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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> 10/40 Connections, Inc.		<b>D Employer identification number</b> 62-1825230
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		2120 Northgate Park Lane 310		423-468-4871
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b> ▶
		Chattanooga, TN 37415-6953		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
**G Accounting Method**  Cash  Accrual  
 Other (specify) ▶

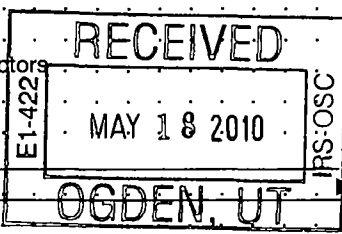
**I Website:** ▶ 1040connections.org  
**J Tax-exempt status** (check only one) –  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527  
**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 223640

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

		1	219641
Revenue	1 Contributions, gifts, grants, and similar amounts received	2	2500
	2 Program service revenue including government fees and contracts	3	
	3 Membership dues and assessments	4	721
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ See Statement 1)	8	778	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	223640	
Expenses	10 Grants and similar amounts paid (attach schedule) See Statement 6	10	84645
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	116240
	13 Professional fees and other payments to independent contractors	13	400
	14 Occupancy, rent, utilities, and maintenance	14	13119
	15 Printing, publications, postage, and shipping	15	3639
	16 Other expenses (describe ▶ See Statement 2)	16	40988
17 <b>Total expenses.</b> Add lines 10 through 16	17	259031	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(35391)	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	135590
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	100199



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

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	132466	22 97907
23	Land and buildings	1313	23 2154
24	Other assets (describe ▶ See Statement 3)	4016	24 2634
25	<b>Total assets</b>	137795	25 102695
26	<b>Total liabilities</b> (describe ▶ See Statement 4)	2205	26 2496
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	135590	27 100199

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ Tennessee		
42a	The organization's books are in care of ▶ 10/40 Connections, Inc. Telephone no. ▶ 423-468-4871 Located at ▶ 2120 Northgate Park Ln # 310 Chattanooga, TN ZIP + 4 ▶ 37415-6953		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: Question ID, Yes, No. Rows 46-49b with checkmarks in the No column.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1 contains 'NONE - N/A'.

f Total number of other employees paid over \$100,000 . . . . . 0

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE - N/A'.

d Total number of other independent contractors each receiving over \$100,000 . . . . . 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer (Jinna L. Neal), Date (10/24/2010), Type or print name and title (Jinna L. Neal Treasurer)

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no

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



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		<input type="checkbox"/>

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	144502	293236	280627	317630	219641	1255636
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					2500	2500
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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						
6 Total. Add lines 1 through 5	144502	293236	280627	317630	222141	1258136
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14900	15355	13887	17132	23820	85094
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	14900	15355	13887	17132	23820	85094
8 Public support (Subtract line 7c from line 6)						1173042

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	144502	293236	280627	317630	222141	1258136
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		43		1571	721	2335
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		43		1571	721	2335
11 Net income from unrelated business activities not included in line 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.)				120	778	898
13 Total support. (Add lines 9, 10c, 11, and 12)	144502	293279	280627	319321	223640	1261369

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

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	92.9975 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	94.1793 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.06 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.1426 %

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

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

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

**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.

**Part III, Line 12 - Other Income Detail**

Refund from vendor for returned merchandise - \$ 778

**10/40 Connections, Inc.**

**#62-1825230**

**Statement 1 - Other Revenue**

**990 EZ - Part I - Line 8**

**12/31/2009**

Refund from vendor for returned merchandise - \$778

**10/40 Connections, Inc.**  
**#62-1825230**  
**Statement 2 - Other Expenses**  
**990 EZ - Part I - Line 16**  
**12/31/2009**

Auto expenses	\$ 1,733
Board expenses	266
Conferences	1,918
Depreciation	1,412
Dues and subscriptions	20
Fees and licenses	2,670
Insurance	1,545
Internet	1,332
Meals and entertainment	774
Ministry supplies	4,587
Minor equipment	539
Miscellaneous	153
Office supplies	1,013
Staff development	1,057
Team expenses	5,881
Telephone	1,139
Travel and lodging	<u>14,949</u>
	<u>\$ 40,988</u>

10/40 Connections, Inc.  
#62-1825230  
Statement 3 - Other Assets  
990 EZ - Part II - Line 24  
12/31/2009

	<b>Beginning <u>of Year</u></b>	<b>End of <u>Year</u></b>
Pledges Receivable	2,500	800
Prepaid Expenses	375	943
Rent Deposit	1,141	568
Other Receivable	<u>-</u>	<u>323</u>
	4,016	2,634

10/40 Connections, Inc.  
#62-1825230  
Statement 4 - Total Liabilities  
990 EZ - Part II - Line 26  
12/31/2009

	<b>Beginning <u>of Year</u></b>	<b>End of <u>Year</u></b>
Accounts Payable and Accrued Expenses	1,952	2,496
Employee Overseas Payable	253	-
	<u>-</u>	<u>-</u>
	2,205	2,496

**10/40 Connections, Inc.**

**#62-1825230**

**Statement 5 - Statement of Program Service Accomplishments**

**990 EZ - Part III**

**12/31/2009**

**10/40 Connections, Inc.'s primary exempt purpose:**

10/40 Connections, Inc. cultivates connections through diverse strategies - connecting churches to God's mission, connecting least reached peoples to God, and connecting men and women to serve together in God's mission. The diverse strategies include projects that engage the American heart in issues of mercy, justice, and transformation.

10/40 CONNECTIONS, INC.  
#62-1825230

Statement 6 - Grants and similar amounts paid  
990 EZ - Part 1 - Line 10  
12/31/2009

<u>GRANTEE</u>	<u>ADDRESS</u>	<u>DESCRIPTION OF GRANT</u>	<u>AMOUNT</u>
<b>GRANTS TO OTHERS</b>			
EVANGELICAL TRUST ASSOCIATION OF N INDIA	NEHRU PLACE, NEHRU DELHI, INDIA	BICYCLES FOR EVANGELISTS, CHURCH PLANTER TRAINING, WATER WELLS	56,741
TRANSWORLD RADIO - TWR	<u>L-15, Green, Park, New Delhi, India 110016</u>	PROVIDE RADIOS, HIV/AIDS AWARENESS PROGRAMS	280
ST MICHAELS ORPHANAGE	DELHI, INDIA	SCHOOL SUPPLIES, CLOTHING, PLAYGROUND, AMENITIES	8,761
KINGDOM INVESTMENTS	<u>gncnepal@hotmail.com</u>	TRAFFICKING PREVENTION	6,000
JAGRITI-A-PIONEERING SOCIETY	<u>agritysociety@yahoo.com</u>	CARE AND EDUCATION FOR INDIAN ORPHANS	5,038
NEW LIFE FELLOWSHIP	<u>DR.JACOB.SERRA@gmail.com</u>	SLUM REVITALIZATION	7,825
			-
		<b>TOTAL GRANTS TO OTHERS</b>	<u>84,645</u>