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DLN: 93492032009141

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Revenue

Expenses

Net Assets

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 11-01-2009 , and ending 10-31-2010 Check if applicable D Employer identification number C Name of organization Please CIRCLE OF FAITH INC Address change use IRS 39-1715347 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 140 S MAIN STREET Initial return type. (715) 748-4944 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-MEDFORD, WI 54451 Application pending tions.

♦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). 🕏 Check ► ✓ If the organization I Website:▶ NONE is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (3) ◄(Insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ fifthe 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 **►** \$

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 Gross amount from sale of assets other than inventory 39,977 Less cost or other basis and sales expenses 39.464 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 513 5с Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 Gross revenue (not including \$ _of contributions Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 252,208 7a Less cost of goods sold 2,636 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 249.572 1,292 Other revenue (describe ► 💆 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 251,377 9 9 10 Grants and similar amounts paid (attach schedule) 7.948 Benefits paid to or for members . . . 11 11 Salaries, other compensation, and employee benefits 217.411 12 12 Professional fees and other payments to independent contractors 1,994 13 13 Occupancy, rent, utilities, and maintenance 39,578 14 14 Printing, publications, postage, and shipping 15 34,539 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 301,470 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . -50,093 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 394.541 19 Other changes in net assets or fund balances (attach explanation) . 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 344,448 21

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 22 Cash, savings, and investments 41,576 22 36,836 23 Land and buildings 254.074 23 237,199 75,449 24 Other assets (describe 🌬 😇 103,119 24 398,769 25 349,484 25 Total assets 26 Total liabilities (describe 🟲 📆 4,228 26 5,036 394,541 27 344,448 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Part III Statement of Program S	Service Accomplishm	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt; WE SEEK DONATIONS OF CLOTHING AN AND WORD OF MOUTH THESE ITEMS AFOFFERED FOR SALE AT THRIFT PRICES CLOTHING, FOOD, AND LODGING, WE EREDUCED PRICES, AND/OR SOMETIMES REFERRALS TO LOCAL SERVICE ORGAN	(c)(orga 494	quired for section 501 3) and 501(c)(4) anizations and section 7 (a)(1) trusts, onal for others)			
Describe what was achieved in carrying out describe the services provided, the number program title					
28 PROGRAM RELATED EXPENSES IN RE (Grants \$ 0) If this	LATION TO OUR "RETAI s amount includes foreign o		▶┌	28a	232,775
29 WE HAVE PROVIDED ASSISTANCE TO THIS FISCAL YEAR (Grants \$ 0) If this	O APPROXIMATELY 22 IN s amount includes foreign o			29a	7,948
(Crapte (t.))	a mount includes foreign s	rranto aback bara	. –		
31 O ther program services (attach schedul	s amount includes foreign of e)			30a 31a	
32 Total program service expenses (add line				32	240,723
Part IV List of Officers, Directors, Trus			· · · · · · · · · · · · · · · · · · ·		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	to ans &	(e) Expense

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33				
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37ь		
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
ь	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	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	40Ь		No
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			
d	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		No
41	List the states with which a copy of this return is filed \blacktriangleright <u>WI</u>			
42a	The organization's books are in care of MICHAEL P SCHMITT Telephone no	► <u>(71</u>	5)748	4944
	140 S MAIN STREET Located at ► MEDFORD, WI ZIP + 4	▶ _54	451	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No
	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			► Γ
		-		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.			Νo
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		No
	_		00 53	

Form 990-	EZ (2009)							Page 4
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) nonex	-			-	stions
46 Did t	he organization engage in direct	or indirect political car	npaign activities on be	half of or in opp	osition to		Yes	No
cand	ıdates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
47 Did t	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							No
48 Is th	e organization a school describe	d ın section 170(b)(1)((A)(II)? If "Yes," comple	ete Schedule E		48		No
49a Did t	19a Did the organization make any transfers to an exempt non-charitable related organization?							No
b If"Y	es," was the related organization	a section 527 organiz	ation?			49b		
	plete this table for the organizati oyees) who each received more t							
	and address of each employee and more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensati	on employee	tributions to benefit plans & compensation	a	Expe count rallow	and
NONE								
51 Com of co	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indepe	on's five highest compo n Ifthere is none, ente	r "None "		each received n		an \$10 Compen	
NONE								
51(d) Tot	al number of other independent o	ontractors each receiv	ring over \$100,000					
Please	Under penalties of perjury, I declare that and belief, it is true, correct, and com				on of which prepare			
Sign Here	Signature of officer			Date				
	Type or print name and title							
Paid	Preparer's signature Randy Juedes		Date	Check if self-empolyed	Preparer's identifying number (See instructions)			
Preparer's Use Only	ıf self-employed),	h Baptie and Co LLP			EIN Þ			
Jus only	address, and ZIP + 4 626 South	8th Street PO Box 60			Phone no 🕨 (7:	15) 748-	2856	
May the ID	S discuss this return with the pro	/I 544510060 eparer shown above? S	ee instructions		▶	v	es 「	- No

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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.

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)

Public Charity Status and Public Support

Inspection

Name of the organization CIRCLE OF FAITH INC

Employer identification number

39-1715347

1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<u> </u>			cooperative hospital service organization described in section 170(b)(1)(A)(iii). arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
4	ı			organization operate y, and state	a in conjunc	tion with a r	iospitai desc	ribed in sec i	(ION 17U(B)(1)(A)(III). Ente	ertne	
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college (or university	y owned or op	erated by a	governmenta	l unit describ	— ed ın	
		section	170(b)(1)(#	\)(iv). (Complete Pa	rt II)							
6	\sqcap	A federa	al, state, or l	ocal government or	governmenta	ıl unıt descr	ıbed ın sectio	on 170(b)(1))(A)(v).			
7	Γ	describ	ed ın	t normally receives a		part of its s	upport from a	a governmer	ntal unit or fro	m the genera	l public	2
8	Γ	A comm	nunity trust (described in section	170(b)(1)(A)(vi) (Com	plete Part II)				
9	<u> </u>	Anorga	nızatıon tha	t normally receives	(1) more tha	n 331/3% o	fits support	from contrib	utions, memb	ership fees, a	nd gro	ss
		receipts	from activi	ties related to its exe	empt functioi	ns—subject	to certain ex	ceptions, ai	nd (2) no more	e than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busines	s taxable inc	ome (less s	ection 511 ta	ax) from busin	esses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section 5	09(a)(2). (Co	mplete Part	:III)			
10	\sqcap	Anorga	nızatıon org	anızed and operated	exclusively t	to test for p	ublic safety	See section	509(a)(4).			
11	·	one or r the box a	nore publicly that describ Type I	anized and operated supported organizates the type of supported Type II	tions describ rting organiz c [zation and c Type III	on 509(a)(1) omplete lines - Functionall	or section 5 11e throug y integrated	09(a)(2) See h 11h d	Type II	(a)(3). I - Otl	Check her
e f	ı	other th section If the oi check t	an foundatio 509(a)(2) ganization r his box	x, I certify that the o on managers and othe eceived a written det 006, has the organiz	er than one o termination f	r more publ rom the IRS	icly supporte	d organizati ype I, Type	ons described	d in section 5	09(a)(1) or
g			g persons?	ooo, nas the organiz	аноп ассері	ed ally gift of	or contributio	ii ii oiii aiiy t	or the			
				ectly or indirectly co	ntrols, eithei	r alone or to	gether with p	ersons des	cribed in (ii)		Yes	No
		and (111)	below, the g	overning body of the	the support	ed organiza	tion?			11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abov	/e [?]				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) al	oove?			11g(iii)		
h		Provide	the followin	g information about t	he supported	d organizatio	on(s)					_
(i) Name suppor organiza		e of (ii) (described on irted EIN lines 1-9 above ration or IRC section		Type of organization (described on lines 1-9 above	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi) Is th organiza col (i) org in the U	ne tion in ganized	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No		
Tota	1											
	•										<u> </u>	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

- (1	Complete o	nlv if you	checked th	ie box on li	ne 9 of Part I.

Se	ction A. Public Support		<u> </u>				
	ndar year (or fiscal year beginning	(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	265 246	225.005	252.657	247 252	252.200	1 252 56
	any activity that is related to the	265,346	235,005	252,657	247,352	252,208	1,252,56
	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	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	265,346	235,005	252,657	247,352	252,208	1,252,56
	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						1 252 50
	from line 6)						1,252,56
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	265,346	235,005	252,657	247,352	252,208	1,252,56
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	10,753	29,338	20,366	-6,623	1,805	55,63
	and income from similar						
L	sources Unrelated business taxable						
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b	10,753	29,338	20,366	-6,623	1,805	55,63
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
12	gain or loss from the sale of	1 107	120	100			4 22
	capital assets (Explain in Part	1,107	120	100			1,32
	IV)						
13	Total support (Add lines 9, 10c,	277,206	264,463	273,123	240,729	254,013	1,309,53
	11 and 12)		<u> </u>	·	<u> </u>	·	
14	First Five Years If the Form 990 is for check this box and stop here	or the organizatio	n's first, second,	third, fourth, or fi	ırtn tax year as a	1501(c)(3) organ	ızatıon, ►
	check this box and stop here						-1
Se	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column (f)) divided by line 1	13 column (f))		15	95 650 %
16	Public support percentage from 2008	8 Schedule A , Pa	rt III, line 15			16	95 190 %
						<u> </u>	
	ction D. Computation of Inve				(5)		
17	Investment income percentage for 2	009 (line 10c col	umn (t) divided b	y Iine 13 column	(†))	17	4 250 %

18 Investment income percentage from 2008 Schedule A , Part III , line 17

17 4 250 % 18 4 710 %

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

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

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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 39-1715347

Name: CIRCLE OF FAITH INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD A KESTLER 140 S MAIN STREET MEDFORD, WI 54451	PRESIDENT/DIRECTOR 40 00	46,830	0	0
MICHAEL P SCHMITT 140 S MAIN STREET MEDFORD, WI 54451	TREASURER 10 00	5,850	0	0
ALFRED ROTHMEIER 140 S MAIN STREET MEDFORD, WI 54451	ALFRED ROTHMEIER VICE PRESIDENT 2 00 140 S MAIN STREET		0	0
BECKY SHARPE 140 S MAIN STREET MEDFORD, WI 54451	SECRETARY 2 00	14,704	0	0

TY 2009 Other Assets Schedule

Name: CIRCLE OF FAITH INC

Description	Beginning of Year Amount	End of Year Amount
MERCHANDISE INVENTORY	56,200	54,450
CREDIT CARDS RECEIVABLE	339	636
CAPITAL INCOME BUILDER FUND	2,781	2,781
CAPITAL WORLD GROWTH & INCOME FUND	1,218	1,254
GROWTH FUND OF AMERICA	2,863	2,886
INVESTMENT CO OF AMERICA	518	527
LORD ABBETT BOND DEBENTURE	2,236	2,361
NEW PERSPECTIVE FUND	1,504	1,523
NEW WORLD FUND	838	855
INCOME FUND OF AMERICA	5,585	5,905
HOUSEHOLD FINANCE CORP	29,037	0
Other Depreciable Assets	0	2,271

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TY 2009 Other Expenses Schedule

Name: CIRCLE OF FAITH INC

Description	Amount
ADVERTISING	7,848
CASH OVER/SHORT	518
CREDIT CARD FEES	2,187
OFFICE/SALES SUPPLIES	4,447
INSURANCE	4,030
TRAVEL	5,182
MISCELLANEOUS EXPENSE	9,660
COMPUTER AND INTERNET EXPENSE	667

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TY 2009 Other Liabilities Schedule

Name: CIRCLE OF FAITH INC

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAX WITHHOLDINGS	4,228	5,036

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TY 2009 Other Revenues Schedule

Name: CIRCLE OF FAITH INC

Description	Amount
INTEREST	742
DIVIDENDS	550

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: CIRCLE OF FAITH INC

EIN: 39-1715347

Declaration: The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.