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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

OMB No 1545-1150

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20									
B Check if applicable		applicable	Please C Name of organization			loyer ic	entific	ation number	
	Address change use IRS label or Networx Ministries International			75-2818489			8489		
=		me change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel				E Telephone number			
=	Initial retu	In IDO DAY 246						-7576	
님		Specific City or town, state or country, and ZIP + 4							
Н	Amended	a return ion pending	Instruc- tions.	Amarillo, TX 79105		nber 1	-	11	
ш.			Ц					S1- [7] A1	
	• Sec	tion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 or 990-EZ).			ш	Cash 🗹 Accrual	
			Other (specify	-		 -			
			-	zation is not					
1 1	Vebsi		chedu	le B (Form 990,					
<u>J</u>	J Tax-exempt status (check only one) —								
K	Check	▶ ☐ if th	e organı	ration is not a section 509(a)(3) supporting organization and its gross receip	ots are normally	not m	ore tha	an \$25,000. A	
	Form 9	90-EZ or Forr	n 990 re	urn is not required, but if the organization chooses to file a return, be sure	e to file a comp	lete re	turn		
L	Add line	es 5b, 6b, and 7	7b, to line	9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo	orm 990-EZ	> \$		163,518.47	
P	art I	Revenu	ie, Exp	enses, and Changes in Net Assets or Fund Balances (Se	ee the instru	ction	s for	Part I.)	
	1			s, grants, and similar amounts received		1		113,279.17	
	2			evenue including government fees and contracts		2		7,250.88	
	3			and assessments		3		<u> </u>	
	4	Investmen	•			4			
	I _			1 1	42,941.54	<u> </u>			
	5a			m sale of assets other than inventory 5a	43,218.72	-{			
Revenue	b			r basis and sales expenses	<u> </u>			(077.40)	
	C			sale of assets other than inventory (Subtract line 5b from line 5a)		5c		(277.18)	
	6	*		ivities (complete applicable parts of Schedule G) If any amount is from gaming, che	eck nere 🕨 🔲				
	a	Gross reve	enue (ne	of contributions					
	1	reported o	n line 1) <u>6a</u>		1			
	b	b Less: direct expenses other than fundraising expenses 6b							
	C	Net incom	a)	6c					
	7a								
	Ь	Less: cost		•		1			
	C			ss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other reve				8		46.88	
	9			dd lines 1, 2, 3, 4, 5c, 60, 7, and 8/ 10		9		120,299.75	
	10			amounts paid (attach schodulo)		10		20,711.05	
	11	D (4		4 mounts para (an para)		11		20,111.00	
"		Celents b	alu lo c	mpensation, and employee benefits		_		46,117.54	
Šé	12	Salaries, o	otner co			12			
Expenses	13	Profession	iai iees	and other payrilents to independent contractors		13		7622.43	
X	14	Occupano	y, rent,	utilities, and maintenance DEN U.T		14		1,153.61	
ш	'3	Printing, p	ublicati	ons, postage, and snipping		15		1,501.57	
	16	•	•	lescribe See Schedule 2		16		49,849.86	
_	17			Add lines 10 through 16		17		126,956.06	
ţ	18			for the year (Subtract line 17 from line 9) $$		18		(6,656.31)	
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (must					
¥		end-of-yea	ar figure	reported on prior year's return)		19		49,289.42	
<u> </u>	20	Other char	nges in	net assets or fund balances (attach explanation)		20			
	21				▶	21		42,633.11	
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-E2							Form 990-EZ.		
	(See the instructions for Part II.) (A) Beginning of							B) End of year	
2	2 Cash, savings, and investments					01.50	22	38,690.42	
2							23		
2				e ▶ Cash Advances / Depreciable Assets	16,4	24.22	24	4,855.15	
2	·					43,545.57			
2				ribe ► Accounts Payable / Deferred Fees		36.30		912.46	
-				palances (line 27 of column (R) must agree with line 21)		89 42		42 633 11	

01111	550 EE (2005)					. ugu —	
Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	Expenses			
Nha	t is the organization's primary exempt purpose?	Advance the Gospel of Jesu	(Required for section				
	ribe what was achieved in carrying out the org	anization's exempt purpos	nd concise	501(c)(3) and 501(c)(4)			
nanı	ner, describe the services provided, the number of	f persons benefited, and other relevant information for				a)(1) trusts, optional	
each	program title.				for ot		
28	To construct church and other ministry buildings in	Ukraine using American Pos	t Frame technology	to reduce			
	time and cost. To further this ministry, International	Networx worked on several p	rojects during 2009	and also			
	trained indigenous workers to enable them to use th	is technology in their own co	untries.				
		includes foreign grants, che		. ▶ 🗆	28a	62,346.88	
29	To provide grants to other Christian ministries and n						
	and China. These ministries serve orphans through	weekend and summer progra	ms, provide humar	nitarian			
	aid by distributing food and clothing, and offer drug	ristian counseling.					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	20,711.05	
30							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a		
31							
		includes foreign grants, che	eck here	. ▶ 🗆	31a		
32	Total program service expenses (add lines 28a t				32	83,057.93	
	t IV List of Officers, Directors, Trustees, and Key				instruc	tions for Part IV.)	
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances	
Becl	cy R. Ruland		·				
	Steffi Court, Amarillo, TX 79110	Exec Director, 40 Hours	31,081.88	6	49.92	0	
	thia Mech (01/01/2009 - 08/31/2009)						
	Woodward Ave., Bldg. 3 #333, Amarillo, TX 79106	Board Secretary, 40 Hours	14,385.74		0	0	
	er Webb, CPA (01/01/2009 - 11/09/2009)		· · ·				
	Underwood Drive, Amarillo, TX 79121	Board Treasurer, 5 Hours	0		0	0	
	uel J. Moore, CPA (11/10/2009 - 12/31/2009)						
	S. Tyler, Suite 108, Amarillo, TX 79101	Board Treasurer, 5 Hours	0		0	0	
	hen J. Crow						
	Summit Circle, Amarillo, TX 79109	Board President, 1 Hour	o		0	0	
	para Crow						
	Summit Circle, Amarillo, TX 79109	Board Member, 1 Hour	o			0	
	es Bartlett (11/02/2009 - 12/31/2009)						
	I Plymouth Drive, Amarillo, TX 79119	Board Secretary, 1 Hour	l		0	0	
				-		-	
	•••••••••••••••••••••••••••••••••••••••	1					
							
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		4					

Part	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a \$0.00			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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?	38a		Ī
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			'
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	-		ر ا
	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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		- <u>-</u> -
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization of books are in our of the second	06-35	5-313	В
	Located at ► 4504 Steffi Court, Amarillo, TX ZIP + 4 ►	791	110	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		12.5	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	 	✓
	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.			سر د
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	_ ✓
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here			► ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Vac	N ₂
44	Did the organization maintain any depart advised funds? If "Ves." Form 000 must be completed instead of	Γ-	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	ł	.,
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		 	 •
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45		
		900		<u> </u>

Pac	ıe	4

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a)47(a)(1) nonexempt char	exempt charita itable trusts m	able trusts only. A ust answer question	II section ons 46–49	b				
46 [Old the organization engage in direct or indirect	ct political campaign activit	ies on behalf of	or in opposition to	Yes	No				
c	candidates for public office? If "Yes," complete	Schedule C, Part I			46	√				
47 [Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II [
48 1	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a [Did the organization make any transfers to an exempt non-charitable related organization?									
	- · · ·, · · · · · · · · · · · · · ·									
	Complete this table for the organization's five highest compensated employees (other than officers, directors, true									
	employees) who each received more than \$100									
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensatio	employee benefit plans &	(e) Exper	nse and				
	than \$100,000	devoted to position		deferred compensation	other allow					
NONE		_								
	<u> </u>	 	 		<u> </u>					
			ļ		<u> </u>					
		{			[
		 	 							
			1		<u> </u>					
			 							
f	Total number of other employees paid over \$10	20,000	0	_ 	L					
None	(a) Name and address of each independent contractor	or paid more than \$100,000	(b)	Type of service	(c) Compens	ation				
d	Total number of other independent contractors	each receiving over \$100,0	▶	0						
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompa- on of preparer (other than officer) is	nying schedules and based on all informat	statements, and to the be- ion of which preparer has	st of my know any knowledo	1edge je				
Sign Here	Becky Ruland Signature of officer			5-12-13 Date	>					
	Becky R. Ruland, Executive Director, CE Type or print name and title	EO								
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	mber (See Instru	ctions)				
Use On	I Firm S name tor			EIN ►						
	address, and ZIP + 4			Phone no ►						
May the	e IRS discuss this return with the preparer show	vn above? See instructions	<u> </u>	<u> ▶ [</u>	Yes 🗆	No				
				Fo	m 990-E2	(2009)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Net	wor	<u>k Ministries I</u>	nternational						75 :		2818489
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	ora	anization is no	ot a private foun	dation because it is.	(For lines	1 through	ah 11. ch	eck only	one box	.)	
1	_=	panization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	$\overline{\Box}$			nospital service organ		-	ın sectio	n 170/b)	(1)(A)(iii)		
4	\exists	-		ition operated in conj							\/A\/iii\ Enter the
7	Ч		me, city, and st	•			•				
5			ion operated for (b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ge or uni	versity ov	wned or d	operated	by a gov	ernmenta	I unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7		_	-	/ receives a substantia (1)(A)(vi). (Complete P	•	its suppo	ort from a	governm	nental un	t or from	the general public
8	П			d in section 170(b)(1)	-	Complete	Part II.)				
9	V			receives: (1) more that		-	•	m contrib	n enoitue	nemhersh	in fees, and gross
•				ed to its exempt funct							
		•		ent income and unre		-		-			
			-	after June 30, 1975.				-		, , , , ,	, 222
40	\Box	,	_					-	•	(=\((A\	
10	\vdash	_	_	nd operated exclusive	-	-	-				4 4b
11	Ш			and operated exclusive							
				blicly supported organ at describes the type							
		_		_						_	_
	_	a ∐ Type		• •		e III-Fun	-	-			Type III-Other
е				tify that the organizat							
		*		n managers and other	r than on	e or more	publicly	supporte	ed organi	zations de	escribed in section
		509(a)(1) or s	section 509(a)(2)	•							
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I, Type II	, or Type	III supporting
		organization	, check this box								🔲
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	any of the	•	
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or too	ether wit	h persor	ns descri	bed in (ii)	Yes No
			-	ning body of the supp		_					11g(i)
			_	rson described in (i) a		_					11g(ii)
				of a person described							11g(iii)
h				ation about the suppo							
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	ls the	(viı) Amount of
	org	janization		(described on lines 1–9		sted in your		nization in		tion in col	support
				above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S?	
					Yes	No	Yes	No	Yes	No	
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			I	l	I	I	ŀ	I	1	1	

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support **(b)** 2006 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 % Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/4 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 🔲 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	line 9 of Pai	rt I.)				
Section A. Public Support								
Ca	llendar 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.")	120,621.00	170,490.26	170,683.31	115,999.92	113,279.17	691,073.66	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		2,785.93	8,256.46	11,802.07	7,250.88	30,095.34	
	organization's tax-exempt purpose		2,700.00	0,200.40	11,002.01	1,200.00	00,000.04	
3	Gross receipts from activities that are not an unrelated trade or business under section 513					42,941.54	42,941.54	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_					
5	The value of services or facilities furnished by a governmental unit to the organization without charge	400 004 00	470.070.40	470 000 77	407.004.00	402 474 50	704440.54	
6	Total. Add lines 1 through 5	120,621.00	173,276.19	178,939.77	127,801.99	163,471.59	764,110.54	
7a	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.)						764,110.54	
Sec	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007_	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	120,621.00	173,276.19	178,939.77	127,801.99	163,471.59	764,110.54	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	274.00	130.58	31.75	230.70	46.88	713.91	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	274.00	130.58	31.75	230.70	46.88	713.91	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
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.)	120,895.00	173,406.77	178,971.52	128,032.69	163,518.47	764,824.45	
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 (lin					15	99.9 %	
16	Public support percentage from 2008 S			 .	· · · · · · · · · · · · · · · · · · ·	16	99.9 %	
	tion D. Computation of Investmen	-					. 00 ~	
17	Investment income percentage for 200	•		-		17	.09 %	
18	Investment income percentage from 20					18		
19a								
	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 33 ½% support tests 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and							
b	line 18 is not more than 331/3 %, check this	s box and stop	here. The organ	nization qualıfie	s as a publicly	supported orga	nization 🕨 🔲	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □							

Networx Ministries International 75-2818489 2009 Form 990-EZ

Schedule 1, Line 10: Grants and Similar Amounts Paid.

There were no grants to any individual partner in excess of \$5,000.

Schedule 2, Line 16, Other Expenses.

Communications Expense	2,227.85
Tithe Donations	5,033 82
Hosting Expenses	4,410.78
Travel Expenses	4,722.46
Payroll Taxes	3,537.81
Disciple Training	1,491 66
Electronic Equipment	331.81
Other Office Expenses	2,243.84
Vehicle Expenses	23,797 22
Depreciation	1,029 95
Bank and Credit Card Fees	<u>1,022.66</u>
	49,849 86