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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning, 2009, and ending	_
В		Employer identification number
	Please	72-1510178
	liabel or la ago gratery mayor	Telephone number
	Initial return Syme CITDETT TA 70450	985-643-6006
<u> </u>	Termination Specific	983-843-8008
\vdash		Group Exemption
_		Number
	● 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 methods of the completed Schedule A (Form 990 or 990-EZ).	<u> </u>
		if the organization is not
١,		ch Schedule B (Form 990, PF)
٦ K	143-Exempt status (check only one) = [22] 307(c) (3) - (hisel(hi).) [4347(a)(1) oi] 327	<u> </u>
	\$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
ī	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	► \$ 88,475.
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Inst	tructions for Part I.)
	1 Contributions, gifts, grants, and similar amounts received.	1 85,279.
	2 Program service revenue including government fees and contracts .	2
	3 Membership dues and assessments	3
	4 Investment income	4 34.
	5a Gross amount from sale of assets other than inventory . 5a 3,162	
	b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets billed that inventory (Shelract in 50 from in 5a) SEE STATEMENT 1	-875.
Ë	6 Special events and activities (domplete applicable parts of Schedule 6). If any amount is from gaming, check here	3c -8/3.
REVERUE	a Gross revenue (not recipion 18 1 0 0 of contributions	
ÿ	reported on line 1) 6a	i l
	b Less direct expenses other than fundraising expenses . 6b	-
	c Net income or (loss) from special events and activities (Suttract-line 6b from line 6a)	6c
	7a Gross sales of inventory, tess returns and allowances	
	b Less: cost of goods sold	7
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9 84,438.
	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10 1,100.
_	11 Benefits paid to or for members	. 11
ž	12 Salaries, other compensation, and employee benefits	12 90,970.
EXPENSE	13 Professional fees and other payments to independent contractors	. 13 2,890.
5	14 Occupancy, rent, utilities, and maintenance	14 465.
S	15 Printing, publications, postage, and snipping	15 702.
	16 Other expenses (describe ► SEE STATEMENT 3	16 24,318.
_	17 Total expenses. Add lines 10 through 16	► 17 120,445.
₽ A S S E E	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18 -36,007.
NET	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)	
	20 Other changes in net assets or fund balances (attach explanation)	19 45,429.
2 5		► 21 9,422.
P	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins	
	(See the instructions for Part II.) (A) Beginning of y	
22		
23	3 Land and buildings	23
24		
25		
26		
27		
BA	AA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Form 990-EZ (2009)



Part	III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	_	Expenses
What is	the organization's primary exempt purpose? SE		(Reg	uired for section		
Descri	be what was achieved in carrying out the the services provided, the number of	orgai	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional			
descri	be the services provided, the number o im title.	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts; optional thers)
	MULTIPLE INDIVIDUAL DISC	TOIFCUTD TOATHING O	ECCTONC CROUD		101 0	uicis /
-	RETREATS, COUNSELING SESS	STONS' WND GROOP KE	TIGIOOS SIODIE	2 - 2F22TON2 1		
-		nis amount includes foreign gr				
-	(Grants \$) If the	28 a	120,414.			
29						
_						
				j		
7	(Grants \$) If the	nis amount includes foreign gi	rants, check here		29 a	
30	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·			
-						
-		- 				
7	(Grants \$) If the	nis amount includes foreign gr	rants chack hara		30 a	
_	Other program services (attach schedul		ants, check here		JU 4	
	· -	nis amount includes foreign gr	rants chack hara	▶ □	31 a	
	Total program service expenses (add l		ants, cricer nere		32	120,414.
Part			nlovees List each or	o oven if not com		
<u> ait</u>	TV List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	emplovee benefit plan	s and	and other allowances
		to position		deferred compensat	tion	
<u>JAM</u> E	ES F DIXON	DIRECTOR	85,370.		0.	0.
1338	GAUSE BLVD STE 204	40.00				
SLII	DELL, LA 70458].				
JAME	ES CORBIN	SECRETARY	0.		0.	0.
1338	GAUSE BLVD STE 204	5.00		j		
	DELL, LA 70458					
-	NIE JONES	TREASURER	0.		0.	0.
	GAUSE BLVD STE 204	5.00			٥.	0.
	DELL, LA 70458	٥.00				
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TEEA0812L 01/30/10

72-1510178

Page 2

Form **990-EZ** (2009)

Form 990-EZ (2009) BETHESDA MINISTRIES

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		х
34	each activity	34		X
35				
į	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?	35 a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?.	38 a		X
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a 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	40 ь		х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	700		A
	managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization .			
	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	40 e		X
41	List the states with which a copy of this return is filed NONE	-100		1 23
40	The consentrate			
42	a The organization's books are in care of ► JAMES F DIXON Telephone no. ► 985-6	<u>43-6</u>	006	
	Located at ► 1338 GAUSE BLVD STE 204 SLIDELL LA ZIP + 4 ► 70458			
	h At any time during the colondar year, did the organization have an interest in or a cignoture or other authority over a	ſ	Yes	No
	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)?	42 b		Х
	If 'Yes,' enter the name of the foreign country		ļ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	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		-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	_		N/A
		_	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44_		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х

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

Form 990-EZ (2009) BETHESDA	MINISTRIES	72-1510178	Pi
Part VI Section 501(c)(3	organizations and section 4947(a)(1) n	onexempt charitable trusts only All	section

Page 4

Fait VI	501(c)(3)	organizations and sec organizations and sec d complete the tables	tion 4947(a)(1) no	nexempt charitable	e trusts must answer	questions TATEMENT 7
46 Did th	ne organization	engage in direct or indirect Yes,' complete Schedule C	et political campaign ac	ctivities on behalf of or		es Yes No
		engage in lobbying activiti a school as described in se				47 X
	-	make any transfers to an		•		40 17
		ated organization a section	· · · · · · · · · · · · · · · · · · ·	related organization?		49a X
50 Com	olete this table	for the organization's five l	nighest compensated e	emolovees (other than	officers, directors, trustee	s and key
emple	oyees) who ead	ch received more than \$100	0,000 of compensation	from the organization	. If there is none, enter 'N	one '
(a)	Name and address more than	of each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE						
				• •		
f Total	number of other	er employees paid over \$1	00,000 -			
51 Comp	olete this table pensation from	for the organization's five the organization. If there is	highest compensated is none, enter 'None.'	ndependent contractor	rs who each received more	e than \$100,000 of
	(a) Name and	address of each independent contra	actor paid more than \$100,000		(b) Type of service	(c) Compensation
NONE _						
			 			
			· · · - · · · · · · · · · · · · · · · ·			
d Total	number of oth	er independent contractors	each receiving over \$	100 000	<u> </u>	
			• • • • • • • • • • • • • • • • • • •			
	Under penalties of true, correct, and	perjury, I declare that I have exam complete Declaration of preparer (complete Declaration of D	ned this return, including according than officer) is based on	empanying schedules and state all information of which prepa	ements, and to the best of my know rer has any knowledge	vledge and belief, it is
	(Some This	\bigcap		I Maril 11	1 2
Sign Here	Signature of c		حـــــــــــــــــــــــــــــــــــــ		IMARCA (E	4010
Here	Signature of		, , , , , , , , , , , , , , , , , , ,	io- 4	Date	
	Type or photo	Pame and title	$\frac{1}{2}$	RECTOR		
	Type or pre	author and time		Date	Chart 4 Pre	parer's Identifying Number
Paid	Preparer's signature	MARK C. DYER, CH	a Muin.	3/15/10	I sell.	parer's Identifying Number e instructions)) 0 0 5 2 5 4 4
Pre-	Firm's name (or	FRENTZ DYER & AS		טון כווכן	employed F PC	10034344
parer's Use	yours if self- employed),	120 NORTHPARK BI			EIN ►	72-1345521
Only	address, and ZIP + 4	COVINGTON, LA 70			Phone no ► (985	
		return with the preparer sh		uctions	Trione no 1505	►X Yes No
BAA		The state of the s				Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

40.47(-)(1)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

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

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

Open to Public Inspection

Name of the organization

BETHESDA MINISTRIES

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

<u>'ar</u>		Reason for Pul	olic Charity Status	s (All organizations	<u>must c</u>	<u>:ompie</u>	te this	part.)	See II	nstruct	ions	
he c	rgar	nization is not a priv	rate foundation becau	se it is (For lines 1 throi	ugh 11,	check o	nly one	box.)			. .	
1	П	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(i)(A)(i)				
2	П	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ.)							
3	-			e organization described		on 170(l	χηχΑχ	iii).				
4	П		•	d in conjunction with a h		•		•	0/bY1Y	AXiii). Er	nter the hospital	s
	ш	name, city, and sta		,					-(-)(·)(·	·/(/	nor the thoughton	•
5	\Box	An organization op-	erated for the benefit	of a college or university	owned	or oper	ated by	a gover	nmenta	unit de	scribed in section	
	느	170(b)(1)(A)(iv). (C					_	_				
6	Ц			governmental unit descril								
7	\sqcup	An organization that in section 170(b)(1)	it normally receives a ((A)(vi). (Complete Pa	substantial part of its su	ipport fro	om a go	vernme	ntal uni	t or fron	n the ger	neral public desc	cribed
8	\Box			1 70(b)(1)(A)(vi). (Complet	le Part I	LY						
9	図	-		more than 33-1/3 % of its s			tributions	memh	archin fa	es and	arnes receints	
•	<u>~</u>	from activities related	d to its exempt function	is – subject to certain exce	eptions, a	and (2) r	o more t	han 33-	1/3 % of	its suppo	ort from gross	
		investment income	and unrelated busine section 509(a)(2). (Co	ss taxable income (less :	section !	511 tax)	from b	usiness	es acqu	ired by t	he organization	after
10	\Box			exclusively to test for pu	iblic safe	atu Saa	coction	. E00/a\	(A)			
11	Н	•	•	exclusively for the benef		-		٠,	• •	rozout ti	ho purposes of a	
	Ш	more publicly supp	orted organizations d	lescribed in section 509(a	a)(1) or :	section	509(a)(2	2). See	section	509(a)(3	B). Check the bo	x that
		describes the type	of supporting organiz	zation and complete lines	11e thr	ough 11	lh.					
	_	a Type I	b Type II	c 💹 Type III						d 📗	Type III— Othe	
е	Ш	By checking this bo	ox, I certify that the or	ganization is not controll n one or more publicly si	ed direc	tly or in	directly	by one	or more	disqual	ified persons of	her
		509(a)(2).	mayers and other than	if one of more publicly st	upportec	ı organı.	20110115	uescribi	eu III Se	CHOIT SO:	a(a)(1) or section	•
f		If the organization	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,	
		check this box.			•	•			-			ш
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fro	om any	of the f	ollowing	persons		
											Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or tupported organization?	together	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)	
		· -	ber of a person desc	• •							11 g (ii)	\top
		•		described in (i) or (ii) al	hove?	• •				•••	11 g (iii)	1
h		• •	= *	the supported organization		•					119()	
"		Name of Supported	(ii) EIN	(iii) Type of organization	1	ls the	(A) Did v	ou notify	(41)	Is the	(vii) Amount of Su	innort
	٧.	Organization	(1) 2.11	(described on lines 1-9 above or IRC section	organizat		the organ	ization in	organizat		(VII) Amount or oc	рроп
				(see instructions))	gove	rning ment?	your st	ipport?	Ü	S ? " " "		
					Yes	No	Yes	No	Yes	No		
							 	 _	· • • •			
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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

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) È Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 . Total. Add lines 1-through 3 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). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through ነዕ 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 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 BETHESDA MINISTRIES Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	cked the box on iii	ie 9 01 Part 1.)				_
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0) 2000	(D Tatal
1		(a) 2003	(0) 2000	(6) 2007	(u) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	115,712.	113,671.	100,908.	107,908.	85,279.	523,478.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
	Total. Add lines 1 through 5	115,712.	113,671.	100,908.	107,908.	85,279.	523,478.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
_	year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
0	7c from line 6)						E22 470
Sec	tion B. Total Support	<u> </u>			<u>i</u> _		523,478.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	115,712.	113,671.	100,908.	107,908.	85,279.	523,478.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					56,213.	0.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on .						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
	Total support. (add Ins 9, 10c, 11, and 12)						523,478.
	First five years. If the Form 990 organization, check this box and			d, third, fourth, o	r fifth tax year as	a section 501(c)(3) <u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20		•	e 13, column (f))		15	100.0%
	Public support percentage from					16	0.0%
	tion D. Computation of Inv				403	14=1	0.00
	Investment income percentage f Investment income percentage f			•	nn (t))	17	0.0%
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on lir	ne 14, and line 15 is	s more than 33-1/3%	5, and line 17 is not	0.0% ► X
b	33-1/3 support tests - 2008. If the state of	he organization die	I not check a box	on line 14 or 19a	and line 16 is mo	ore than 33.1/3%	

Schedule A	(Form 990 o	r 990-EZ) 20	09 B	ETHESDA	MINI	STRIE	<u>S_</u>			72-15	10178	Page 4
Part IV	Suppleme	ntal Inforr	mation	. Comple	te this	part to	provide	the explai other addi	nations re	quired by	Part II, li	ne 10;
	Part II, line	e 17a or 1	7b; an	d Part III,	line 1	2. Pro	vide any	other addi	tional info	rmation.	See instri	uctions.
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Schedule A (Form 990 or 990-EZ) 2009

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009 `	FEDERAL STATEMENTS	PAGE 1
	BETHESDA MINISTRIES	72-151017
STATEMENT 1 FORM 990-EZ, PART I, LINE 5 NET GAIN (LOSS) FROM NON	iC NINVENTORY SALES	
PUBLICLY TRADED SECURIT	<u>IES</u>	
GROSS SALES PRICE: COST OR OTHER BASIS:	3,162. 4,037.	
	TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$	-875.
	TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$	-875.
STATEMENT 2 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOU	0 UNTS PAID	
FORM 990-EZ, PART I, LINE 1	0 UNTS PAID VARIOUS INDIVIDUALS \$	1,100
FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOU	VARIOUS INDIVIDUALS \$	1,100
FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOUNT DONEE'S NAME: CASH AMOUNT GIVEN: STATEMENT 3 FORM 990-EZ, PART I, LINE 1	VARIOUS INDIVIDUALS \$ 66	1,10 44 737 675 8,282 1,181 345 5,292 3,341

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

			BEG	INNING _	ENDING
FURNITURE AND FIXTURES OTHER ASSETS PREPAID EXPENSES AND DEFERRED CHARGES		•••	\$	2,141. \$ 22,243. 5,625.	1,465. 25. 0.
			TOTAL \$	30,009. \$	1,490.

2009 .

FEDERAL STATEMENTS

PAGE 2

BETHESDA MINISTRIES

72-1510178

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

			BE	<u>EGINNING</u>	 ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES			\$	-2,935.	\$ 0.
PAYROLL TAXES PAYABLE				311.	 312.
		TOTAL	\$	-2,624.	\$ 312.

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE INDIVIDUAL DISCIPLESHIP TRAINING, GROUP CHRISTIAN RETREATS, GROUP CHRISTIAN STUDIES, AND SPIRITUAL COUNSELING.

STATEMENT 7 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

			ANIZATION,								DIRECTL	Y OR	
INDI	RECTLY,	TO P	AY PREMIUM	IS ON A I	PERS(ONAL B	ENEFI	T CON	NTRA	CT?			NO
(B)	DID TH	IE ORG	ANIZATION,	DURING	THE	YEAR,	PAY	PREM:	IUMS	, DIREC	CTLY OR		
INDI	RECTLY.	ON A	PERSONAL	BENEFIT	CON'	TRACT?							NO