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Form **990-EZ****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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending		D Employer identification number 75-2078945	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FEDERATION OF MINISTERS AND CHURCHES, INC	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 380894	
		City, town, or country State ZIP + 4 DUNCANVILLE TX 75138	
		E Telephone number	
		F Group Exemption Number ►	

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► www.fmci.org**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

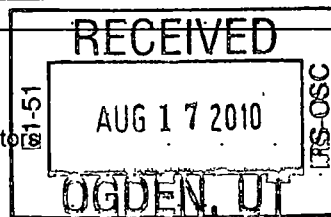
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 355,172

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	285,518
	2 Program service revenue including government fees and contracts	2	55,991
	3 Membership dues and assessments	3	
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	13,663	
b Less cost of goods sold	7b	1,015	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	12,648	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	354,157	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	16,155
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	222,410
	13 Professional fees and other payments to independent contractors	13	8,060
	14 Occupancy, rent, utilities, and maintenance	14	12,968
	15 Printing, publications, postage, and shipping	15	4,820
	16 Other expenses (describe ► See Attached Statement)	16	98,915
	17 Total expenses. Add lines 10 through 16	17	363,328
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,171	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	98,342
	20 Other changes in net assets or fund balances (attach explanation)	20	705
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	89,876

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	95,250	22 82,317
23 Land and buildings		23
24 Other assets (describe ► See Attached Statement)	5,019	24 7,564
25 Total assets	100,269	25 89,881
26 Total liabilities (describe ► PAYABLES)	1,927	26 5
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,342	27 89,876

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

Form **990-EZ** (2009)

(HTA)

SCANNED SEP 03 2010

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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Expenses

What is the organization's primary exempt purpose? <u>Mentoring Ministers & Overseeing Churches</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Ministered in 29 Associated Federation Churches (55 days) Convened 15 FMC! related conferecnes (57 days) Represented FMC! in 10 conferences for Christian leaders (30 days) Ministered in Mexico twice, France & Malaysia

(Grants \$ 0) If this amount includes foreign grants, check here

28a	243,744
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29 Donated to the support of other ministries

(Grants \$ 0) If this amount includes foreign grants, check here

29a	16,155
-----	--------

30

(Grants \$ 0) If this amount includes foreign grants, check here .

30a	0
-----	---

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here

31a	0
-----	---

32 Total program service expenses. (add lines 28a through 31a)

32	259,899
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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		
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c 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 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of DAWN TURLEY Telephone no 972-283-2262 Located at PO BOX 380894 City DUNCANVILLE ST TX ZIP + 4 75138		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country		X
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer JAMES D HODGES Type or print name and title	Date 8/9/2010 Date PRESIDENT		
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Randy Hines PO Box 277, Waxahachie, TX 75168-0277	Date 8/9/2010	Check if self-employed ☒	Preparer's identifying number (See instructions) EIN ▶ Phone no ▶ (972) 938-7175

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FEDERATION OF MINISTERS AND CHURCHES, INC

Employer identification number

75-2078945

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.)

- 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.)
- 3 ☐ A hospital or a 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(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ 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 509(a)(2)**.
- f ☐ 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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.")	290,179	281,336	342,532	290,032	285,518	1,489,597
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	290,179	281,336	342,532	290,032	285,518	1,489,597
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)						0
6 Public support. Subtract line 5 from line 4						1,489,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	290,179	281,336	342,532	290,032	285,518	1,489,597
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	46	2,382	1,902	0	4,330
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						1,493,927
12 Gross receipts from related activities, etc. (see instructions)					12	212,234
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.71%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.99%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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.)

Section A. Public Support

Calendar 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.")	0	0				0
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	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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.

Area for supplemental information with horizontal dashed lines.

Federation of Ministers and Churches
Form 990, Part I, Line 10: Grants
January through December 2009

Type	Date	Num	Name	Debit
GLOBAL HARVEST MINISTRIES				
Check	09/28/2009	3178	GLOBAL HARVEST MINISTRIES	150 00
Total GLOBAL HARVEST MINISTRIES				150 00
APPIAH, KWASI -v				
Check	02/26/2009	3072	APPIAH, KWASI -v	500 00
Total APPIAH, KWASI -v				500 00
Christina Leal				
Check	12/18/2009	897	Christina Leal	200 00
Total Christina Leal				200 00
Coleman, Joretta				
Check	12/18/2009	895	Coleman, Joretta	200 00
Total Coleman, Joretta				200 00
Dutch Sheets Ministries				
Check	06/25/2009	3138	Dutch Sheets Ministries	1,000 00
Total Dutch Sheets Ministries				1,000 00
Global Harvest				
Check	02/03/2009	3056	Global Harvest	150 00
Check	02/25/2009	3067	Global Harvest	150 00
Check	03/31/2009	3085	Global Harvest	150 00
Check	04/29/2009	3101	Global Harvest	150 00
Check	05/14/2009	3116	Global Harvest	150 00
Check	06/24/2009	3133	Global Harvest	150 00
Check	07/21/2009	3150	Global Harvest	150 00
Check	08/25/2009	3161	Global Harvest	150 00
Check	10/27/2009	3202	Global Harvest	150 00
Check	11/30/2009	3224	Global Harvest	150 00
Check	12/28/2009	3246	Global Harvest	150 00
Total Global Harvest				1,650 00
Goebel, Jimmy				
Check	05/04/2009	3122	Goebel, Jimmy	100 00
Total Goebel, Jimmy				100 00
Hope Taylor_v				
Credit	02/03/2009		Hope Taylor_v	500 00
Check	11/30/2009	3225	Hope Taylor_v	500 00
Check	12/28/2009	3247	Hope Taylor_v	500 00
Total Hope Taylor_v				1,500 00
ILE				
Credit	02/27/2009		ILE	500 00
Credit	03/31/2009		ILE	500 00
Credit	05/01/2009		ILE	500 00
Credit	06/29/2009		ILE	500 00
Credit	06/29/2009		ILE	500 00
Check	07/15/2009	3143	ILE	45 00
Credit	07/21/2009		ILE	500 00
Check	08/03/2009	888	ILE	150 00
Credit	08/25/2009		ILE	500 00
Credit	09/28/2009		ILE	500 00
Credit	10/30/2009		ILE	500 00
Total ILE				4,695 00
Laurie Morris				
Check	12/18/2009	896	Laurie Morris	200 00
Total Laurie Morris				200 00

Type	Date	Num	Name	Debit
Reeder, Eric				
Check	02/03/2009	3057	Reeder, Eric	400 00
Check	02/25/2009	3068	Reeder, Eric	400 00
Check	03/31/2009	3086	Reeder, Eric	400 00
Check	04/29/2009	3102	Reeder, Eric	400 00
Check	05/14/2009	3117	Reeder, Eric	400 00
Check	06/24/2009	3134	Reeder, Eric	400 00
Check	07/21/2009	3151	Reeder, Eric	400 00
Check	08/25/2009	3162	Reeder, Eric	400 00
Check	09/28/2009	3179	Reeder, Eric	400 00
Check	10/27/2009	3203	Reeder, Eric	400 00
Check	11/30/2009	3226	Reeder, Eric	400 00
Check	12/28/2009	3248	Reeder, Eric	400 00
Total Reeder, Eric				4,800 00
SHANNON, CHARLOTTE -v				
Check	12/18/2009	898	SHANNON, CHARLOTTE -v	200 00
Total SHANNON, CHARLOTTE -v				200 00
Son Life Christian School				
Check	08/03/2009	889	Son Life Christian School	500 00
Total Son Life Christian School				500 00
Son Life Fellowship_V				
Check	10/10/2009	891	Son Life Fellowship_V	100 00
Total Son Life Fellowship_V				100 00
Strategic Christian Services				
Credit	10/13/2009		Strategic Christian Services	50 00
Total Strategic Christian Services				50 00
THE HAMILTON GROUP				
Credit	02/09/2009		THE HAMILTON GROUP	300 00
Total THE HAMILTON GROUP				300 00
World Magazine				
Check	11/20/2009	893	World Magazine	10 00
Total World Magazine				10 00
TOTAL				16,155.00

Part I, Line 16 (990-EZ) - Other Expenses

98,915

1	Travel	1	11,239
2	Meals and entertainment	2	663
3	Fundraising	3	
4	Amortization	4	140
5	Conferences, conventions, and meetings	5	71,590
6	Depreciation	6	1,000
7	Depletion	7	
8	Equipment rental and maintenance	8	199
9	Interest	9	
10	Supplies	10	3,655
11	Telephone	11	3,329
12	Unrelated business income taxes	12	0
13	Continuing Education	13	717
14	Internet Service	14	592
15	Special Events	15	387
16	Web Site Maintenance	16	2,502
17	Bank Service Charges	17	2,745
18	Miscellaneous	18	157
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

705

Description		Amount	
1	ADJUST PY ENDING CASH BALANCE	1	40
2	ADJUST PY FIXED ASSETS (NET OF DEPRECIATION)	2	700
3		3	-35
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part II, Line 24 (990-EZ) - Other Assets

5,019

7,564

Description		Beginning	End
1	FIXED ASSETS (NET OF DEPRECIATION)	4,388	3,913
2	INVENTORY	631	3,629
3	RECEIVABLES		22
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		1,927	5
Description		Beginning	End
1	PAYABLES	1,927	5
2			
3			
4			
5			
6			
7			
8			
9			
10			

Assets by Classification - 990EZ

12/31/2009 FEDERATION OF MINISTERS AND CHURCHES, INC 75-2078945

Item No	Description of Property *** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2009 Deprec	2009 Accum Deprec
5-yr Computers (not listed)															
13	COMPUTER - JIM	1/8/2008	F-5	100 00%	942	0	0	0	942	5	SL/GDS	HY	94	188	282
	Total 5-yr Computers and peripherals (not listed proper)				942	0	0	0	942				94	188	282
5-yr Office mach (data handling)															
07	DELL COMPUTER	8/18/2003	F-6	100 00%	2,038	0	0	0	2,038	5	SL/GDS	HY	2,038	0	2,038
9	CREDIT CARD PROC	1/30/2004	F-6	100 00%	965	0	0	0	965	5	SL/GDS	HY	869	96	965
08	PRINTER,SCANNER,I	5/16/2005	F-6	100 00%	359	0	0	0	359	5	SL/GDS	HY	252	72	324
	Total 5-yr Office machinery (data-handling equipment, €				3,362	0	0	0	3,362				3,159	168	3,327
7-yr Genl purp tools, mach, equip															
10	MICROPHONE	7/9/2006	F-10	100 00%	332	0	0	0	332	7	SL/GDS	HY	118	47	165
	Total 7-yr General purpose tools, machinery, and equip				332	0	0	0	332				118	47	165
7-yr Office furn, fixtures, equip															
04	DESK	3/14/2000	F-11	100 00%	1,665	0	0	0	1,665	7	SL/GDS	HY	1,665	0	1,665
06	LATERAL FILING CAE	3/4/2003	F-11	100 00%	270	0	0	0	270	7	SL/GDS	HY	214	39	253
11	DESK & FILE CABINE	3/30/2007	F-11	100 00%	3,508	0	0	0	3,508	7	SL/GDS	HY	752	501	1,253
12	FILE CABINET	4/24/2007	F-11	100 00%	396	0	0	0	396	7	SL/GDS	HY	85	57	142
	Total 7-yr Office furniture, fixtures and equipment				5,839	0	0	0	5,839				2,716	597	3,313
Amort - Other															
14	WWCD STARTUP CC	10/28/2008	Z-16	100 00%	700	0	0	0	700	5	SL	FM	35	140	175
	Total Amortization - Other				700	0	0	0	700				35	140	175
	SubTotals				11,175	0	0	0	11,175				6,122	1,140	7,262
	Less Assets Sold				(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				11,175	0	0	0	11,175				6,122	1,140	7,262