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SCANNED MAY 25 2010

	eartment of the Trea
Α	For the 2009

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)

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

OMB No 1545-0047 2009

> Open to Public Inspection

<u>A</u>		2009 calendar year, or tax year beginning , 2009, an		-		, 20					
В	Check if applicable Address ch	Please use IRS label or	ode D		identific -138						
H	Name chan	type	SE	Telephone 3.1		2-6014					
Н	Terminated	Specific PO BOX 43	G	Gross	\$						
Н		Inistruc-	_ 	receipts							
Н	Amended re Application		™		a group						
Ш	pending	F Name and address of principal officer SCOTT MCDOWELL		for affi	ıates?	∐ Yes ⊠ No					
		PO BOX 43 Rhinehart LA 71363	н		filiates inclu	uded?					
1	Tax-exen	npt status X 501(c)(3) ∢ (insert no) 4947(a)(1) or 527		(see inst	ittach a list ructions)	Yes No					
J	Website:	>	н	(C) Group ex	kemption nu	umber 🕨					
K	Form of orga	inization X Corporation Trust Association Other ▶ L Year	of formatio	on .	M Stat	te of legal domicile					
:	art I	Summary									
	_	refly describe the organization's mission or most significant activities									
		· · · · · · · · · · · · · · · · · · ·	HRIS	<u></u>							
ø	==	INIDIKI MAD SIKBIBING IND GOSITE OF GESOS C	111(15	' 1							
Ē	-										
Ě	1										
š		neck this box 🕨 📙 if the organization discontinued its operations or disposed of mor	e than 2	25% of its n	et assets						
9	ľ	umber of voting members of the governing body (Part VI, line 1a)			3	2					
Š	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4						
¥	5 To	otal number of employees (Part V, line 2a)			5						
Activities & Governance	6 To	otal number of volunteers (estimate if necessary)			6						
Ø	7a To	otal gross unrelated business revenue from Part VIII. ထြပြုကျေ\(C) Rinြဲ 😥 2010 🛚 🧑			7a						
		et unrelated business taxable income from Form 990 Tillne 34			7b						
	1			Prior Year		Current Year					
	8 C	ontributions and grants (Part VIII, line 1h)	} •	1101 1001		- Carroni Tour					
Ę		ogram service revenue (Part VIII, line 2g)	2091	1 a 	315321.						
Revenue		and the second of the second (A) I have Q (A) and Tab		2001	1) 	313321.					
8					_						
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2091	40	315321.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				223666.					
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 133079.									
		enefits paid to or for members (Part IX, column (A), line 4)		101		22000					
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		191	10.	23999.					
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)			l						
×	1	otal fundraising expenses, (Part IX, column (D), line 25)▶		0.1.6							
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		216 1738		22901.					
	18 To	otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		270566.							
	19 R	evenue less expenses Subtract line 18 from line 12		352	<u> </u>	44755.					
5 6	3		Begi	nning of Y		End of Year					
sets	20 To	otal assets (Part X, line 16)		630.	54.	107808.					
Net Assets or	21 To	otal liabilities (Part X, line 26)									
		et assets or fund balances Subtract line 21 from line 20		630.	54.	107808.					
P	art II	Signature Block									
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, ar	nd to the best o	f my knowl	edge					
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information	of which pr	reparer has an	y knowledg	е					
		- 1 11									
Si	gn	Scott Modernell		0.	4/27,	/2010					
He	re	Signature of officer		Da	ite						
		SCOTT MCDOWELL MINITER									
		Type or print name and title	_	_							
_		Preparer's Date	Check	c if		rer's identifying number istructions)					
Pai		signature 1000 / Smile 04/22/2010	self- emplo	yed ► 🗍		0533222					
	parer's	Firms name (or yours DONALD SIMMONS ACCOUNTING		EIN		-0318839					
Us	e Only	f self-employed), address, and ZIP+4 PO BOX 143 JENA LA 71342-1438		Phone no		8-992-0700					
Ma	y the IRS	discuss this return with the preparer shown above? (See instructions)				X Yes No					
		Act and Paperwork Reduction Act Notice, see the separate instructions.	· <u>·</u>			Form 990 (2009)					

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

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Fom	m 990 (2009) INTERNATIONAL EDIFYING CHRIST MINIS	72-1387066	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	MINISTRY		
2	Did the organization undertake any significant program services during the year which were not liste		
-	the prior Form 990 or 990-EZ?	Yes	No 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	services? Yes	No No
•	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program ser	rvices by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report th	e amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
		······································	
4a	(Code) (Expenses \$ 190101. including grants of \$) (Revenue \$;
	MINISTRY AND SPREADING THE GOSPIL OF JESUS CHRIST		
	MINISINI AND SEREADING THE GOSETE OF GESOS CHRIST		
4b	(Code) (Expenses \$ 33565. including grants of \$) (Revenue \$)
	MINISTRY AND SPRESDING THE GOSPIL OF JESUS CHRIST		
		_	
		· · · · · ·	
4c	(Code) (Expenses \$ 23999. including grants of \$) (Revenue \$	
40	(Code) (Expenses \$\pi 2000) \tag{2000} 1000000000000000000000000000000000000) (Itevenue ψ	,
	MINISTRY AND SPRESDING THE GOSPIL OF JESUS CHRIST		
	THE STATE OF THE S		
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 22901. including grants of \$)(Revenue \$)	
40	Total program service expenses ▶ 270566.	<u>_</u>	000 :===
		Form	990 (2009)

Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		-X
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<u> </u>		
	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,			
••	VII, 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			
•	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 a separate, independent audited financial statement for the tax year? If "Yes," complete			- 37
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No	-		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1 1	. 1	3.7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_ <u>X</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	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Fo	rm 990	(2009)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		1	1
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
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 employee's? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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			
	990EZ? 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 committee 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 transaction with one of the following parties, directly or indirectly			•
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	!	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	l	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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	ĺ	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	ĺ	X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Ψ.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20		38	$\overline{}$	$+$ \times

Pa	Statements Regarding Other IRS Filings and Tax Compliance				
		1		Yes	_No_
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	.			
		1a 0	-		
		-	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	ропавіе	امها	x l	
	gaming (gambling) winnings to prize winners?		. 1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20			
	Statements, filed for the calendar year ending with or within the year covered by this return L If at least one is reported on line 2a, did the organization file all required federal employment tax retui		2b	1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		20	•	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere				
	this return?	ару	. 3a	- 1	Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other.	authority over		1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
	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	20			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	1	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	. 5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Prohibited Tax Shelter Transaction?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did tr	ne			
	organization solicit any contributions that were not tax deductible?		6a	ĺ	X
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			
	required to file Form 8282?		. 7c	l	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal	1 1		
	benefit contract?		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.		1 0-		
	Did the organization make any taxable distributions under section 4966?		9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?		30		
	, , , , ,				
			_		
		······································	_		
	- 17 1 7				
	Gross income from members or shareholders		_		
Ŋ	against amounts due or received from them)				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	· - · · · ·	,	•	1
 -	in tee, other the amount of the opening more to the opening the year.		Fo	rm 990	(2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 2 1a Enter the number of voting members of the governing body . . . Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors or trustees, 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? Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? Яa a The governing body? X b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Х at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Χ 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b Χ affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Х 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision a The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the RHINEHART LA 71363 318-992-6014 organization ▶SCOTT MCDOWELL PO BOX 43

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization'scurrent 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'scurrent key employees. See instructions for definition of "key employee"
- List the organization's fivecurrent 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'sformer 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

(A)	(B)			(C)			(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)					ply)		Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SCOTT MCDOWELL											
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Part VII Section A. Officers, Directors,	Trustees,	s, Key Employees, and Highest Compens						Compensated Emp						
(A)	(B)	(C)				(D)	(E)	(F)						
Name and title	Average	 						1	Reportable	Estimated				
	hours per	Individual trustee or director	lns.	₽	₩.	ᆲ픑	Ę	compensation	compensation					
	week	dire	Institutional truste	Officer	Key employee	Highest compensated employee	Former	from	from related	other				
		ctal	ğ		夏	ye c	¬	the	organizations	,				
		, E	함		ye	ă		organization	(W-2/1099-MISC	· [
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							<u> </u>	23999.	0	0				
2 Total number of individuals (including but	not limited	to tho	se listi	ed a	bove	e) who	гес	eived more than \$10	0,000 in reportabl	e compensation				
from the organization ►								·		- No.				
2. Did the exception but any favore officer	director of		a ka		مام		اماما	hoot componented		Yes No				
3 Did the organization list anyformer officer, employee on line 1a? If "Yes," complete S			-			ree, or	nigi			3 X				
						n and	othe	r companyation from		3 2				
4 For any individual listed on line 1a, is the state organization and related organizations														
individual	-			, "		3, COI	пріс			4 X				
5 Did any person listed on line 1a receive or				fron	n an	v unre	late			1 4 1 1 22				
services rendered to the organization? If "						-		-		5 X				
Section B. Independent Contractors	100, 00					<u></u>								
Complete this table for your five highest c	ompensate	ed inde	pende	ent c	ontr	actors	tha	t received more than	\$100,000 of					
compensation from the organization														
										(C)				
Name and busines	ss address							Description of	services	Compensation				
2. Total number of independent contractors is	including t	sut not	limite	ot b	thos	e liete	d al	hove) who received i	more than					

\$100,000 in compensation from the organization ▶

		2009) INTERNATIONAL EDIFYING CI	HRIST MINIS	5	72-138	7066 Page 9
Part	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
Contributions, gifts, grants and other similar amounts	c b	Federated campaigns . 1a Membership dues . 1b Fundraising events . 1c Related organizations . 1d Government grants (contributions) . 1e All other contributions, grits, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f				
Program Service Revenue	2a _ b _ c _ d _	CONTRIBUTIONS Business Code	315321.			315321.
gran	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	315321.			
Other Revenue	3 4 5 6a b c d 7a b	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	D			
Seve		See Part IV, line 18				
her	b					
ō		Net income or (loss) from fundraising events . ▶ Gross income from gaming activities See Part IV, line 19 .a				<u></u>
		Less direct expenses b Net income or (loss) from gaming activities ▶	1		l	I
	0 10a b	Net income or (loss) from gaming activities				
	<u> </u>	Miscellaneous Revenue Business Code				1
	11a b c					
	d	All other revenue				
	е 12	Total. Add lines 11a-11d	1			1
		9c, 10c, and 11e	315321.			315321.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete				
Do r	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
<u>7b, 8</u>	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	223666.	223666.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	23999.	23999.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal			·	
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			·	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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)				
а	OTHER EXP	22901.	22901.		
b	-				
c					
d					
е					
f	All other expenses				
25	Total functional expenses.Add lines 1 through 24f	270566.	270566.	· · · · · · ·	
26	Joint Costs. Check here ▶ If following				
-4	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Rev 1

Part X Balance Sheet (A) (B) End of year Beginning of year 63054. 107808. 1 1 2 2 Savings and temporary cash investments ... 3 Pledges and grants receivable, net 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L. 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 7 7 Notes and loans receivable, net Assets Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . 10a **b** Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities . 11 _ ____ 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 ... 13 14 Intangible assets 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 63054. 107808. 16 16 17 17 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets . . . 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 63054. 107808. Retained earnings, endowment, accumulated income, or other funds 32 32 63054. 33 107808. 33 63054. 107808. Total liabilities and net assets/fund balances 34 34

Form 990 (2009)

Form 9	990 (2009) INTERNATIONAL EDIFYING CHRIST MINIS 72-13870	066	Pag	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🗓 Cash 📗 Accrual 📗 Other			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	+
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis consolidated basis X 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	. 3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2009

		the organization	DEFECTIVE	CUDICE MINIC					er identi		numbe	r	
	_			CHRIST MINIS		1 - 4 - 4			-138				
	ırt		Public Charity S				<u> </u>	See ins	structions	<u> </u>			
	_, -			se it is (For lines 1 through 11									
1	_	•	•	ciation of churches described (section '	1)(a)01)(A)(I).						
2	_			(ii).(Attach Schedule E)	450/								
3	_	•		e organization described issection				(4\(A\(!!	:\	ha haan	dalla na		
4 [ganization operated	in conjunction with a hospital of	escribe	a section	n 170(b)	(1)(A)(II	i) Enter t	ne nosp	itai s nai	ne,	
5 [_	city, and state	tod for the benefit of	f a college or university owned	or opera	ted by a	COVERN	mental i	init desci	ihedemi	ion		
5 [_	170(b)(1)(A)(iv). (Com		a college of university owned	or opera	ited by a	govenn	nema c	iiii acsoi	ibc co o c			
6	_		•	vernmental unit described sec	tion 170	/6V4VA	V(v)						
7	_			substantial part of its support fro				r from t	he dener	al nublic			
, [_	described insection 1			in a gov	, ciriiriicii	tai aint o		ne gener	ai public			
8				(b)(1)(A)(vi) (Complete Part II	`								
9	-	•		more than 33 1/3 % of its sup		n contrib	utions n	nember	ship fees	and or	oss		
ے د	_	-	•	pt functions - subject to certain									
				d unrelated business taxable in									
		- · ·), 1975 Sesection 509(a)(2). (0				,					
10	_			exclusively to test for public safe	-								
11	-		•	xclusively for the benefit of, to	•			or to ca	rry out th	ne			
	_	•	•	ed organizations described in se									
		•		e type of supporting organization									
	;	a ∏ Type I	b Type II	c Type III - Fu	ınctional	lly integr	ated	d [] Type I	II - Othe	eг		
ө [By checking this box,	I certify that the orga	anization is not controlled direc	tly or inc	irectly b	y one or	more d	ısqualıfie	d			
_	_	persons other than for	undation managers a	and other than one or more put	licly sup	ported o	organizat	tions de	scribed i	n section	ר		
	:	509(a)(1) or section 5	09(a)(2)										
f		f the organization rec	eived a written deter	rmination from the IRS that it is	a Type	I, Type I	l or Type	e III sup	porting				_
		organization, check th	ıs box										. L
g		Since August 17, 200	6, has the organizati	on accepted any gift or contrib	ution fro	m any o	f the folio	owing pe	ersons?				,
	-	(i) A person who dire	ectly or indirectly con	ntrols, either alone or together v	vith pers	ons des	cribed in	ı (II)				Yes	No
		and (III) below, the	governing body of	the supported organization?							11g(i)	<u> </u>	
		(ii) A family member					• • • • •	-			11g(ii)		-
		•	•	escribed in (i) or (ii) above?				-			11g(iii)		
<u>h</u>			information about the	e supported organization(s)					Γ.		Γ		
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(iv) is ti	ne organ-	(v) D	id you		s the		Amou	
		organization		(described on lines 1-9	ızatıon		notify		_	ation in	S	upport	t
				above or IRC section	1	d in your	organiza	ation in	col				
				(see instructions)	•	rning	∞l (i)		_	nızed			
					docur		supp	1	-	US?	l		
					Yes_	No	Yes	No	Yes	No_	 		
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Tota	ıl.												
		acv Act and Paperwo	ork Reduction Act N	lotice, see the Instructions for	Form 9	90.		Sche	dule A (F	orm 99	0 or 990	-EZ) 2	2009

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Rev 1

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

OMB No 1545-0047 . Employer identification number Open to Public Inspection 2009 72-1387066 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 ► Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. General Information on Grants and Assistance EDIFYING CHRIST MINIS INTERNATIONAL Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part

ŝ

X

Yes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

used to award the grants or assistance?

1 (a) Name and address of (b) EIN (c) IRC	(a)	(c) IRC	(d) Amount of cash (e) Amount of	(d) Amount of cash (e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section if applicable	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
	01(c)(3) and governn	nent organizations					
3 Enter total number of other organizations	anizations					_	

Page 2.

INTERNATIONAL EDIFYING CHRIST MINISTRIES, INC.

Financial Report 2009

Opening Balance: 1/1/09	
AJ	\$0
International Edifying Christ Ministry	\$49,827 59
Rainbow	\$3,318 77
Scott McDowell	\$9,907.18
Total	\$63,053 54
INCOME:	¢00 074 66
AJ	\$22,271 66 \$179,910 20
International Edifying Christ Ministry Rainbow	\$64,719 56
Scott McDowell	\$48,419 65
Total	\$315,321 07
	40 10 1 00
TRANSACTIONS:	
TRANSACTIONS:	\$4,300 00
	\$190,101.37
AJ International Edifying Christ Ministry Rainbow	\$190,101.37 \$33,565.00
AJ International Edifying Christ Ministry Rainbow Scott McDowell	\$190,101.37 \$33,565.00 \$42,600.00
AJ International Edifying Christ Ministry Rainbow	\$190,101.37 \$33,565.00
AJ International Edifying Christ Ministry Rainbow Scott McDowell Total	\$190,101.37 \$33,565.00 \$42,600.00
AJ International Edifying Christ Ministry Rainbow Scott McDowell Total Ending Balance 12/31/09	\$190,101.37 \$33,565.00 \$42,600.00 \$270,566.37
AJ International Edifying Christ Ministry Rainbow Scott McDowell Total Ending Balance 12/31/09 AJ	\$190,101.37 \$33,565.00 \$42,600.00 \$270,566.37
AJ International Edifying Christ Ministry Rainbow Scott McDowell Total Ending Balance 12/31/09 AJ International Edifying Christ Ministry	\$190,101.37 \$33,565.00 \$42,600.00 \$270,566.37 \$17,971.66 \$39,636.42
AJ International Edifying Christ Ministry Rainbow Scott McDowell Total Ending Balance 12/31/09 AJ International Edifying Christ Ministry Rainbow	\$190,101.37 \$33,565.00 \$42,600.00 \$270,566.37 \$17,971.66 \$39,636.42 \$34,473.33
AJ International Edifying Christ Ministry Rainbow Scott McDowell Total Ending Balance 12/31/09 AJ International Edifying Christ Ministry	\$190,101.37 \$33,565.00 \$42,600.00 \$270,566.37 \$17,971.66 \$39,636.42