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2009

OMB No 1545 1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED APR \$ 0 2010

Short Form

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)

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

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

Α	For the 2009 calendar year, or tax year beginning	, 2009, and ending		,			
В	Check if applicable C		D En	ployer i	dentification number		
	Address change Please WINGS OF GRACE CHRISTIAN M	7	74-2431019				
	Name change label or 4585 HILTON PKWY #202	E Tel	ephone i	number			
	Initial return Type COLORADO SPRINGS, CO 80907	1 7	719-219-3400				
⊨	I ermination Specific						
\vdash	tions			oup Ex imber	kemption -		
ــــــــــــــــــــــــــــــــــــــ	Application pending	charitable trusts G Accounting			Cash Accrual		
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt must attach a completed Schedule A (Form 990 or s 	990-EZ). Other (spe	cify) ►		. <u> </u>		
	Website: ► WWW.WINGSOFGRACE.ORG	H Check ►		the org	janization is not dule B (Form 990,		
i	Tax-exempt status (check only one) $-X = 0.000$ (insert no.)	4947(a)(1) or 527 990-EZ, o	r 990-Pi	-)	2010 B (1 01111 330,		
K	Check ► If the organization is not a section 509(a)(3) supporti		re norm	ally no	t more than		
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if	the organization chooses to file a return	n, be su	re to fi	le a complete return		
L —	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if sinstead of Form 990-EZ			► \$	261,187.		
Pa	art I Revenue, Expenses, and Changes in Net As	ssets or Fund Balances (See th	<u>ie inst</u>	ructio			
	1 Contributions, gifts, grants, and similar amounts received			1	15,415.		
	2 Program service revenue including government fees and co	ntracts		2	244,562.		
	3 Membership dues and assessments			3			
	4 Investment income	, ,		4	733.		
	5a Gross amount from sale of assets other than inventory	5a		i			
	b Less, cost or other basis and sales expenses	5b					
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from	•		5с			
REVENUE	6 Special events and activities (complete applicable parts of Schedule G) If a	ny amount is from gaming, check here	-				
Ñ	a Grass reprenue from including \$ of c	contributions					
Ĕ		6a					
	b Less direct expenses beer than fundraising expenses	6b					
	C Net Dome or loss from special events and activities (Subtract line 6b from	m line 6a)		6c			
	a Gross sales of inventorpless returns and allowances	7a	477.				
	Lb Less cost of goods sold	7ь					
	(Subtract line 7	7b from line 7a)		7c	<u>477.</u>		
•	8 Other revenue (describe)	8			
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	<u>261,187.</u>		
	10 Grants and similar amounts paid (attach schedule).			10			
_	11 Benefits paid to or for members			11			
E X P E N S E	12 Salaries, other compensation, and employee benefits			12	97,122.		
Ë	13 Professional fees and other payments to independent contra	actors		13	38,234.		
S	14 Occupancy, rent, utilities, and maintenance			14	36,77 <u>9.</u>		
E S	13 Finding, publications, postage, and shipping			15	56 <u>9</u> .		
	16 Other expenses (describe ► SEE STATEMENT 1		_)	16	102,311.		
	17 Total expenses. Add lines 10 through 16			17	<u>275,015.</u>		
Δ	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-13,828.		
N S	19 Net assets or fund balances at beginning of year (from line in figure reported on prior year's return)	27, column (A)) (must agree with end-o	f-year	19	68,097.		
	it zu Other changes in het assets of lund palances (attach explan	nation).		20			
S	21 Net assets or fund balances at end of year. Combine lines 1	8 through 20	•	21	54,269.		
Pa	art II Balance Sheets. If Total assets on line 25, column ((B) are \$1,250,000 or more, file Form 99	0 instea	d of F			
	(See the instructions for Part II.)	(A) Beginnir			(B) End of year		
22			5,684		53,514.		
23	3 Land and buildings			23			
24	4 Other assets (describe ► SEE STATEMENT 2)	2,553		787.		
25	· · · · · · · · · · · · · · · · · · ·		B, 237		54,301.		
26	6 Total liabilities (describe - SEE STATEMENT 3).	140	\rightarrow	32.		
27		with line 21)	8,097		54,269.		
RΔ	AA For Privacy Act and Paperwork Reduction Act Notice, see sepa				Form 990-F7 (2009)		

TEEA0803L 01/30/10

Form 990-EZ (2009) WINGS OF GRACE Part III Statement of Program Se				-243	1019 Page 2 Expenses						
What is the organization's primary exempt purpose? SE		2 (000 1110 111011 0011	0110.)	(Requ	ured for section						
Describe what was achieved in carrying out the	e organization's exempt purpo	oses. In a clear and con	cise manner	501(c)	ured for section (3) and (4) uzations and section a)(1) trusts, optional hers.)						
Describe what was achieved in carrying out the describe the services provided, the number of	persons benefited, or other re	elevant information for	each	4947(a)(1) trusts, optional						
program title				for oti	hers.)						
28 EXPENSES IN CONJUNCTION W											
FAMILIES AND GROUPS: COND			ONJUNCTION]								
WITH THIS MINISTRY - APPR	ROXIMATELY 450 CLIE	ENTS SERVED.		1							
(Grants \$) If th	is amount includes foreign gra	ants, check here		28a	224,078.						
29											
			-								
(Grants \$) If th	is amount includes foreign gr	ants, check here	▶	29 a							
30											
	- 										
(Grants \$) If th	is amount includes foreign gra	ants check here		30 a							
31 Other program services (attach schedule		arks, check here		304							
, ,	is amount includes foreign gr	ante abook boro	▶ □	21.0							
32 Total program service expenses (add lin		ants, check here		31 a	224 070						
				32	224,078.						
Part IV List of Officers, Directors											
(a) Name and address	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account						
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensati		and other allowances						
MICHAEL BIRD	PRESIDENT	69,667.	15,0	-+							
		l , , , , , , , , , , , , , , , , , , ,	15,0	۱٠٠٠	0.						
4585 HILTON PKWY, STE 202	40.00										
COLORADO SPRINGS, CO 80907											
RIPLEY HOLLISTER	SECRETARY/TREAS	0.		0.	0.						
4585 HILTON PKWY, STE 202	1.00										
COLORADO SPRINGS, CO 80907											
GEORGE STAHNKE	DIRECTOR	0.		0.							
				١٠٠	0.						
4585 HILTON PKWY, STE 202	1.00										
COLORADO SPRINGS, CO 80907											
RANDY WELSCH	DIRECTOR	0.		0.	0.						
4585 HILTON PKWY, STE 202	1.00			- 1							
COLORADO SPRINGS, CO 80907											
JAN BIRD	KEY EMPLOYEE	9,595.	2,4	nn	0.						
4585 HILTON PKWY, STE 202	10.00		2,4	ا.س	0.						
	10.00										
COLORADO SPRINGS, CO 80907											
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BAA	TEEA0812L 0	1/30/10			Form 990-EZ (2009)						

			T	· · ·
22	Did the course of the course o		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
á	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?	35a		v
ŀ	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
37 :	year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions	36		X
	Do Did the organization file Form 1120-POL for this year?	37 b		X
38 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		Х
ŧ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
ä	a Initiation fees and capital contributions included on line 9			
	O Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
4U a	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.			
ŀ	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 b		X
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T			
41	List the states with which a copy of this return is filed NONE	40 e	L	<u> </u>
42 a	a The organization's books are in care of ► THE ORGANIZATION Telephone no ► 719-23	L9-3	400	
	Located at ► 4585 HILTON PKWY, STE 202 COLORADO SPRINGS CO ZIP + 4 ► 80907			
Ł	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u> </u>
	If 'Yes,' enter the name of the foreign country.			
	Confloration to the second sec			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts: At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If 'Yes,' enter the name of the foreign country	420	1	
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			-
	01 Form 990-EZ	44		<u>X</u> _
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

Form 990-EZ (2009)	WINGS	OF	CRACE	CHRISTIAN	MINICTRIES
UNIT 330°LZ (2003)	MINGS	OL	GIATOL	CITICALITY	DITITOTIVE

74-2431019

Page 4

Part VI	Section 501(c)(3) organization: 501(c)(3) organizations and sec 46-49b and complete the tables	s and section 4947 ction 4947(a)(1) no	(a)(1) nonexemp	ole trusts must answe	ly. All secti	
47 Did ti	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C he organization engage in lobbying activitie	es? If 'Yes,' complete So	chedule C, Part II		46 47	X X
49 a Did ti b If 'Ye 50 Comi	e organization a school as described in sec the organization make any transfers to an e es,' was the related organization a section plete this table for the organization's five h	exempt non-charitable re 527 organization?	elated organization?	officers directors trustees	48 49a 49b	X
empl	oyees) who each received more than \$100 Name and address of each employee paid more than \$100,000	0,000 of compensation fr (b) Title and average hours per week devoted to position	(c) Compensation	If there is none, enter 'Non (d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowand	1
NONE						
			<u> </u>			
		<u>-</u>			<u> </u>	
51 Comp	plete this table for the organization's five hoensation from the organization. If there is (a) Name and address of each independent contri	none, enter 'None.'	ependent contractors	who each received more the (b) Type of service	(c) Compensat	
d Total	number of other independent contractors	each receiving over \$10	0,000	·		
Sign Here	Under peralties of perjury, declare has I have examine, correct, and complete peclaration of preparer (of Signature of officer MICHAEL BIRD Type or print name and title	ined this return, including accor other than officer) is based on a	mpanying schedules and sta ill information of which prepa	tements, and to the best of my known arer has any knowledge U-8-(0) Date PRESIDENT	wledge and belief,	ıt ıs
Paid Pre- parer's Use Only	Preparer's signature Firm's name (or yours if self employed), address, and ZIP + 4 COLORADO SPRINGS	CPA C ROAD	Date 4/2//	employed ► X P00	arer's Identifying N Instructions) 0446262	umber
May the IR	S discuss this return with the preparer sho	`	ions		X Yes Form 990-EZ	No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number WINGS OF GRACE CHRISTIAN MINISTRIES 74-2431019 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1XA)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R X 9 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II Type III - Functionally integrated Type III- Other Type I Ы By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (ii) EIN (iv) Is the (vi) Is the organization in col (vii) Amount of Support organization in col (i) listed in your (i) organized in the governing document? No Yes Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

Par	t II Support Schedule for	-)(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
500	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Ining in)	(4) 2000	(0) 2000	(9) 2221	(1) 2000	(8) 2000	
,	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			, 	· _r	, —	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						_
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	tructions)		<u></u>	12	
13	First five years. If the Form 990 organization, check this box and	s for the organiza stop here.	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	⊢ □
Sec	tion C. Computation of Pu		Percentage				
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	e 11, column (f)		14	%_
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			_ 15	
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more, che	ck this box
t	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box o licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop her e	e. Explain in Part IV	/ how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organia	s' test, check this cation qualifies as	box and stop here a publicly suppor	e. Explain in Part IV ted organization	/ how the ►
18	Private foundation. If the organiz	zation did not ched	ck a box on line,	<u>13, 16a, 16b, 17a, </u>	or 17b, check thi	s box and see inst	ructions -

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

_	(Complete only if you chec		<u> </u>			 -	
	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	2,496.	2,100.	6,950.	25,810.	15,415.	52,771.
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 Gross receipts from activities that are not an unrelated trade or business	172,520.	172,849.	191,110.	224,074.	245,039.	1,005,592.
4	under section 513 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.
6	Total. Add lines 1 through 5	175,016.	174,949.	198,060.	249,884.	260,454.	1,058,363.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	5,000.	19,000.	3,300.	27,300.
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.	5,000.	19,000.	3,300.	27,300.
	Public support (Subtract line					,	
	7c from line 6)						1,031,063.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caic	Transfer (or moral). Bogining my						
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	175,016.	174,949.	198,060.	249,884.	260, 454.	1,058,363.
9 10 <i>a</i>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	175,016. 488.	2,982.	2,954.	1,419.	733.	8,576. 0.
9 10 <i>a</i> t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	175,016.	174,949.				8,576.
9 10 <i>a</i> t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	175,016. 488.	2,982.	2,954.	1,419.	733.	8,576. 0.
9 10 a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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.)	175,016. 488.	2,982.	2,954.	1,419.	733.	8,576. 0. 8,576. 0.
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 ins 9, 10c, 11, and 12)	488. 488.	2,982. 2,982.	2,954.	1,419.	733.	8,576. 0. 8,576. 0. 1,066,939.
9 10 a t 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 lins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and	175,016. 488. 488.	174, 949. 2, 982. 2, 982.	2,954.	1,419.	733.	8,576. 0. 8,576. 0. 1,066,939.
9 10 <i>a</i> 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Puting 10c, 110 to 10c, 1	488. 488. 488. s for the organizat stop here.	2,982. 2,982. 2,982. Percentage	2,954. 2,954.	1,419.	733. 733.	8,576. 0. 8,576. 0. 1,066,939.
9 10 <i>a</i> 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Purpublic support percentage for 20	175, 016. 488. 488. s for the organization here. iblic Support F 09 (line 8, column	2,982. 2,982. 2,982. Percentage (f) divided by line	2,954. 2,954.	1,419.	733. 733.	8,576. 0. 8,576. 0. 1,066,939. 1,066,939.
9 10 <i>a</i> 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Purblic support percentage from 20	s for the organization here. Iblic Support F 09 (line 8, column 2008 Schedule A, F	2,982. 2,982. 2,982. 2,982. Percentage (f) divided by line Part III, line 15	2, 954. 2, 954. third, fourth, or 13, column (f))	1,419.	733. 733.	8,576. 0. 8,576. 0. 1,066,939.
9 10 <i>a</i> 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage from 2 public support percentage from 2 tion D. Computation of Inventorial security.	175, 016. 488. 488. 488. 488. Iblic Support For the stop here. Stop Here Support For the stop here.	2, 982. 2, 982. 2, 982. 2, 982. Percentage (f) divided by line Part III, line 15 me Percentage	2, 954. 2, 954. third, fourth, or 13, column (f))	1,419. 1,419. fifth tax year as a	733. 733. section 501(c)(3) 15 16	8,576. 0. 8,576. 0. 1,066,939. 1,066,939. 1,066,939. 1,066,939.
9 10 <i>a</i> 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Invitation of	s for the organizat stop here. Iblic Support F 09 (line 8, column 2008 Schedule A, F vestment Incolor 2009 (line 10c, co	2,982. 2,982. 2,982. 2,982. Original second sec	2, 954. 2, 954. third, fourth, or 13, column (f))	1,419. 1,419. fifth tax year as a	733. 733. section 501(c)(3) 15 16	8,576. 0. 8,576. 0. 1,066,939. 1,066,939. 96.6% 96.7% 0.8%
9 10 <i>a</i> 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	175,016. 488. 488. 488. 488. 488. One of the organizate stop here. Stop here. Stop here. Stop here. Stop here. Stop line 8, column 2008 Schedule A, Force and Schedule and Schedule are organization did	2, 982. 2, 982. 2, 982. 2, 982. 2, 982. Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided A, Part III, line 1 not check the box	2, 954. 2, 954. 2, 954. third, fourth, or 13, column (f)) by line 13, column on line 14, and	1, 419. 1, 419. fifth tax year as a	733. 733. 1 section 501(c)(3) 15 16 17 18 an 33-1/3% and	8,576. 0. 8,576. 0. 1,066,939. 1,066,939. 1,066,939. 0.8% 0.8% 0.8%
9 10a 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Inves	175,016. 488. 488. 488. 488. 488. 488. One of the organization did ox and stop here. The organization did this box and stop	2, 982. 2, 982. 2, 982. 2, 982. 2, 982. 2, 982. Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided a A, Part III, line 1 not check the box The organization cont check a box of here. The organization of the check a box of here. The organization of the part III.	2, 954. 2, 954. 2, 954. third, fourth, or 13, column (f)) by line 13, column on line 14, and qualifies as a public in line 14 or 19a, attorn qualifies as	1,419. 1,419. 1,419. fifth tax year as a fi	733. 733. 733. 1 section 501(c)(3) 15 16 17 18 an 33-1/3%, and ganization re than 33-1/3%, led organization	8,576. 0. 8,576. 0. 1,066,939. 96.6% 96.7% 0.8% 0.8% Inne 17 is not X

Schedule /	A (Form 990 or 990-EZ) 2009	WINGS OF	GRACE	CHRISTIAN	MINISTRIES	74-2431019	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b	ition. Comple ; and Part III	ete this p , line 12.	art to provid Provide an	de the explanati y other addition	ons required by Part II, linal information. See instru	ne 10; ictions.
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SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

Name of the organization						1	Employer is	tentifica	tton nu	nber						
WINGS OF GRACE CHRISTIAN	MINISTRIE	S _					74-243	3101	9							
Part I Excess Benefit Trans Complete if the organizatio	actions (sectors answered 'Yes	tion 50 s' on For	1(c)(3) a m 990, Pa	and section ort IV, line 25	n 501(c) a or 25b, c	(4) orgar or Form 990	nization)-EZ, Par	s on t V, III	ly). ne 40b							
											(c) Corr	ected?				
1 (a) Name of disqualified	person				(b) Descriptio	on of transaction	on				Yes	No				
												_				
2 Enter the amount of tax imposed of section 4958			_		ersons duri	ng the yea	r under	► \$								
3 Enter the amount of tax, if any, or				organization				► \$								
Part II Loans to and/or From Complete if the organizatio	n answered 'Yes	s' on For	m 990, Pa				· 		(D.A		(-))4(
(a) Name of interested person and purpos	the orga	to or from anization?		Original ipal amount	(0)8	alance due	(e) in c	(e) In default?		(e) in default?		(e) III delault		oroved ard or littee?		ritten ment?
	То	From		· · · · · · · · · · · · · · · · · · ·			Yes	No	Yes	No	Yes	No				
										_						
							+	-								
Total	·		1	▶ \$				l				·				
Part III Grants or Assistance Complete if the organ	Benefitting ization answ	Interes ered 'Y	ted Per 'es' on l	sons. Form 990,	Part IV,	line 27.			١							
(a) Name of interested person				interested perso			(c) Amoun	t and ty	pe of as	ssistance	e					
												· .				
												_				
																
Part IV Business Transaction Complete if the organ	is Involving ization answ	Interes ered'Ye	sted Per es' on F	r sons. form 990, l	Part IV, I	line 28a,	28b, o	r 28c								
(a) Name of interested person		elationship isted persoi organizati	n and the	(c) Amo transac		ക്ര	Description	of trans	action			aring of tation's nues?				
					_	ļ					Yes	No				
BRADLEY T BIRD	SON O	F PRES			32,761.	ADMINIS'	TRATION	SERV	ICES			Х_				

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

2009	FEDERAL STATEMEN	NTS		PAGE 1
	WINGS OF GRACE CHRISTIAN MI	NISTRIES		74-2431019
STATEMENT 1 FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES ASSOC. THERAPIST REIMBUI COOPERATIVE THERAPY DEPRECIATION EDUCATION GOV'T LICENSES & FEES ICP REIMBURSEMENT			\$	486. 90. 1,766. 4,175. 700. 2,262.
INSURANCE MISCELLANEOUS OFFICE EXPENSES PROPERTY TAX THERAPY REIMBURSEMENT TRAVEL			TOTAL <u>\$</u>	1,104. 370. 10,560. 47. 79,837. 914.
STATEMENT 2 FORM 990-EZ, PART II, LINE 2 OTHER ASSETS	24			
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT		<u>BI</u> \$ TOTAL <u>\$</u>	1,538. \$ 1,015. 2,553. \$	ENDING 216. 571. 787.
STATEMENT 3 FORM 990-EZ, PART II, LINE : TOTAL LIABILITIES	26			
ACCOUNTS PAYABLE AND ACC	CRUED EXPENSES	<u>BI</u> TOTAL \$	EGINNING 140. \$ 140. \$	ENDING 32. 32.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO OPERATE A COUNSELING, EDUCATIONAL, AND MINISTRY BASED OUTREACH PRIMARILY TO THE LOCAL COLORADO SPRINGS CHURCH COMMUNITY FOR INDIVIDUALS, COUPLES AND FAMILIES.

2009

FEDERAL STATEMENTS

PAGE 2

WINGS OF GRACE CHRISTIAN MINISTRIES

74-2431019

STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO