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			$\overline{}$		
Tabal (Caluma (b) and accord	Form 990. Part X. col. (B) line 25)		<del></del>		
	Form 990, Part X, col. (B) line 25)	ote to the organization's	s financial statements that	reports the org	anızatıon's liability

		-3022	2470	Page 4
	t XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<del></del>	<del></del>	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	· · }		
2	Total expenses (Form 990, Part IX, column (A), line 25)	-		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<u> </u>		
4	Net unrealized gains (losses) on investments	·  -		
5	Donated services and use of facilities	- 1		
6	Investment expenses	<b>⊢</b>		
7	Prior period adjustments	<u> </u>		
8	Other (Describe in Part XIV)	·		
9	Total adjustments (net) Add lines 4 through 8	· L		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn		
1	Total revenue, gains, and other support per audited financial statements	11		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
ä	Net unrealized gains on investments 2a			
١	Donated services and use of facilities 2b			
•	Recoveries of prior year grants	香製		
(	Other (Describe in Part XIV)	Sales .		
(	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Atty St		
	Investments expenses not included on Form 990, Part VIII, line 7b .	13.5		
ı	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n	
1	Total expenses and losses per audited financial statements .	11		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1300		
	Donated services and use of facilities 2a			
	Prior year adjustments	2±34.0		
	Other losses 2c	1.3		
	I Other (Describe in Part XIV)	(2° gr.)		
	e Add lines 2a through 2d	20		
٠,	Subtract line 2e from line 1	2e 3		
3		-12 <sup>1</sup> -3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investments expenses not included on Form 990, Part VIII, line 7b	15.21		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		——
Pa	t XIV   Supplemental Information			
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part mation			
				·

Schedule D (Form 990) 2009 Bob & Rose Weiner Ministries, Inc.    Part XIV   Supplemental Information (continued)	59-3022470	Page 5
Part XIV   Supplemental Information (continued)		
•		
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	<del></del>	
		- <b>-</b>
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		<b></b>

## Schedule F (Form 990)

Totals

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2009

oliches en mage

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990. ► See separate instructions.

Name of the organization				Employer Identif	ication number
Bob & Rose Weiner Mi		Tna		59-30224	
Partil General Informati to Form 990, Part	ion on Activiti	es Outside th	e United States. Complet		
1 For grantmakers. Does the	organization mair	ntain records to see, and the select	ubstantiate the amount of the g	rants or assistance, the rants or assistance?	Yes X No
2 For grantmakers. Describe	in Part IV the org	anızatıon's proced	dures for monitoring the use of	grant funds outside the	United States.
3 Activities per Region. (Use	Schedule F-1 (For	m 990) if addition	nal space is needed)		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
East Asia and Pacific	0	0	Program Services	Preaching Gospel	15,143.
Europe	0	0	Program Services	Preaching Gospel	1,769.
North America	0	0	Program Services	Preaching Gospel	1,600.
		_			
		-			-

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

Schedule F (Form 990) (2009)

18,512.

Schedule F (Form 990) 2009 Bob & Rose Weiner Ministries, Inc.

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

(i) Method of valuation (book, FMV, appraisal, other)									
(h) Description of non-cash assistance									r for which the
(g) Amount of non-cash assistance									cempt by the IRS, or
(f) Manner of cash disbursement									cognized as tax-ex
(e) Amount of cash grant									foreign country, re
(d) Purpose of grant								-	charities by the
(c) Region									t are recognized as ncy letter
(b) IRS code section and EIN (if applicable)									stions fisted above that on 501(c)(3) equivale
1 (a) Name of organization									Z 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

Schedule F (Form 990) 2009

Page 3 (h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, If additional space is needed. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Bob & Rose Weiner Ministries, Inc. (c) Number of recipients (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2009 BAA

TEEA3503 07/06/09

Schedule F (Form 990) 2009 Bob & Rose Weiner Ministries,	Inc.	59-3022470	Page 4
Supplemental Information	2 and any additional informat		
Complete this part to provide the information required in Part I, line	z, and any additional informat	ion.	
Pt I Line 2 Foreign grants are less than	<u>\$700.</u>		
<del>-</del>			
	<b></b>		
<del></del>			
			<b></b> .
<b></b>			
		<b></b>	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Complete if the organization are a Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

× % X (h) Purpose of grant or assistance Parill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form ☐ Yes 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 59-3022470 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) : (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Bob & Rose Weiner Ministries, Inc. Ra就回 General Information on Grants and Assistance (e) Rose Weiner Ministries, 3 Enter total number of other organizations 1 (a) Name and address of organization or government 1111111111 Name of the organization 

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The organization does not have a procedure for monitoring grant funds. \_\_ (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Bob & Rose Weiner Ministries, (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I Line\_2\_

₩ W

Schedule 1 (Form 990) 2009

## SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047 2009

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Bob & Rose Weiner Ministries, Inc.

Employer identification number

59-3022470

Pa	Questions Regarding Compensation					
					Yes	No
1 a	Check the appropriate box(es) if the organization provided an VII, Section A, line 1a Complete Part III to provide any relevant	ny of ant	f the following to or for a person listed in Form 990, Part information regarding these items			
	First-class or charter travel	X	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Г	Health or social club dues or initiation fees		•	
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
1	If any of the boxes on line 1a are checked, did the organization	on f	ollow a written policy regarding nayment or			
•	reimbursement or provision of all of the expenses described a	abov	ve? If 'No,' complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursin trustees, and the CEO/Executive Director, regarding the items	ng o s ch	r allowing expenses incurred by all officers, directors, ecked in line 1a?	2	х	
3	Indicate which, if any, of the following the organization uses t CEO/Executive Director. Check all that apply.	to es	stablish the compensation of the organization's			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	X	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, sor a related organization:	Sect	tion A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	?		4a		Х
b	Participate in, or receive payment from, a supplemental nonc	quali	fied retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based com	pen	sation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	appl	icable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must com-	nple	te lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:	did t	he organization pay or accrue any compensation			
a	The organization?		•	<u>5a</u>		X
t	Any related organization?		•	5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:	did t	he organization pay or accrue any compensation			
a	The organization?			6a		X
Ł	Any related organization?			. 6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.					
7	For person listed in Form 990, Part VII, Section A, line 1a, didescribed in lines 5 and 6? If 'Yes,' describe in Part III	d th	e organization provide any non-fixed payments not	7		х
8	Were any amounts reported in Form 990, Part VII, paid or ac contract exception described in Regs. section 53.4958-4(a)(3			8		<u>x</u>
9	If 'Yes' to line 8, did the organization also follow the rebuttable	le pi		9		

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009 Bob & Rose Weiner Ministries, Inc.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	Cimphicos (a)	Cotronomo Of M 2 and for 1000 MISC amobalcord	Componention				
<b>(A)</b> Name	(i) Base compensation	(ii) Bonus and incentive	(iii) Other reportable compensation	other deferred compensation	benefits	(E) (O)-(D) (B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Θ	134,248.	0	ᄪ	0	88,117.		244,048.
Robert T. Weiner, Jr. (ii)		00	0	0		0	0.
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(0)							
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(3)	0						
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8	)						
6		         		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	
ВАА			TEEA4102 02/0	02/02/10		Sched	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990.

Name of the organization		Employer identification number
Bob & Rose Weiner	Ministries, Inc.	59-3022470
Pt_VI-B, Line 11A	The IRS 990 is reviewed and signed by the organ	ization's
	president, Bob Weiner, Jr. The organization's	directors are
	provided a copy of the 990 for review prior to	filing.
Pt VI-C, Line 19	The organization does not make available to the	public its
	governing documents nor its financial statement	s. The
	organization does not have a conflict of intere	st_policy.
		<del></del>
	·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545-0047

Open to Public

Employer identification number

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 59-3022470 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section **(D)** Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Bob & Rose Weiner Ministries, Inc. Part II

TEEA5001 02/05/10

Page 2.

Schedule R (Form 990) 2009 Bob & Rose Weiner Ministries, Inc.

**Parish Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tay year.) 59-3022470

The decause it had one or more related organizations treated as a partnership during the tax year.)  The decause it had one or more related organization (G)  The decause it had one or more related organization (G)  The decause it had one or more related (G)  The decause it had organization (G)  The decause it had organization (G)  The decause of end-of-year organization (G)  The	
(G) (H) Code V-UBI ansets allocations? Yes No (Form 1065)	
(G) (H) Disproporationate assets allocations?  Yes No	
(G) (H) Disproporationate assets allocations?  Yes No	
(G) (H) Disproporationate assets allocations?  Yes No	
lare of end-of-yea assets	
lare of end-of-yea assets	
Wear.) (G) Share of end-of-years assets	
year.) (G) me Share of end assets	
year.)	
year.	
to t	
Share of total income	
OLUMN PROCES	·
nant mant salated salated wider 12-514	
a pa (E) (E) (E) (E) (E) (E) (E) (E)	
(E) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	
nti ty	
Ons to	
Contro	
(C) (D) Legal Direct domicile controlling entity (state or foreign country)	
CCOUNTY (State foreign foreign)	
ν κττ. Σία της του	
( <b>9</b> )	
(B) Primary Activity	
	<del>                                      </del>
Name, address, and EIN of related organization	     
Ss, and Ss, an	1 1
address address address and the control of the cont	
ame, same, same	
ž	

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		poration or Tr treated as a co	<b>'ust</b> (Complete or propertion or tri	of the organizate during the	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, itions treated as a corporation or trust during the tax year.)	is' to Form 990, Pa	rt IV,
(A) Name, address, and ElN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	Legal domicile Direct Type of entity (S corp, S corp, country)	Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership
Maranatha Publications 59-3012831							
P. O. Box 1799	Publishing	<u>بر</u> عا		<b></b>			

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

BAA

Page 3

59-3022470

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		λ.	Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		0	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<u>1a</u>	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b	×
c Giff. grant. or capital contribution from other organization(s)		10	×
d Loans or loan quarantees to or for other organization(s)		PL	×
		-	>
e Loans of loan guarantees by other organization(s) .		<b>2</b>	4
f Sale of assets to other organization(s)		-	×
		1 a	×
h Exchange of assets		-	×
i Lease of facilities equinoment or other assets to other organization(s)		=	×
יייי ייייין פון מעודונים, פון מעודונים, פון מעודים משפים ופין פון פון פון פון פון פון פון פון פון פו			
i Lease of facilities, equipment, or other assets from other organization(s)		-	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>-</u>	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets	٠	E -	×
n Sharing of paid employees		_	×
o Reimbursement paid to other organization for expenses		10	×
- December and her after accompanies for Automotion		1	<u></u>
<b>p</b> Keimbürsement pald by other organization for expenses		_	e
a Other transfer of cash or property to other organization(s)	•	19	×
r Other transfer of cash or property from other organization(s).		-	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nd transaction threshold	Js.	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	olved
(2)			
(4)			
(5)			
(9)			
<b>BAA</b> TEEA5003 02/05/10	Schedu	Schedule R (Form 990) (2009)	(2003)

Schedule R (Form 990) 2009 Bob & Rose Weiner Ministries, Inc.

[Barxwin] Unrelated Organizations Taxable as a Partnership (Complete If the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity  Prime	(B)  It is a ctivity  (State or foreign Sect Country)  (State or foreign Sect Solice Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	) al or iging ier?
		Yes No		Yes No		Yes	٩ ٧
111111111111111111111111111111111111							
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**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

Attachment 67

Department of the Treasury Internal Revenue Service (99)	► See s	eparate instructions.	► Attach to you	ır tax return.			Attachment Sequence No 67			
Name(s) shown on return	•		Identifying number							
Bob & Rose Weiner M		Inc.				59-3022470				
Business or activity to which this form rela-										
Form 990 / Form 9901		· · · · · · · · · · · · · · · · · · ·								
Part I Election To Exp Note: If you have an	ense Certain f  y listed property,	Property Under Secomplete Part V before	<b>ction 179</b> you complete Par	t I.						
1 Maximum amount See the		<del></del>				1	\$250,000.			
2 Total cost of section 179 p	roperty placed in s	ervice (see instructions	<b>(</b> )	•		2				
3 Threshold cost of section 1	79 property before	reduction in limitation	(see instructions)			3	\$800,000.			
4 Reduction in limitation. Sul	otract line 3 from I	ine 2. If zero or less, er	nter-0			4				
5 Dollar limitation for tax yea separately, see instructions	ir. Subtract line 4 f s	from line 1. If zero or le	ss, enter -0 If ma	arried filing		5				
<del></del>	Description of property		(b) Cost (business	use only)	(c) Elected cos	it				
·		<del> </del>	<u>.</u>							
			1	<del></del>						
7 Listed property Enter the a				7	. —					
8 Total elected cost of section		•	c), lines 6 and 7.			8	<del></del>			
	Tentative deduction Enter the smaller of line 5 or line 8									
•	yover of disallowed deduction from line 13 of your 2008 Form 4562									
12 Section 179 expense dedu		•	•	•	<i></i>	11				
13 Carryover of disallowed de										
Note: Do not use Part II or Part										
Part II Special Depreci	ation Allowan	ce and Other Depr	eciation (Do no	t include liste	d property.)	(See ı	nstructions.)			
	4 Special depreciation allowance for qualified property (other than listed property) placed in service during the									
tax year (see instructions)  15 Property subject to section	169(f)(1) election	• •		• • •		15				
16 Other depreciation (including						16	1,455.			
		nclude listed property.)	(See instructions)	,	· · · · · · · · · · · · · · · · · · ·		27.3001			
Turtin   Inverto Bepret	Mation (Do not ii	Section Sectio								
17 MACRS deductions for ass	ets placed in servi					17	4,091.			
18 If you are electing to group		d in service during the t	ax year into one o	or more gene	ral ► X					
asset accounts, check here		in Service During 2009	Tay Year Using the	he General D		System	m			
(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	<u> </u>	(q) Depreciation			
Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention	Method		deduction			
19a 3-year property					ļ <u></u>					
<b>b</b> 5-year property	1				<b>.</b>					
c 7-year property .	_									
d 10-year property										
e 15-year property .	4				ļ					
f 20-year property	1	<u> </u>	25 yrs		S/L					
g 25-year property .	<del> </del>									
h Residential rental			<del></del>							
property	<del> </del>		27.5 yrs	MM	S/L					
i Nonresidential real			39 yrs	MM	S/L		<del> </del>			
property	A	Combo Design 0000 7	 	MM	S/L		l			
	- Assets Placed in	Service During 2009 1	ax rear Using the	Aiternative			em			
20 a Class life	4	<del></del>	12	<del>                                     </del>	S/L		<del></del>			
<b>b</b> 12-year .	<del> </del>		12 yrs 40 yrs	MM	S/L					
C 40-year .			1 40 yrs	Lini	3/1	1	<u> </u>			
Part IV Summary (See II 21 Listed property. Enter amo					T	21	3,128.			
LISIEU PROPERTY. EIREI AIRC	AGENT HOLD HITE ZO	• •			L	=:				

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions

8,674.

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

		(a) through (c)		, all of Se	ction B,	and Sec	ction C i	f app	olicat	ole.							
		n A – Deprecia															
24	a Do you have eviden		<u> </u>	ent use clain	ned?		X Yes		No	24b If 'Y	es, is th	e evidence	written?	<u> </u>	Yes	No	
Т,	(a) /pe of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use percentage	Cos other	t or	(busin	(e) for deprecti ess/investi use only)	ation ment	F	(f) Recovery period	М	Convention di		(h) reciation duction	sec	(i) Elected section 179 cost	
25	Special deprec	iation allowance 50% in a quali	for qualified	listed pro	perty pla	ced in s	service	durın	g the	tax yea	ar and	25					
26	Property used r					UIIS)					<u> </u>		<u> </u>		}	<u></u>	
	nda Van	06/13/06			7,151.		27,1	51.		5.00	200	DB-HY	ЭВ-НҮ 3,128.				
	·-··											37120.					
27	Property used 5	in or loss up a	gualified but			<u> </u>			<u> </u>				<u></u>		<u>.</u>		
	r roperty used 5	10 % of less in a	qualified bus	siness use	<u>;                                    </u>	T	•		Г				<u> </u>				
											_						
		I															
		Add amounts in column (h), lines 25 through 27. Enter here an Add amounts in column (i), line 26. Enter here and on line 7, p				ne 21, p	age	1			28	Ĺ	3,128				
	Add amounts in	i column (i), line	26. Enter he		n line 7, j B – Info			<u>.</u>					•	29			
Com to yo	plete this section our employees, fi	n for vehicles us	ed by a sole questions in S	proprietor Section C	r, partner	, or oth	er 'more	thar	n 5%	owner, o compl	eting th	ated pers	on for th	ou provid	cles.		
30	Total business/investment miles driven during the year (do not include commuting miles)			ucle 1	' ו	cle 2	<u> </u>	Vehic	·	•	cle 4	,	cle 5	Vehicle 6			
31	Total commuting m																
32	Total other pers	sonal (noncomn	nuting) 														
33	Total miles driv lines 30 through		ear Add														
	ee ee ameagn ee		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No		
34	Was the vehicle during off-duty	hours?	•														
35	Was the vehicle than 5% owner	e used primarily or related perso	by a more			_											
36	Is another vehic personal use?		•										•		<u>.</u>	<u> </u>	
Ansv 5% d	wer these question	ons to determine	C — Question of if you meet nstructions)							-				o <b>are not</b>	more t	than	
37	Do you maintain	n a written polic	y statement t	hat prohib	oits all pe	ersonal	use of v	ehicl	es, II	ncluding	comm	uting,			Yes	No	
38	Do you maintair employees? See	a written polic	y statement t	hat prohib	oits perso	nal use	of vehic	cles,	exce	ept comi	muting,	by your					
39	Do you treat all						J, UII 60	.013,	J. 1	,, or 1110			•	Ì			
40	Do you provide vehicles, and re	more than five	vehicles to yo	our employ			rmation	from	ı you	r emplo	yees at	oout the	use of t	he			
41	Do you meet the Note: If your an	e requirements	concerning q	ualified au										-  -  -			
Pa				.5 .65, 1		picto		2 10			- +0///0		<del></del>				
		(a)		T	(b)		(c)			(d	)	T (	(e)		<b>(f)</b>		
	Desc	cription of costs		Date ar	mortization egins		Amortizab amount			Coo	ie .	Amortization Ar			nortization or this year		
42	Amortization of	costs that begin	ns during you	r 2009 tax	year (se	ee instri	uctions)	:									
			<del></del> -	1		-			+			<del> </del>					
42	Amortization	f costs that ha	n hefere	17 2000 4cc	v voor								42				
43		f costs that bega	-		•	oro to ro				•			43	<del> </del>			

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

the Lord returns and more than a billion worldwide come into the Kingdom. We desire to release faith, activate youth and those called to leadership, and to manifest the power and authority given by Jesus to us as disciples in every person who names Jesus Christ as Lord and Savior. We do this through reaching university campuses throughout the world and our nation as well as through leadership training congresses and seminars across the globe. We release every member as a minister and establish cell churches around the earth. We do this through the power of the Holy Spirit and a desire birthed in the heart of God.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

- participated in panel as part of missions conference in Greece that involved many leaders from all over the world, Oct. 2009

### **Supporting Statement of:**

Form 990 p 11/Line 5, column (A)

Description	Amount
Travel Advance - Bob	3.
Due to (from) Personal	819.
Total	822.