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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No 1545-0047

A Fo	or the 2009 ca	alendar year, or tax year beginning January 1 , 2009, and ending Decen	nber 31 ,	20 09
B Che	ck if applicable	Please C Name of organization Kingdom Resources	D Employer	identification number
	dress change	use IRS label or Doing Business As	74	2884759
	me change	print or Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone	number
	al return	type See 1670 FM 1516 South	(210)	648-4900
	minated	Specific Instruc- City or town, state or country, and ZIP + 4		
	ended return	tions. San Antonio, TX 78263	G Gross receip	ts \$ 840,192
	dication pending	F Name and address of principal officer Steven R. Sholin H(a) Is this	a group return for	affiliates?□Yes ☑ No
		ACTO THE ATAC CO. ALL CO. ALL CO. TV TOCCO	all affiliates incli	
1 Ta	x-exempt status	5	o," attach a list	(see instructions)
			exemption numbe	r ▶
K For	rm of organization	☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation. 1998	M State of leg	gal domicile TX
Part				
	1 Briefly de	escribe the organization's mission or most significant activities: To collect and re	distribute "	Gift in Kind"
	donatio	ns to agencies serving the poor and needy and to churches for outreach in nee	edy neighbo	ornoods.
Activities & Governance		and train students and young adults to serve others especially the poor and	needy. To p	rovide disaster
Ĕ		nenever possible.		
ا ق	2 Check this	box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net asset		
- as	3 Number	of voting members of the governing body (Part VI, line 1a)	. 3	4
ies .	4 Number	of independent voting members of the governing body (Part VI, line 1b)		2
Ę.	5 Total nur	nber of employees (Part V, line 2a)	. 5	3
¥ G	6 Total nur	nber of volunteers (estimate if necessary)	. 6	300
		ss unrelated business revenue from Part VIII, column (C), line 12	. 7a	
\rightarrow	b Net unre	ated business taxable income from Form 990 F, line 84	. 7b	
		RECEIVED Prior Ye		Current Year
			574,211	840,192
		service revenue (Part VIII.) line 29/. 1.2.2010.	-0-	425
Revenue		nt income (Part VIII, coltamn (A), lines 3, 4, and 7d) 🖒	10,386	1,050
_ 1	11 Other rev	venue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	-0-	610
			584,597	842,277
1		The children arroadite para (i arros), colainin (i), miss i o),	121,235	706,806
		paid to or for members (Part IX, column (A), line 4)	-0-	-0- 42.745
		other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,038 -0-	12,745 -0-
용 1		onal fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
_ 1		maising expenses (Fartix, Column (D), line 20)	191 607	144,481
		periode (rait ix) column (ry) inico tra rray in a riy :	181,607	864,032
		oness: nad miss is in (mast edgar art m) seram (), mis 25/	309,880 274,717	(21,755)
	19 Revenue	less expenses. Subtract line 18 from line 12		End of Year
ances				632,966
200		(u / / , i i i i i i i i i i i i i i i i i	692,032 171,501	157,986
1 E E		mides (1 dit X, mio 20)	520,531	474,980
Part		ature/Block	020,001	
		natties of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to the	ne best of my knowledge
	and belie	f true, correct, and complete Declaration of preparer (other than officer) is based on all information	of which prepa	rer has any knowledge
Sign		\mathcal{A}	ο / φ	/ 10
Here		attree of officer Dat	e	
11010		STEVEN BY SHOLIN PRESIDENT		
	Type	or print name and title		
		Date Check if	Preparer's iden	tifying number
	Preparer' signature		(see instruction	s)
Paid		i i i i i i i i i i i i i i i i i i i		
Prepar	i Firm's na	me (or yours EIN		· · · · · · · · · · · · · · · · · · ·
Use Or		ployed), and ZIP + 4	o > ()	
Mav 1		uss this return with the preparer shown above? (see instructions)	· ·	Yes No

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

Cat No 11282Y

Form **990** (2009)

Par	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: To collect and redistribute "Gift in Kind" donations to agencies serving the poor and needy and to chu for outreach in needy neighborhoods. To teach and train young people to serve others especially the provide disaster relief whenever possible.	

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	☐ Yes 🗹 No
		_ tes ⊌ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 603,823 including grants of \$ 541,690) (Revenue \$ Distribution of "Gift in Kind" to other agencies serving the poor and needy. 50 agencies were served in church outreach programs, 4 drug / alcohol programs, 5 community based outreach programs, 7 inner programs including after school care, 4 inner city schools, 4 foodbanks and 4 homeless programs.	cluding 20
4h	(Code:) (Expenses \$ 76,635 including grants of \$ 68,647) (Revenue \$	-0- \
40	(Code.) (Expenses \$) (Expenses \$) (Nevende \$	
		44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	We sent a semi load of food products to "Mission Year" in Atlanta, GA to distribute to the community in	their vicinity.
4c	C (Code:) (Expenses \$ 77,996 including grants of \$ 70,008) (Revenue \$	-0-)
	Distribution of "Gift in Kind" items to U.S. organizations aiding the needy in Mexico, Honduras, Peru an	
		. FL.FL & CHICKEY
	••••	
	•••••	·

44	d Other program services. (Describe in Schedule O.)	
	(Expenses \$ 107,177 including grants of \$ 30,461) (Revenue \$ 425)	
4e		·
70	A 14 mm b. 43. mm. doi 1100 a whattoo a whattoo a do 1100 i	

Par	t IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3_	_	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		i	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Form	990 (2009)		F	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38		L

Par	Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
_	U.S. Information Returns. Enter -0- if not applicable			,
	Little the humber of Forms W-24 mondadd in line fat. Little of it not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
60	Prohibited Tax Shelter Transaction?	6a		1
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<i>\interpretation</i>
	and services provided to the payor?	7a 7b		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	1	
_	required?	7h	-	
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			l

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			'
b	Enter the number of voting members that are independent			ſ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ي ا
	any other officer, director, trustee, or key employee?	2	<u>√</u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		1
7a				
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			,
•	the year by the following:			H
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	1	
_				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	-	1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	√
h	Other officers or key employees of the organization	15b		/
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
.04	with a taxable entity during the year?	16a		✓
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	•	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶	-		-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.	,,,\ - ,o,o '	J. 11 7)	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
13	policy, and financial statements available to the public.	J. 1110		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
20	organization: ► Steven R. Sholin 1670 FM 1516 South San Antonio, TX 78263			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	ompensate	any o	cum	<u>ent</u>	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Edward C. Taylor Director	2	1						-0-	-0-	-0-
Steven R. Sholin President Executive Director	40	1		1				2,476	-0-	-0-
Carla Y. Sholin Vice President	40	1		1				2,476	-0-	-0-
Jacob A. Aranda Director	40	1						1,462	-0-	-0-
		V								
							<u> </u>			

	Section A. Officers, Directors, Tru			,						Employees (
	(A)	(B)	l <u> </u>		(0	•			(D)	(E)		(F) stimate	
	Name and title	Average hours per week			con con or ar	amount of other compensation from the organization and related organizations							
												-	
						-							
					 					· · ·			
											-		
									-				
			_										
• • • •													
1b	Total						٠		6,414				
2	Total number of individuals (including but i	not limited	to the	ose	list	ed a	above	e) wh	no received mo	ore than \$100	,000 in		
	reportable compensation from the organization	ation ► -0-										T	T
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	chedule J	for su	ıch .	ındi	vidu	ıal				3	-	✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repo greater tha	ortabl an \$15	e co 50,0	omp 1007	ens If '	sation 'Yes,'	and 'cor	d other compe nplete Schedu	nsation from le J for such	4	-	1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	comp olete	oen: Sch	satio	on 1 ele J	· from I for s	any any	unrelated org		5		1
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	ent d	contra	acto	rs that receive	d more than \$	100,00	0 of	
	(A) Name and business add	dress							(B) Description of s	ervices		C) ensatio	n
						-		t					

Part	VII	Statement of Revenu	16					
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns .	· · ⊢	1a				-
gra 10u	b	Membership dues	· · ⊢	1b				
fts, r an		Fundraising events	· · ⊢	1c				
بقاة		Related organizations .	· · ⊢	1d				
ons		e Government grants (contributions).		1e				
orti Per	f	All other contributions, gifts, grants,		1f 840,192				!
t if	_	and similar amounts not included all Noncash contributions included in life						
a Co			100 10-11.	Ψ	840,192			1
				Business Code	·			,
Program Service Revenue	2a	Camp Fees		721214	425	425	-	
æ	ь							
JC 6	С			1 1			·	
Sen	d							
Ę	е							
rogı	f	All other program service re			405			
	9	Total. Add lines 2a–2f .			425		<u> </u>	
	3	Investment income (includin	-	_				
		other similar amounts) . Income from investment of tax-		bond proceeds				
	4 5	Royalties						
			Real	(ii) Personal				
	6a	Gross Rents						
		Less: rental expenses						
!	С	Rental income or (loss)				-		
	d	Net rental income or (loss)		<u> ▶</u>				
	7a	Gross amount from sales of	Securities					·
		assets other than inventory		1,050				
	b	Less: cost or other basis						i
		and sales expenses . Gain or (loss)		1,050				i
					1,050	1,050	-	·
•	i	_	draising	,				
evenue	Oa	events (not including \$						
Š		of contributions reported on	line 1c)					
<u>.</u>		See Part IV, line 18		a				
Other		Less: direct expenses .		b		-	-	
0	C	Net income or (loss) from fu	ındraisii	ng events ▶				
	9a	Gross income from gaming a	activities	. [į		
		See Part IV, line 19 Less: direct expenses						
		Net income or (loss) from g				· - · · · · · · · · · · · · · · · · · · 		
	l	Gross sales of inventor	_		·			
	,,,,	returns and allowances .						
	ь	Less: cost of goods sold				_	'	_ ,
	С	Net income or (loss) from sale	es of inv					
	<u> </u>	Miscellaneous Revenue		Business Code		-		
	11a		. 		610	610		
	b			1				
	C	All other revenue						
	l .	All other revenue Total. Add lines 11a-11d			610			
	12				842,277	2,085		

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	704,554	704,554		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,252	2,252		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-0-			
4	Benefits paid to or for members	-0-			
5	Compensation of current officers, directors, trustees, and key employees	6,415	6,415		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-			
7	Other salaries and wages	4,129	4,129		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-0-			
9	Other employee benefits	-0-			,
10	Payroll taxes	2,201	2,201	_	
11	Fees for services (non-employees):				
а	Management	-0-			
b	Legal	-0-			
С	Accounting	-0-		.	
d	Lobbying	-0-			
е	Professional fundraising services. See Part IV, line 17	-0-			
	Investment management fees	-0-			
g	Other	-0-			0.404
12	Advertising and promotion	2,401	20.000		2,401
13	Office expenses	22,300	22,300		
14	Information technology	1,142	1,142		
15	Royalties	-0- 9,732	0.722		
16	Occupancy		9,732 7,910	<u> </u>	
17	Travel	7,910	7,910		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-			
19	Conferences, conventions, and meetings .	-0- 595	595		
	Interest	-0-	292		
21	Payments to affiliates	30,068	30,068		
22 22	Depreciation, depletion, and amortization.	4,269	4,269		
23	Insurance	4,203	7,203		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Non Cash Distributions through				_ :
b	Kingdom Resources Outreaches	58,124	58,124		<u> </u>
c	Non Cash Items Consumed In House	7,940	7,940		
d					
е				· · · · · · · · · · · · · · · · · · ·	
25	All other expenses Total functional expenses. Add lines 1 through 24f	864,032	861,631		2,401
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A)		(B) End of year
		Beginning of year		
1	Cash—non-interest-bearing	1,178	1	1,617
2	Savings and temporary cash investments	144	2	1
3	Pledges and grants receivable, net	-0-	3	-0
4	Accounts receivable, net	-0-	4	-0
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of	-	_	
1	Schedule L	-0-	5	-0
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L	-0-	6	-0
8	Notes and loans receivable, net	-0-	7	-0
8	Inventories for sale or use	332,640	8	289,274
9	Prepaid expenses and deferred charges	-0-	9	
10a	Land, buildings, and equipment: cost or 10a 451,364			
	other basis. Complete Part VI of Schedule D		40-	240.05
b	Less: accumulated depreciation	358,070		342,058
11	Investments—publicly traded secunties	-0-	11	-0
12	Investments—other securities. See Part IV, line 11	-0-	12	-0
13	Investments—program-related. See Part IV, line 11	-0-	13	-0
14	Intangible assets	-0-	14	
15	Other assets. See Part IV, line 11	-0-	15	-0
16	Total assets. Add lines 1 through 15 (must equal line 34)	692,032	_	632,960
17	Accounts payable and accrued expenses	^	17	-0
18	Grants payable	-0- -0-		
19	Deferred revenue	-0- -0-	19 20	
20	Tax-exempt bond liabilities			
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	<u>-0-</u>	21	-0
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified	4000		
'	persons. Complete Part II of Schedule L	4000	22	<u>-0</u>
23	Secured mortgages and notes payable to unrelated third parties	162,247 -0-	24	157,968
24	Unsecured notes and loans payable to unrelated third parties	5,254		
25	Other liabilities. Complete Part X of Schedule D	171,501	25 26	157,980
26	Total liabilities. Add lines 17 through 25	171,501	26	157,981
	Organizations that follow SFAS 117, check here ▶ ☐ and			
	complete lines 27 through 29, and lines 33 and 34.	-	07	-
27	Unrestricted net assets		27 28	
i 28	Temporarily restricted net assets			
29	Permanently restricted net assets		29	
27 28 29	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	
32	Retained earnings, endowment, accumulated income, or other funds	520,531	32	474,98
30 31 32 33	Total net assets or fund balances	520,531	33	474,98
34	Total liabilities and net assets/fund balances	692,032	34	632,96

Pai	t XI Financial Statements and Reporting					
			Yes	No		
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗆 Accrual 🗆 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ļ		
	Schedule O.			. ر		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.		ĺ	-		
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Ì		,		
a						
	issued on a consolidated basis, separate basis, or both.					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-		'		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			١.		
	the Single Audit Act and OMB Circular A-133?	3a		✓		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	L			

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number Name of the organization Kingdom Resources 2884795 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(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 170(b)(1)(A)(iv). (Complete Part II.) 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 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % 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\% % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. **c** ☐ Type III–Functionally integrated a 🗌 Type I **b** Type II d Type III-Other e Dy checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it 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 g 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? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (in FIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Nο Yes Yes No

Pai	Support Schedule for Org					and 170(b)(1)(A)(vi)
<u> </u>	(Complete only if you check tion A. Public Support	ked the box o	on line 5, 7, c	or 8 of Part I.	<u> </u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	lendar year (or riscal year beginning iii)	(a) 2005	(D) 2006	(6) 2007	(u) 2006	(e) 2009	(i) rotai
1	Gifts, grants, contributions, and						
	membership fees received (Do not	2,222,312	1,065,842	1,021,980	1,574,211	840,192	6,724,537
	include any "unusual grants.")	2,222,312	1,003,042	1,021,300	1,514,211	040,192	0,724,337
2	Tax revenues levied for the organization's			1			
	benefit and either paid to or expended on						
	its behalf	·-· · — · · · ·					
3	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	2,222,312	1,065,842	1,021,980	1,574,211	840,192	6,724,537
4	Total. Add lines 1 through 3	2,222,012	1,000,042	1,021,000		040,102	0,724,007
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						1,347,101
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.			· · · · · · · · · · · · · · · · · · ·			5,377,436
	tion B. Total Support		1	I			3,011,100
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,222,312	1,065,842	1,021,980	1,574,211	840,192	6,724,537
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar sources	14,171	3,150	492			17,813
_	Net income from unrelated business			İ			
9	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)	4,411	3,592	134	10,381	1,660	20,178
11	Total support. Add lines 7 through 10 .						6,762,528
12	Gross receipts from related activities, etc					12	425
13	First five years. If the Form 990 is for	-					on 501(c)(3)
	organization, check this box and stop he			<u> </u>			P L
	tion C. Computation of Public Su						79.5 %
14	Public support percentage for 2009 (line		•	, column (t))		15	79.5 % 79 %
15	Public support percentage from 2008 Sch		•				
16a					ine 14 is 33/3 9	% or more, cne	CK this dox ▶ ☑
_	and stop here. The organization qualifies 33% % support test—2008. If the organization						
D	box and stop here. The organization qua						CHECK UIIS ► □
170	10%-facts-and-circumstances test—20	•		•			
17a	more, and if the organization meets the "fa						
	organization meets the "facts-and-circum						
L	•		-				
D	10%-facts-and-circumstances test - 2008 more, and if the organization meets the "factorial factorial facto						
	organization meets the "facts-and-circumsta						
18	Private foundation. If the organization did						
	i mate roundation. If the organization dio	not oridon a bo.		a, 700, 170, 01 1	Oncon uno i	and 500 mb	

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

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	; 					
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons		-				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	Section B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				661		501(1)(0)
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt	n, or fifth tax y	ear as a sec	▶ □
	tion C. Computation of Public Su			no 10 columnia	/A\	15	%
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column		15	<u>%</u>
	tion D. Computation of Investmen				 	10	70
17	Investment income percentage for 200			d by line 13 o	olumn (fl)	17	%
17 18	Investment income percentage for 200					18	%
19a	33\% % support tests—2009. If the orgin is not more than 33\% %, check this b	anization dıd n	ot check the b	ox on line 14,	and line 15 is r	nore than 33%	%%, and line
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	n line 14 or line	19a, and line 1	6 is more that	n 331/3 %, and
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see in	structions ► □

Schedule A (F	orm 990 or 990-EZ) 2009 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II Lin	e 10: Net proceeds from the sale of non inventory assets
*	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Name of the organization
Kingdom Resources

2884759 74 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 」Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Dane	2

. %

Sched	ule D (Form 990) 2009								Page 2
Par	t III Organizations Maintainin	g Collections	of Art, H	storical	Treasures	, or Other Simi	lar As	sets (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):		ther reco	rds, ched	ck any of the	e following that ar	e a sig	nıficant us	e of its
а	Public exhibition		d		oan or excha	ange programs			
b	Scholarly research		е	□ 0	ther				
С	Preservation for future generatio	ns							
4	Provide a description of the organizate Part XIV.	ion's collections	and exp	lain how	they further	the organization	's exer	mpt purpos	se in
5	During the year, did the organization so assets to be sold to raise funds rather t	han to be mainta	ined as p	art of the	organization	's collection? .			
Par	t IV Escrow and Custodial Are IV, line 9, or reported an are	r <mark>angements.</mark> C mount on Form	omplete 990, Par	if the ore	ganization a 21.	inswered "Yes"	to For	m 990, Pa	rt
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or ot	her intern	nediary fo	or contribution	ons or other asse	ets not	☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIV and con	nplete the	followin	g table:				
	, ,		-		_		Ап	nount	<u>_</u>
C	Beginning balance					. 1c			
	Additions during the year					. 1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a b	Did the organization include an amount "Yes," explain the arrangement in F	Part XIV.						∐ Yes	∐ No
Pai	t V Endowment Funds. Com	plete if the or	ganizatio	n answe	ered "Yes"	to Form 990, P	art IV,	, line 10.	
		(a) Current year	(b) Pro	or year	(c) Two years	back (d) Three year	rs back	(e) Four yea	ars back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								1
d	Grants or scholarships								
	Other expenditures for facilities								
f	Administrative expenses							<u> </u>	
	End of year balance								
2	Provide the estimated percentage of	the year end ba	lance hel	d as:					
а	Board designated or quasi-endowme								
b	Permanent endowment ▶								
c	Term endowment ▶%								
_	Are there endowment funds not in the	possession of the	ne organiz	ation tha	t are held an	nd administered for	or the	Ye	s No
	organization by:							3a(i)	1
	• • • • • • • • • • • • • • • • • • • •							3a(ii)	
h	(ii) related organizations	 nizations listed a	 Is require	 d on Sch	 nedule R?		•	3b	
4	Describe in Part XIV the intended use							<u> </u>	
	t VI Investments—Land, Buil					art X, line 10.			
	Description of investment	(a) Cost or o	ther basis	(b) Cos	st or other s (other)	(c) Accumulated depreciation		(d) Book v	alue
	I and				61,457	· · · · · ·	\dashv		61,457
	Land				226,720	37.4	16		89,304
	Buildings	ì			220,120		••		20,007
	Leasehold improvements				132,294	64,2	40		68,054
	Equipment			<u> </u>	30.893	7,6			23,243
	I. Add lines 1a through 1e. (Column (d) m		90 Part X	column					42.058
1019	n naa iines ta iinvagit te. (voianiii (a) iii	asi oquar i omi s	oo, run n	,	1-1,	, <u></u>			74.777

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
` (a) [Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial de	erivatives			
Closely-held	d equity interests			
Other		-		
				
			-	
Total (Column /	b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments—Program Relate	d See Form 990 Part X	line 13	
) Description of investment type	(b) Book value	(c) Method of value	atron
(a	ij Description of investment type	(b) Book value	Cost or end-of-year ma	
	<u> </u>			
-				
				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
		(a) Description		(b) Book value
				.,
	<u> </u>			

	mn (b) must equal Form 990, Part X, col.		<u> </u>	
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount	_	
Federal inco		4	8	
Credit Car	a	1		
			┥	
			_	
			_	
			_	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	8	

_	
Page	4

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
		1	icito
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	
2		3	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	
4	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
6	Investment expenses	7	
7	Prior period adjustments	8	
8	Other (Describe in Part XIV.)	9	
9	Total adjustments (net). Add lines 4 through 8	10	
10 Por	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 † XII Reconciliation of Revenue per Audited Financial Statements With Revenue		Poturn
		1	Tietairi
1	Total revenue, gains, and other support per audited financial statements	⊢ '	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
þ	Donated services and use of radiates	-	
С	Recovenes of prior year grants	4	
d	Other (Describe in Part XIV.)		-
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	_3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
b	Other (Describe in Part XIV.)		-
С	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	T :	er Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
С	Other losses		
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d	26	+
3	Subtract line 2e from line 1 , ,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
b	Other (Describe in Part XIV.)	_	
С	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		
Com	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4;	Part IV, lines 1b
and	2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d at	nd 4b	. Also complete
this	part to provide any additional information.		
- 			

Schedule D (For	m 990) 2009 Pa	ıge 5
Part XIV	Supplemental Information (continued)	
, I DI C AIU	Suppremental information (commette)	
		·
		· •
		

SCHEDULE I (Form 990)

1

Department of the Treasury Internal Revenue Service

Kingdom Resources

Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number 2884759 7 Part I General Information on Grants and Assistance

2 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

anitarianman de considere base complete	(F) CIN	Col 100 cocton	the American to transfer	(a) Amount of non-coch	(f) Method of valuation	to notanasson (a)	(h) Purpose of grant
(a) valie and address of organization or government		if applicable	אווסחוור כו כשפון פושווי	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
La VIIIta	74 1488951	501 6.3		24.457	Estimated Value	pooj	Distribute to needy
Divine Fellowship							
Seguin TX	74 2954259	church		59,154	Estimated value	food, clean supply	distribute to needy
Inspiring Hope		church		5.828	estimated value	pool	distrbute to needy
Agora Ministries		501c3		13,096	estimated value	food	distribute to needy
El Salvador Assembly og God 742 Denver st	74 2247644	501c3		16,533	estimated value	food, paper prod	distribute to needy
Alamo City Christian Fellowship Loop 410 East		501c3		11,084	estimated value	food	distribute to needy
Ministry Resource Center 290 cr 416	74 3019997	501c3		15,110	estimated value	food	distribute to needy
Africa Renewal Ministries San Antonio, TX	742986259	501c3		45,000	estimated value	Medical equipment for medical clinic	for medical clinic
Oak Island Church P.O. Box 400		church		19,508	estimated value	food, paper, clean	hurricane relief
Mission Year Atlanta GA		501c3		68,647	estimated value	food, supplies	distribute to needy
Childrens Hunger Fund San Antonio, TX		501c3		8,592	estimated value	food	distribute to needy
Original Event Atlanta GA		501c3		8,701	estimated value	food	volunteer support
on the state of costs and (0)(0)(0)(0)	14/0)/02 bac (c)/(c)/1	acitoriacos taca					12

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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

Cat. No. 50055P

Schedule I (Form 990) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Kingdom Resources

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public	Inspection	Employer Identification number
		Ident
		Employer

ŝ distribute to needy (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to support support Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and food, construction (g) Description of non-cash assistance food, paper prod food, hygiene food, supplies food hygiene food food food food food food food (f) Method of valuation (book, FMV, appraisal, Estimated Value 16,038 | Estimated value 19,745 estimated value 34,985 estimated value 18,598 estimated value 25,849 estimated value 25,197 estimated value 14,120 estimated value 15,360 estimated value 66,372 estimated value 18,816 estimated value 30,410 estimated value other) 28,021 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance 501 c 3 501c3 501c3 501c3 **501c3 501c3 501c3** 50103 **501c3 501c3** 501c3 **501c3** 30-0148195 74-2690728 74 2398343 74-1816616 74 2727153 74 2162706 74 2887724 74 1488951 74 0757107 742986259 74 2863478 742936561 (b) EIN Cornerstone Children's Ranch Floresville Church of Christ Family Faith Academy 1 (a) Name and address of organization Sutherland Springs FBC 3806 Sunshine Ranch RD. Hill Country Daily Bread 234 West Bandera #133 Victory Gospel Chapel Faith Outreach Center **Daily Bread Ministries** or government Teen Challenge 3850 S.W. Loop 1604 700 West Houston St. Morning Star Ranch 1412 Castroville Rd. 22101-8 Senior Rd. 1603 Montana St 21518 Tenore St. Seek the Lost **Blood N Fire** P.O. Box 117 p.o. Box 151 1204 3rd St. 5130 Kazen Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. . Enter total number of other organizations

Cat. No 50055P

Schedule I (Form 990) 2009

Schedule 1 (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part 1 Line 2: We perform periodic site inspections to confirm correct distribution (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection Employer identification number

Kin	gdom Resources				74	2884	4759	,	
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported of Form 990, Part VIII, line		(e Method of reve			g
1	Art-Works of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
_	goods	/		98,618		FMV/ dor	nor s	tatec	į
6	Cars and other vehicles .	✓	2	7,500		Fair Marl	ket \	/alue	1
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded .								
10	Securities-Closely held stock .								
11	Securities-Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous .								
13	Qualified conservation								
	contribution—Historic structures								
14	Qualified conservation			·					
14	contribution—Other								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory	✓	100,s contributions	416,247	COI	mp sales/	dor	or st	ated
20	Drugs and medical supplies .	✓	3 contributions	159,431	COI	mp sales/	dor	or st	ated
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens		= 18.1						
24	Archeological artifacts								
25	Other ▶ (Paper Products.)	✓	5 contributions	43,236		donor	sta	ted	
26	Other ► (New Toys)	✓	1 contributions	10,264		new estin			-
27	Other ► (Cleaning supply)	✓	3 contributions	9,674		donor sta			
28	Other ► (.Sporting goods)	✓	2 contributions	10,591		compara	able	sales	<u>; </u>
29	Number of Forms 8283 received				for		_		
	which the organization complet	ed Form 82	83, Part IV, Donee Acknor	wledgement	. 29		2		
						Г	-	Yes	No
30a	During the year, did the organiz								
	it must hold for at least three ye								7
	used for exempt purposes for t					· · Þ	30a		_
b	If "Yes," describe the arrangem					ŀ			1
31	Does the organization have a	-	=				24		1
			· · · · · · · · ·			• • -	31	$\vdash\vdash\vdash$	-
32a	Does the organization hire or u	•	_			oncash 📙	32a		1
_						۲ ۰ ۰	5∠ 8		_
	If "Yes," describe in Part II.								1
33	If the organization did not report describe in Part II.	revenues in	column (c) for a type of pr	operty for which colum	n (a) is ch	ecked,			

Part II	Supplemental Information. 32b, and 33. Also complete	Complete this part to provide the information required by Part I, lines 30b, this part for any additional information.
		······
		······································

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Kingdom Resources 2884759 Part III Line 4d Distribution of relief supplies for volunteers doing restoration and victims of Hurricane IKE in Galveston area. Expenses of \$10,652 and non cash grants of \$28,209 Outreach ministries of Kingdom Resources non cash \$66,064 for door to door delivery of food and non food items in needy neighborhoods. Non cash grants to individuals for clothing, emergency housing and travel expenses \$2,252 Part VI Line 2 Steve Sholin and Carla Sholin are husband and wife PartVi Line 11a All board members are given a copy of the 990's and asked to review it and make comment on it. There is very little likelihood of this. Our policy is to discuss and avoid any questionable circumstance Line 12c They are available on request at any time at our offices. Line 19