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## **50m** 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury
Internal Revenue Service (77)
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

Fo	For calendar year 2009, or tax year beginning , and ending									
G	Che	ck all t	hat apply	Initial return	Initial return of a fo	rmer public cha	rity	Final re	eturn	
				Amended return	Address change	☐ Na	me c	hange		
-u	se th	e IRS	Name of foundation				AE	mployer identification nu	ımber	
	lab		Zion's Gate Minis	tries				73-1123		
C	Other	wise,		r P O box number if mail is not d	lelivered to street address)	Room/suite	ВТ	elephone number (see pag		
	pri		9205 Nawassa			7.002020		405-732-	-	
	or ty	•	City or town, state, an	nd ZIP code			C "			
		ecific ctions.	Midwest City	10 Zii 0000	ОК	73130	1	exemption application is po		
				X Section 501(c)(3) exe			Ī	Foreign organizations, che		
Ë				pt charitable trust			4.	Foreign organizations me check here and attach cor		
÷							_	private foundation status w	as terminated	
'			t value of all asset m Part II, col. (c),	s at end   J Accounting   Other (s		h		nder section 507(b)(1)(A), o	· · · · · · · · · · · · · · · · · · ·	
	line	16) <b>▶</b>	\$	23,809 (Part I, column (	(d) must be on cash bas	sis)	ł	the foundation is in a 60-m ider section 507(b)(1)(B), c		
Pa	rt I			and Expenses (The total of		<del>                                     </del>			(d) Disbursements	
				nd (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable	
				page 11 of the instructions) )	books	ıncome		ıncome	purposes	
	1	Contrib	outions diffe drante etc	, received (attach schedule)	90,016	č dng			(cash basis only)	
	2			is not required to attach Sch. B.	30,010			<u> </u>	-	
	3			mporary cash investments	0		0			
	4		ends and interest from	, ,	0	-	0	<del></del>		
	5	a Gross					<u>0</u>		5 -	
4.	١		ntal income or (loss)	0						
ī	6			e of assets not on line 10	0			, ,		
2018evenue			sales price for all assets	_	ا من الله الله الله الله الله الله الله الل	- , J			₹	
é	7		al gain net income (fr		AL PROPERTY OF		0	• 7		
	8	•	nort-term capital gain	•	4			Ö		
	9	Incom	e modifications	•	ALL THE STATE OF T	3. 3. 5.				
<b>9</b>	10 a	a Gross	sales less returns and a	llowances 0						
<b>∞</b>	1	b Less	Cost of goods sold	0	Trans Levise Sin 1					
AUG	(	C Gross	profit or (loss) (attac	ch schedule)	0				, , ,	
₹	11	Other	income (attach sche	edule) .	0		0	0	1: '	
<u>j</u>	12	Total.	Add lines 1 through		90,016		0	0	<del></del>	
S S	13	Comp	ensation of officers,	directors, trastees, etc	0					
ense	14	Other	employee sala ies a	080988						
۶ <u>۶</u>	15		on plans, emplovee l							
) D			fees (attach schedu		0		0	0	0	
ē	ı	<b>b</b> Accou	inting fees (attaches	hedule)	0		0	. 0	0	
Ę			professional fees (a)		0		0	0	0	
it	17	Interes	1 7	: 1)						
nis	18			ge 14 of the instructions)	0		0	0	0	
Ē	19		ciation (attach sch	ide) and repletion	0		0	0		
Ad	20	Occup		700	4 000					
Operating and Administrative	21 22		, conferences, and n	neetings 9t	1,800					
a	23		g and publications	hodulo)						
ng	24		expenses (attach sc	nequie) inistrative expenses.	0		0	0		
ati	~~		operating and admi nes 13 through 23	imstrative expenses.	1 000		^		_	
er	25		butions, gifts, grants	naid	1,800 88,929		0	0	88,929	
Ö	26			ments. Add lines 24 and 25						
-	27		act line 26 from line 1		90,729		0	0	88,929	
				nses and disbursements	-713					
			•	f negative, enter -0-)	-/13		0		<del>, ',- ,</del> -	
			ted net income (if n	=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		,		-g v /	1 1. W. 55 7 . Th	l '		0		

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year				
۲a	T III	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing	24,522	23,809	23,809				
	2	Savings and temporary cash investments							
	3	Accounts receivable   0							
	ļ	Less allowance for doubtful accounts	0	0	0				
	4	Pledges receivable   0	TF. 4						
		Less, allowance for doubtful accounts	0	0	0				
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons (attach schedule) (see page 15 of the							
	ļ	instructions)	0	0	0				
	7	Other notes and loans receivable (attach schedule)							
ţ		Less allowance for doubtful accounts	0	0	0				
Assets	8	Inventories for sale or use .							
AS	9	Prepaid expenses and deferred charges							
	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0				
	t	Investments—corporate stock (attach schedule) .	0	0	0				
	(	Investments—corporate bonds (attach schedule)	0	0	0				
	11	Investments—land, buildings, and equipment basis							
		Less accumulated depreciation (attach schedule)	0	0	0				
	12	Investments—mortgage loans							
	13	Investments—other (attach schedule)	0	0	0				
	14	Land, buildings, and equipment basis							
		Less accumulated depreciation (attach schedule)	0	0	0				
	15	Other assets (describe  )	0	0	0				
	16	Total assets (to be completed by all filers—see the							
	L	instructions Also, see page 1, item I)	24,522	23,809	23,809				
	17	Accounts payable and accrued expenses .							
Ś	18	Grants payable	<u> </u>						
ïë	19	Deferred revenue .							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0					
.ё	21	Mortgages and other notes payable (attach schedule)	0	0	-				
_	22	Other liabilities (describe )	0	0					
	23	Total liabilities (add lines 17 through 22)	0	0					
		Foundations that follow SFAS 117, check here							
ces		and complete lines 24 through 26 and lines 30 and 31.							
Ĕ	24	Unrestricted	24,522	23,809					
<u></u>	25	Temporarily restricted							
<u>m</u>	26	Permanently restricted							
<b>Fund Balan</b>		Foundations that do not follow SFAS 117, check here							
Ē		and complete lines 27 through 31.							
9	27	Capital stock, trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·						
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund							
SS	29 30	Retained earnings, accumulated income, endowment, or other funds	<u> </u>						
ţ	30	Total net assets or fund balances (see page 17 of the instructions)	24 500	00.000					
Š	31	Total liabilities and net assets/fund balances (see page 17	24,522	23,809					
	"'	of the instructions)	24 522	22 000					
Рa	rt III		24,522	23,809					
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with	<del></del>					
•		of-year figure reported on prior year's return)	, oo (mast agree with	1	24,522				
2		amount from Part I, line 27a	•	2	-713				
		unamana ant maludad in line 2 (taurina)			-7 13				
		nes 1, 2, and 3		4	23,809				
		eases not included in line 2 (itemize)		5	0				
	6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30								

73-1123544

Failtiv	Capital Gallis at	IU LUSSES IUI TAX UII IIIVI	esument mco	<u>'II</u> IE				
	(a) List and describe th 2-story brick warehou		Date acquired no , day, yr )	(d) Date sold (mo , day, yr )				
1a				D—Donation				_
b								
<u> </u>								
<u>d</u>	<del></del>			ļ				
<u>e</u>			<del></del>	<u> </u>				
(e) G	ross sales price	(f) Depreciation allowed (or allowable)	(or allowable) plus expense of sale					
<u>a</u>	0	0		0				_0
<u>b</u>	0	0		0		<del></del>	<del></del>	_0
d d	0	0		0				0
<u>е</u>	0	0		0		<del></del>		0
	e only for assets show	ving gain in column (h) and owne	d by the foundate	<u>_</u>		- (I) Corno (Col	(h) con minus	
	V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) ol (j), if any		col (k), but not	(h) gain minus less than -0-) or om col (h))	
a	0	0		0				0
b	0	0		0				0
С	0	0		0				0
<u>d</u>	0	0		_0				0
<u>e</u>	0	0		0				0
2 Capital	gain net income or		also enter in Pa enter -0- in Pa		2			0
		or (loss) as defined in section						
		line 8, column (c) (see pages r -0- in Part I, line 8	13 and 17 of	ſ	3			0
		der Section 4940(e) for Re				come		
		private foundations subject to					· · · · · · · · · · · · · · · · · · ·	_
			, the section 40	-to(a) tax on het i	11463111	ient income ,	,	
		eave this part blank.				1		
		ne section 4942 tax on the dis			the ba	ase period?	Yes No	
-	·	ot qualify under section 4940	· <del>-</del> :	· · · · · · · · · · · · · · · · · · ·				_
1 Enter	the appropriate amo	ount in each column for each	year; see page	e 18 of the instruc	tions b	efore making	any entries	
_	(a)	(b)		(c)			(d)	
	ase penod years ar (or tax year beginning i	Adjusted qualifying distributed	ns Net value	of noncharitable-use a	ssets		Tbution ratio	
Odicilda jet	2008		8,407		0	(COI (D) Q	vided by col (c)) 0.0000	
	2007		9,101		7		0 00000	
	2006						0 00000	
	2005						0 00000	
	2004						0 00000	_
			•					
	fline 1, column (d)					2	0.00000	00
		or the 5-year base period—di			у Г			
the num	ber of years the fou	undation has been in existend	e if less than 5	years	L	3	0 00000	<u> </u>
4 Enter th	e net value of nonc	haritable-use assets for 2009	from Part X, III	ne 5		4		0
	line 4 by line 3 .					5		0
2uninpiy		-	<del>-</del>					
6 Enter 1% of net investment income (1% of Part I, line 27b)								0
7 Add lines 5 and 6						7	<del></del>	0
		s from Part XII, line 4				8		0
	is equal to or greate VI instructions on p	er than line 7, check the box to page 18.	in Part VI, line 1	1b, and complete	that pa	art using a 1%	% tax rate See	

Fon	m 990-PF (2009) Zion's Gate Ministries 73-	1123544	P	age 4			
Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 o	f the ins	tructi	ions)			
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 )						
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)						
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check		0				
	here ▶ ☐ and enter 1% of Part I, line 27b						
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%						
_	of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0	-			
3	Add lines 1 and 2		0	<u> </u>			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4			<del> </del>			
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  Credits/Payments		0	<del>                                     </del>			
	a 2009 estimated tax payments and 2008 overpayment credited to 2009   6a   0						
	b Exempt foreign organizations—tax withheld at source  6b						
	c Tax paid with application for extension of time to file (Form 8868)  6c  0						
	d Backup withholding erroneously withheld  6d						
7	, , , , , , , , , , , , , , , , , , , ,						
8	Enter any penalty for underpayment of estimated tax. Check here		<u>0</u>	_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		Ō				
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 Refunded ▶ 11		0				
Рa	art VII-A Statements Regarding Activities						
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		X			
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the							
	instructions for definition)?	1b		x			
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
published or distributed by the foundation in connection with the activities							
c Did the foundation file Form 1120-POL for this year?							
(	<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$	<u>o</u>	İ				
(	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1 1			
_	on foundation managers   \$0		ļ	ļJ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>			
•	If "Yes," attach a detailed description of the activities		}				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
<b>,</b>	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3		X			
	b If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b	N/A	X			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	IN/A	$\vdash$			
_	If "Yes," attach the statement required by General Instruction T	-					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
-	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions						
	that conflict with the state law remain in the governing instrument?	6	X	ļ			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X		X	$\Box$			
8 8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) ► OK						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney							
General (or designate) of each state as required by General Instruction G? If "No," attach explanation							
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		L				
or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?							
	If "Yes," complete Part XIV	9	ļ	X			
10	, per and the specific						
	their names and addresses .	10		X			

or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2009)

2

3b N/A

4a

P	an	٩	6
-г (	au	_	•

Рa	rt VII-E	Statements Regarding Activiti	es f	<u>or Which Form</u>	1 4720 N	lay Be Re	equired (	(continued)				
5a	During t	he year did the foundation pay or incur any	y amo	ount to								. 1
	(1) Ca	arry on propaganda, or otherwise attempt t	o infli	uence legislation (s	section 49	145(e))?		Yes	X No			
	(2) Inf	fluence the outcome of any specific public	elect	ion (see section 49	955), or to	carry						
		, directly or indirectly, any voter registratio			•			Yes	X No			-
	( <b>3</b> ) Pr	ovide a grant to an individual for travel, stu	ıdy, o	r other similar purp	ooses?			Yes	X No			•
		ovide a grant to an organization other than section 509(a)(1), (2), or (3), or section 49						Yes	X No	, ,		
		ovide for any purpose other than religious, lucational purposes, or for the prevention of			•			Yes	X No			
b	If any ar	nswer is "Yes" to 5a(1)–(5), did any of the	trans	actions fail to quali	fy under t	he exception	ns describe	ed in	_			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?								5b	N/A			
Organizations relying on a current notice regarding disaster assistance check here												
С	•	swer is "Yes" to question 5a(4), does the f	-			the						
	tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)											
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay												
premiums on a personal benefit contract?								<b> </b>				
b		foundation, during the year, pay premiums to 6b, file Form 8870	, dıre	ctly or indirectly, or	n a perso	nal benefit c	ontract?		_	6b		×
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No												
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b										لــــــا		
Р	art VIII		, Dir	ectors, Truste	es, Fou	ındation	Manage	rs, Highly	Paid Er	nploy	ees,	
		and Contractors										
1	List all	officers, directors, trustees, found	•					_	the instr	uctior	1S).	
		(a) Name and address	` '	Title, and average hours per week evoted to position	(Ìf not p	pensation ald, enter 0-)	employ	ontributions to ee benefit plans red compensati	;   ·	) Expen other all		
Ga	ry Bachr	man	Pre	sident				-				
920	5 Nawa	ssa Midwest City OK 73130		5.00		0			0			0
Co	nnie Bac	hman	Vice	e-President								
920	5 Nawa	ssa Midwest City OK 73130		8.00		0			0			0
												_
				.00		0			0			0
				.00		o			0			0
2	_	ensation of five highest-paid emplo e, enter "NONE."	yees	(other than the	ose inclu	ıded on liı	ne 1—sec	e page 23 o	f the ins	tructi	ons).	
(a	) Name an	d address of each employee paid more than \$50,	,000	(b) Title, and avera hours per week devoted to positio	(c)	Compensatio	n ei	Contributions of mployee benefit ans and deferre compensation	t	e) Expen other al	se acco lowance	
No	ne							compensation				
			• • • •									
· • • ·			• • • •									
											<del></del>	_
Tot	tal numb	per of other employees paid over \$50.	റററ							. >		

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Total. Add lines 1 through 3

Zion's Gate Ministries

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Fand Contractors (continued)	lighly Paid Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions).	If none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	0
	0
	0
	0
	0
Total number of others receiving over \$50,000 for professional services	. ▶
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Ohr Torah Stone - Ephrat Israel (Rabbi Rıskin - Study Center)	26,679
2 International Christian Embassy in Jerusalem (ICEJ) - Apt/Headquarters rental, taxes, upkeep	20,079
& maintenance	 
3 Shorashim Ministries - Bill Cloud	
	13,000
4 Chabad OKC - Chabad learning center teaching orthodox Hebrew roots	
	10,800
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
·	

0

qualifies for the section 4940(e) reduction of tax in those years

Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see page 24 of the instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 1a 1b Average of monthly cash balances þ 1c Fair market value of all other assets (see page 24 of the instructions) C 1d 0 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 3 0 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25 0 4 of the instructions) 5 0 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 0 6 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here  $\blacktriangleright \bigsqcup$  and do not complete this part.) 1 1 0 Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5 2a 2a 2b Income tax for 2009 (This does not include the tax from Part VI) b 2c 0 C Add lines 2a and 2b 3 0 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 4 0 5 5 6 6 Deduction from distributable amount (see page 25 of the instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 0 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 88.929 1a а Expenses, contributions, gifts, etc -total from Part I, column (d), line 26 Program-related investments—total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 4 88,929 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income Enter 1% of Part I, line 27b (see page 26 of the instructions) 6 6 88,929 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

e Remaining amount distributed out of corpus 88,929	Pa	ırt	XIII Undistributed Incor	ne (see page 26 of t	the instructions)			
2 Undistributed income, if any, as of the end of 2009 a Finer amount for 2000 only b Total for proy years 20	1			rom Part XI,	Corpus	Years pnor to 2008		2009
a Enter amount for 2008 only b Total for proy sears 20	_				SECTION AND ADDRESS OF THE PARTY OF THE PART			0
b Total for prior years 20	2			of the end of 2009.				
3		-	•				0	
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73-1123544

Zion's Gate Ministries

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During to		r Future Pa	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year Ohr Torah Stone - Ephrat Israel			Study Center	26,679
Zion's Gate - ICEJ Headquarters			Headquarters in Israel	22,822
Shorashım Ministries - Bıll Cloud			Ministry sponsorship	13,000
Chabad J.L.I. Center of OKC			Chabad Learning Center	10,800
ICEJ - Staff Support			ICEJ Support	8,067
Feast of Tabernacles			Celebrate Israel	3,815
MIsc Zion's Gate ministries		ļ	Jewish Christian relations	3,746
Total	<del> </del>	· · · · · ·	<b>▶</b> 3a	88 <u>,9</u> 29
b Approved for future payment				
		ļ		
Total			. ▶ 3b	C

	-A Analysis of Income-Producing Acti			Excluded by section	n 512 513 or 514	(0)
	ss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Progra	m service revenue.					the instructions )
a			0		0	
b	<u></u>		0		0	
c			0		0	_
			0		0	0
е			0		0	0
f			. 0		0	0
g Fee	es and contracts from government agencies					
_	ership dues and assessments			1		
	t on savings and temporary cash investments					
	nds and interest from securities					
	ntal income or (loss) from real estate	-				
	bt-financed property					
	t debt-financed property			-		
	ntal income or (loss) from personal property					<u> </u>
	investment income					<del></del>
		-			0	· · · · · · · · · · · · · · · · · · ·
	r (loss) from sales of assets other than inventory			<del> </del>		
	come or (loss) from special events	<del></del>	<u> </u>			
	profit or (loss) from sales of inventory					ļ <u>.</u>
	revenue a		0		0	<del></del>
b			0	<del> </del>	0	<del></del>
	<u> </u>	-	0		0	
d		.	0	<del>† ·-</del>	0	
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12 Subtot	al Add columns (b), (d), and (e)		0	<u> </u>	0	<del></del>
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13 Total.		culations)				<del></del>
13 Total. (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify calc  B Relationship of Activities to the Activities	complishment	of Exempt P	urposes	13	<del></del>
13 Total. (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify calc	complishment ne is reported in co	t of Exempt P	urposes VI-A contributed i	13	<del></del>
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13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify calc  B Relationship of Activities to the Activi	complishment ne is reported in co	t of Exempt P	urposes VI-A contributed i	13	<del></del>
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13 Total. (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify calc  B Relationship of Activities to the Activi	complishment ne is reported in co	t of Exempt P	urposes VI-A contributed i	13	<del></del>
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Pa	rt XVII	Information Reg Exempt Organize	•	sfers To and Tr	ansactions a	nd Re	lationships Wi	th Noncha	ritable		
1	Did thi	e organization directly		ngage in any of th	ne following with	h any o	ther organization	described		Yes	No
•		tion 501(c) of the Code									
		zations?	•	( / ( /	,		, , ,	•		بيرخ ر	ľ
а	Transf	ers from the reporting	foundation to a	a noncharitable e	exempt organiza	ation of			1		
ű	(1) Ca				· · · ·				1a(1)		X
	· · · · · -	her assets							1a(2)		X
b	Other	transactions									
	(1) Sa	les of assets to a non	charitable exe	mpt organization					1b(1)		Х
		irchases of assets from							1b(2)		X
	(3) Re	ental of facilities, equip	ment, or other	assets				•	1b(3)		X
		eimbursement arrange							1b(4)		X
		ans or loan guarantee							1b(5)		X
_		erformance of services							1b(6)		X
		g of facilities, equipme	-						1c	L	<u> </u>
d	If the a	answer to any of the all of the goods, other as	bove is "Yes,"	complete the folk	owing schedule	. Colum	nn (b) should alw	ays show the	fair mar	ket	
	value i	n any transaction or s	haring arrange	ement, show in co	plumn (d) the va	alue of t	he goods, other:	assets, or se	rvices re	ceive	q r
/2\	Line no	(b) Amount involved	г———	f nonchantable exemp	<del></del>		scription of transfers,				
(4)	Line no	(b) Amount involved	<del> </del>	THORIGIAN (ABIC EXCIT)	t Organization	(u) De	scription of transfers,	iansactions, and	Snamy an	angen	ento
				-	<del></del>				_		
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		0	<del></del>			<del>                                     </del>		-			
		0		<u>_</u>		<del></del>					
2a	Is the	foundation directly or i	ndirectly affilia	ted with, or relate	ed to, one or mo	ore tax-	exempt organiza	tions		_	
	descril	oed in section 501(c) o	of the Code (ot	her than section	501(c)(3)) or in	section	527?	. [	] Yes 🗌	No	
b	If "Yes	," complete the followi	ng schedule.								
		(a) Name of organization		(b) Type	of organization		(c) Des	cription of relation	nship		
		<del> </del>		<del></del>	·-·						
					<del></del>						
							-	<del></del>			
	Linds	er penalties of parjury I decla	ro that I have seen	nined this return, include	dina accompanying	sabadula.	and statements, and	to the book of m	, knowloda		
	1	f, it is true, correct, and comp	re that I have example to be the Declaration of	prepare (other than t	taxpayer or fiduciary	) is based	on all information of	which preparer h	as any kno	e and wiedgę	ļ.
		THAI	////	Allmon			11-10	Y	/	. F	
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ere	Sig	nature of officer or trustee	<del></del>		Da	te	Titl	e			
Sign Here		<del></del>			Date			Preparer	s identifying	 I	
gn	ς Σ		/ / .				Check if	number (	ee Signati		
Self-employed ►X page 30 of the i					of the instru	ctions)					
	Paid Preparer's Use Only	signature Signature	in gira		8/9/2010	<u> </u>	L				
	احتما	Firm's name (or yours if self-employed), address,	John C. Lit					EIN -			
	and ZIP code 1600 SW 129th Street, Oklahoma City, OK 73170 Phone no (405) 620-213							21 <u>13</u>			

Line 1	Tota	al:	90,016
1	Contributions from donors	1	90,016
2		2	
3		3	
4		4	
5		5	

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

<u> </u>	S)	<u> </u>	_	_	_	- 1	_	_		
Average Hours		)								
Title	President	Vice-Presiden								
Foreign Country										
State Zip Code	73130	73130								
State	Ŏ K	OK								
	Midwest City									
Street	9205 Nawassa	9205 Nawassa								
Check "X" if Business										
Name	Gary Bachman	Connie Bachman								
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# THE JOURNAL RECORD

Oklahoma City, Oklahoma 73126-0370 Telephone 278-2801

### **PUBLISHER'S AFFIDAVIT**

2010 ANNUAL REPORT 08/11/2010 ZION'S GATE MINISTRIES NUMBER **PUBLICATION DATES** 

LEGAL NOTICE

STATE OF OKLAHOMA COUNTY OF OKLAHOMA

**\$** 5 5

I, of lawful age, being duly sworn, am a legal representative of The Journal Record of Oklahoma City, Oklahoma, a daily newspaper of general circulation in Oklahoma County, Oklahoma, printed in the English Language and published in the City of Oklahoma City, in Oklahoma County, State of Oklahoma, continuously and uninterruptedly published in the County for a period of more than 104 consecutive weeks prior to the first publication of the attached notice, and having a paid general subscription circulation therein and with admission to the United States mails as paid second-class mail matter

That said notice a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement on the ABOVE LISTED DATE(S)

IERE Jantooser

(Representative Signature)

LA GANGE AND SWORN to before me this 11 th day of August 2010

# 07006934 EXP. 07/30/11 PUBLIC.

WE HAVE

Notary Public

Commission Number 07006984 My Commission expires 07/30/2011

Order Number

00189735

Publisher's Fee

\$ 17.09

(MS189735) NOTICE

NOTICE

Notice is hereby given that Zion's Gate Ministries annual tax return for the year ended December 31, 2009 is available for public inspection

A copy of said Annual Return and other data pertaining to said foundation is on file with the undersigned Chairman at his residence, 9205 Nawassia, Midwest City, Oklahoma 73110, telephone 405/732-2763, said address being the principal office of said foundation Said Annual Report is available for inspection during regular business hours by citizens who request it within 180 days

Dated this 10th day of August

GARY C BACHMAN

Chairman

Zion's Gate Ministries (8-11-10)

# Form **8868**

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Neve	30 50 105						
	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (			► X			
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension of	on page 2 or th	is ioiii) filed Form 8	3868			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded).	ilica i omi c				
•	on required to file Form 990-T and requesting an automatic 6-month extension—check t	his box and cor	nplete				
Part I only				▶ □			
	prporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 income tax returns.	004 to request a	n extensioi	n of			
		utamatia autana	ion of timo	to file one			
of the returned electronical returns, or	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at ms noted below (6 months for a corporation required to file Form 990-T). However, you can live if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms a composite or consolidated Form 990-T. Instead, you must submit the fully completed a . For more details on the electronic filing of this form, visit www.irs.gov/efile and click on	annot file Form 990-BL, 6069, c and signed page	8868 or 8870, gro e 2 (Part II)	oup of			
Type or	Name of Exempt Organization	Employer ide	ntification n	umber			
print	73-1123544						
File by the	Number, street, and room or suite no. If a P O box, see instructions						
due date for 9205 Nawassa							
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions							
instructions	Midwest City	<u>OK</u>	73130	<del> </del>			
Check typ	e of return to be filed (file a separate application for each return).						
Form	990 Form 990-T (corporation)		Form	4720			
Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form	5227			
=	990-EZ Form 990-T (trust other than above)		Form	6069			
=	The state of the s		Form				
X Form	990-PF Form 1041-A		FOIIII	0070			
Teleph If the o If this is	oks are in the care of ► Gary C. Bachman 9205 Nawassa Midwest City OK Midwest Cone No. ► 405-732-2763 FAX No. ► ganization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) whole group, check this box	box .		. ▶☐ his ttach a			
until is f <u>o</u>	uest an automatic 3-month (6 months for a corporation required to file Form 990-T) exte  8/15/2010 , to file the exempt organization return for the organization return for the organization return for: calendar year 2009 or , and ending		e. The exte	ension			
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period							
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		.   .				
	any nonrefundable credits. See instructions.		3a   \$				
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta		_				
	nents made. Include any prior year overpayment allowed as a credit.		3b \$				
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if requir	ed,	I				
	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	<u> </u>		_			
Sys	em). See instructions.		3c   \$	0			
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84	53-EO and Forr	n 8879-EO				
tor payme	nt instructions.						

Form 8868 (Rev	4-2009)					Page	<u>, 2</u>	
If you are f	filing for an Add	litional (Not Automatic) 3-Month	Extension, complete on	y Part II and	check this box		]	
		f you have already been granted ar			eviously filed Fo	rm 8808.		
		omatic 3-Month Extension, comp of Automatic) 3-Month Extension			coming poods	d\	—	
	Employer ident							
Type or	Ettibioset ident	incabon name	•					
print File by the	For IRS use only							
extended	Rumber, succe, a	nd room or suite no. If a P.O. box, see	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 07 11 10 430 0.1.,			
due date for [	City, town or post off	ice, state, and ZIP code. For a foreign addres						
return See Instructions	•		and almand a series					
	of return to be	filed (File a separate application fo	r each return):				_	
Form 990	_	Form 990-PF	Form 1041	-A	Fom	n 6069		
Form 990	===	Form 990-T (sec. 401(a) or 408(a)	trust) Form 4720	1	Fom	n 8870		
Form 990-EZ Form 990-T (trust other than above) Form 5227								
		if you were not already granted an a			ısiv filed Form 8	868.	_	
		of ►					_	
Telephone			FAX No.▶		~~~~~			
• if the organ	nization does no	ot have an office or place of busine	ss in the United States, cl	neck this box	· · · · · · ·	▶[	]	
		n, enter the organization's four dig					_	
		is box ▶ . If it is for				nd attach a		
list with the names and EINs of all members the extension is for.								
4 I request an additional 3-month extension of time until								
5 For calendar year , or other tax year beginning , and ending .								
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period								
7 State in detail why you need the extension								
······································								
	1: 4:				. <del></del>			
8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,								
less any nonrefundable credits. See instructions.						\$		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.						•		
amount paid previously with Form 8868.  C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with						\$		
FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.						\$	0	
		Signature	and Verification		····			
Under penalties of it is true, correct a	f perjury, I declare the and opmplete, and the	at I have examined this form, including accordat I am authorized to prepare this form.		ts, and to the bes	at of my knowledge a	ind belief,		
Signature	Son Chi	thic Title > C	DΔ		Data A	E/0/2040		
7	man and	700 - 0			Date ► Form	5/9/2010 8868 (Rev 4-20)		