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Form **990-EZ**

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

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2009 ca	lendar	year, or	tax year b	eginning	Sep 1		2009, and e	nding Au			, 2010
В	Check	if applicable		C Nam	e of organiza	tion					DE	mploye	r identification number
	Addres	ss change	Piease use IRS	Wisda	omWork	s Minis	tries.	Inc.			-	75-2	673213
	Name	change	label or					elivered to street add	ress) Ro	om/suite		_	e number
	Initial		print or type			•			1.00	· · · · · · · · · · · · · · · · · · ·			
	Termir	nation	See		ox 166							214) 762-4788
		1	Specific Instruc-	City	or town, state	or country, and	d ZIP + 4				ا ا	raua 5	Exemption
		ation pending	tions	Irvi	n or				TX 7	5016		umbei	
													
_		• Section 5	501(c)(3 just atta	3) organi ach a co	izations ai mpleted S	nd 4947(a)(1 Schedule A) nonexem Form 990 (pt charitable tru or 990-EZ)	ısts 	Othe	unting meth		Cash X Accrual
										H Chec			rganization is not
ı	Web	site: ► <u>w</u>	ww.wi	isdom	works.	com							edule B (Form 990,
J	Tax-e	xempt status	(check or	nly one) -	. X 501	(c) (3)	◄ (insert no)) 4947(a)(1)	or 💹 527	990-	EZ, or 990-F	(F)	
K	Chec	k ► lif	the orga	anızatıor	is not a	section 509(a)(3) suppo	orting organizati	on and its o	ross rece	ipts are norr	nally r	not more than
	\$25,0												file a complete return
	Λdd	lungs 5h 6h	2 and 7	7h to lin	o Q to date	rmino aros	roceinte	if \$500,000 or m	ore file Fo	rm 990			
_		ad of Form			e a to dete	errinie gros:	s receipts,	11 \$500,000 01 11	iore, me i o	1111 550		ÞŚ	57,178.
D.	art I				coc and	Change	s in Not	Accets or Eur	nd Balan	cac (Sa	a the insti		ons for Part I.)
F								4556(5 OF FU	ilu Balali	ces (Se	e uie iiisu	Lactic	
	1		-			nılar amoun						<u> </u>	35,320.
	2	-				governmen	t fees and o	contracts				2	9,000.
	3	Membersh	np dues	s and as	sessment	5						3	
	4	Investmer	nt incom	ne								4	
	5a	Gross am	ount fro	om sale	of assets	other than in	ventory		5 a				
		Less cost							5 b			1	
R						inventory (Sul	stract line 5b f	from line Fal	1_001			5 c	
REVENU	_	=	•					· · · · · · · · · · · · · · · · · · ·	-	al bass		- 30	
Ě	6	•				cable parts of	•	f any amount is fron	a gaming, che	eck nere			1
N	a	Gross rev	enue (n	not includ	ding \$		0	f contributions					1
Ĕ		reported of	on line 1	1)					6a				
	b	Less dire	ct expe	enses oth	ner than fu	ndraising ex	penses		6 b			1	
	l .		•			d activities (Su		from line 6a)	<u></u>			6c	
	l .			•		ns and allow			7 a		9,877.	<u> </u>	
	ı				1033 10101	ins and anov	1011003		7 b	·	2,617.	-	
		Less cost	-					. 76 (2,017.		7 260
	C					=		e 7b from line 7a	a)			7 c	
	8	Other revenu	ıe (descri	ibe ► R	<u>eimbur</u>	sed Exp	enses	200)	8	2,981.
	9	Total reve	nue. A	dd lines	1, 2, 3, 4,	5c, 6c, 7c,	and 8 /	RECEIVE			•	9	54,561.
	10					ittach sched	uleb					10	
	11	Benefits p				macri scrict	1861	11 11	~ 1			11	
Ê		•					151 J	UL 20 2011	181			12	21 275
Ŷ	12					employee b	enerits	~ « ZU]]	101				31,375.
X P E N S E	13					nts to indep	enaent con	tractors	500			13	4,248.
Š	14	Occupanc						DENTIF	ا تخا			14	181.
S	15	Printing, p			•			101	_ /			15	184.
	16	Other expens	ses (desci	ribe 🟲 S	ee Other I	Expenses St	tatement	-)	16	13,585.
	17	Total expe										17	49,573.
=	18					otract line 1	7 from line	9)				18	4,988.
												- 	1,550.
E ST	19	Net assets	s or fun	id baland	es at beg	inning of ye	ar (from lın	e 27, column (A)) (must ag	ree with e	nd-of-year	10	27 621
T.F	l	figure repo										19	27,631.
71	20		•			d balances (-	See L	-20 St	mt	20	-10,000.
9	21	Net assets	s or fun	id baland	es at end	of year Co	mbine lines	18 through 20			<u> </u>	21	22,619.
Pa	rt II	Balaı	nce SI	heets.	If Total as	sets on line	25, column	n (B) are \$1,250	,000 or mo	re, file For	m 990 inste	ad of F	orm 990-EZ
						uctions for				, · 	ginning of ye		(B) End of year
22	Car	sh, savings	and in	-						7.7.50	27,978		20,379.
CX	L -	-		146201161	113							_	
يكا	Lar	nd and build	-									23	
2 PARTE S	Oth	ner assets (aescrib	be ► <u>S</u>	ee L-2	4 Stmt)			-	. 24	
25	Tot	tal assets									27,978		26,180.
26	Tot	al liabilities	s (desci	ribe 🟲	See L-	26 Stmt)			347	. 26	3,561.
27	Net	t assets or	fund ba	alances	(line 27 of	column (B)	must agre	e with line 21)			27,631	. 27	22,619.

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

Form 990-EZ (2009)

Form	990-EZ(2009) WisdomWorks Min	istries, Inc.		<u>75</u>	-267	73213 Page 2
Pär	tillia Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	<u></u>	Expenses
	s the organization's primary exempt purpose? Sp				5016	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	ses in a clear and cond	cise manner,	orgai	(a)(1) trusts, optional
desci	ribe the services provided, the number of ram title	persons benefited, or other re	levant information for ea	ach	for of	(a)(1) trusts, optional thers)
	The organization conducts	s meetings to spre	ad the Gospel	of		
20	Jesus Christ through spea					,
			doilcacions an			
	reaching the youth of the					37 402
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here		28 a	37,423.
29						
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶ [29 a	
30	,			•		
	(Grants \$) If th	is amount includes foreign gra	ants check here		30 a	
21	Other program services (attach schedule		ints, check here	11	30 u	
31) is amount includes foreign gra	ants chack hara	▶ □	31 a	
32	Total program service expenses (add lin		ants, check here	>	32	37,423.
	t IV. List of Officers, Directors		nlovees List oach on	o oven if not come		
rai	LIST OF OTHERS, DIRECTORS	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan		and other allowances
		to position		deferred compensa		
Mar	k Matlock					
PO	Box 166317	President/Director				
	ing TX 75016	40.00	3,693.		0.	27,682.
	athan Matlock	1000				
	Box 166317	l				
		Secretary/Treasurer/Director	0		0.	_
		1.00	0.		υ.	0.
	<u> Howver </u>					
PO	Box 166317	Director				
Irv	ing TX 75016	1.00	0.	·	0.	0.
Dav	id DeYoung					
PO	Box 166317	Chairman				
	ing TX 75016	1.00	0.		0.	0.
	an Kennedy	-				·
DV 7	Box 166317	Director				
	ing TX 75016	1.00	0.		ο.	0.
TLV	111g 1X / 3016	1.00	0.			<u> </u>
						
						·—···
					. — . —	

	and the state of t		Yes	No
	The state of the s		.03	
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	r valente i	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. See $L-35$ Stmt			
•	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?	35 a		х
١	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	• • • • •	X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	4	X
1	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	4		
39	Section 501(c)(7) organizations Enter		#	- 4
á	a Initiation fees and capital contributions included on line 9			
ı	Gross receipts, included on line 9, for public use of club facilities 39 b			
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	a, J	##	
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		_X_
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 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	40 e	<u> </u>	اسة تكا X
41	List the states with which a copy of this return is filed >			
	·			
42 a	a The organization's books are in care of ► Mark Matlock Telephone no ► (214)	762	-478	8
	books are in care of ► Mark Matlock Telephone no ► (214) Located at ► PO Box 166317 Irving TX ZIP + 4 ► 75016			
		. — — -	1	
ŧ	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country ▶	, ,	1	`.
			.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
C	: At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	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 43			
			Yes	No
			162	110
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		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	45		х

BAA

May the IRS discuss this return with the preparer shown above? See instructions

Part VI	Section 50 501(c)(3)	01(c)(3) organizations organizations and sed complete the tables	s and section 4947 ction 4947(a)(1) no	nexempt char	empt charitable trust ritable trusts must an	s only. All se swer question	ection ons	 - - - -
for pu 47 Did th 48 Is the 49 a Did th b If 'Ye 50 Compension	ne organization ublic office? If "ne organization e organization ane organization s," was the related this table soyees) who each	engage in direct or indirect res,' complete Schedule C engage in lobbying activiti school as described in sec make any transfers to an e ted organization a section for the organization's five h h received more than \$100 of each employee paid	t political campaign act, Part I es? If 'Yes,' complete Sction 170(b)(1)(A)(ii)? I exempt non-charitable i 527 organization?	ivities on behalf of Schedule C, Part I f 'Yes,' complete related organization	II Schedule E on? nan officers, directors, trus tion If there is none, ente	46 47 48 49a 49t stees and key r 'None'	+-	No X X X X
51 Comp	plete this table pensation from	er employees paid over \$10 for the organization's five h the organization If there is address of each independent contr	nighest compensated in none, enter 'None '		ctors who each received n		000 of	
	number of other	er independent contractors	each receiving over \$1	00,000	> 0			
Sign Here	Under penalties of true, correct, and Signalure of c	nk matic	plined this return, including according than officer) is based on		nd statements, and to the best of h preparer has any knowledge Date	my knowledge and b	elief, it is	3
Paid Pre- parer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	SOMMERVILLE & A 3030 MATLOCK RD ARLINGTON	DWd, CPA SSOCIATES, P.C STE 201	•	Check if self-employed FIN EIN 15-2936 Phone no	Preparer's Identification (See instruction)	- 504 (

►X Yes No

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

77 (No. 1944) Open to Public Inspection 🐒

Department of the Treasury Internal Revenue Service

Total

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.

Name of the organization Employer identification number WisdomWorks Ministries, 75-2673213 Part | 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 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 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III- Other Type III - Functionally integrated h l Type II d l c l 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (ni) Provide the following information about the supported organizations (III) Type of organization (described on lines 1-9 above or IRC section (iv) Is the irganization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (i) Name of Supported Organization (ii) EIN (vii) Amount of Support your support? (see instructions)) governing document? Yes No Yes No Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 WisdomWorks Ministries, Inc. 75-2673213

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

Sec	tion A. Public Support	ed the box on line	5, 7, or 8 of Part I	.)			
	ndar year (or fiscal year						
begi	nning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
,	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	243,149.	296,227.	259,092.	14,975.	35,320.	848,763.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
	Total. Add lines 1-through 3	243,149.	296,227.	259,092.	14,975.	35,320.	848,763.
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)	\$ ~	, ,	<i>4</i>			200 147
6	Public support. Subtract line 5		, 1 e	,		,	290,147.
Sac	from line 4 tion B. Total Support						558,616.
	ndar year (or fiscal year						
begi	nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	243,149.	296,227.	259,092.	14,975.	35,320.	848,763.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	236.	80.	88.	35.		439.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		6,800.				6,800.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,028.					3,028.
11	Total support. Add lines 7 through 10	, ,			· .		859,030.
12	Gross receipts from related activi	ties, etc. (see insti	ructions)			12	4,136,863.
13	First five years. If the Form 990 i organization, check this box and		ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support Po	ercentage				
	Public support percentage for 200	•	• • • • • • • • • • • • • • • • • • • •	11, column (f)		14	65.03%
15	Public support percentage from 2	008 Schedule A, F	Part II, line 14			15	67.59%
16 a	33-1/3 support test $-$ 2009. If the and stop here. The organization α				ne line 14 is 33-1/3	3 % or more, ched	ck this box
b	33-1/3 support test — 2008. If the and stop here. The organization of				and line 15 is 33-1	/3% or more, che	ck this box
17 a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts-	neets the 'facts-an	d-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	0% how ► [
	10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-and -circumstances' te	d-circumstances' est. The organiza	test, check this bo tion qualifies as a	ox and stop here. publicly supporte	Explain in Part IV d organization	how the
18 BAA	Private foundation. If the organiz	ation did not check	k a box on line, 13	s, 16a, 16b, 17a, c	or 1/b, check this		uctions P

75-2673213 Schedule A (Form 990 or 990-EZ) 2009 WisdomWorks Ministries, Inc. Page 3 Randulli 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 (e) 2009 Calendar year (or fiscal yr beginning in) (b) 2006 (c) 2007 (d) 2008 (a) 2005 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line ã aria 194% 192 AND THE STATE OF 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 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 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (Form 9	90 or 990-EZ	2009	Wisdo	mWorks	Min	istri	es,	Inc.			75-267	73213	Page
Partily	Supple Part II	emental In , line 17a d	format or 17b;	ion. Cor and Pa	nplete th	is pa 2 12. l	rt to p Provid	rovid e any	e the / othe	explanation	ns requ al inform	ired by nation. S	Part II, See inst	line 10; ructions.
Other	Income	Part II	, Lin	<u>e 10</u>	-			. 		· – – – – –	. .	-		
Descri	ption:	Eguipme	nt_Re	ntal_				-	. – – –	. – – – –				
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Form 990-EZ Part II

Other Assets and Liabilities

2009

Name as Shown on Return

WisdomWorks Ministries, Inc.

Employer Identification No 75-2673213

Line 24 - Other Assets:	Beginning of Year	End of Year
Inventories	0.	5,801.
Totals to Form 990-EZ, Part II, line 24	0.	5,801.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	347.	3,561.
Totals to Form 990-EZ, Part II, line 26	347.	3,561.

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Explanation Statement

Form/Line: Form 990-EZ, Part V

Explanation of: Not Reporting Income on Form 990-T

Line 35

Line 2 income is income from speaking engagements related to the organization's exempt purpose.

Line 7a income is income from the sale of merchandise. This income promotes the organization's exempt purpose of spreading the Gospel of Jesus Christ.