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# arried May 12 2011

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

# 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)

, 2010, and ending

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

, 20

B Check if applicable		Please	C Name of organization, number and street, city, town, state, and ZIP code	D Employer identification number			
Address change		hange use IRS					
Na	me cha	nge label or print or		59-3743231			
Int	ial retur	n type	E Telephone number				
Ter	minatei	See Specific	MINISTRIES INC	863-838-3595			
An	ended i	return Instruc-	P O BOX 91772	F Group Exemption			
H Ag	olication nding	tions	Lakeland FL 33804	Numbe	•		
		ing Method.			if the organization is not		
	ebsite	•			d to attach Schedule B		
		mpt status (chec	k only one) - 501(c)(3) X 501(c)(3 ) ◀ (insert no.) 4947(a)(1) or 527	•	990, 990-EZ, or 990-PF).		
K Ch			ganization is not a section 509(a)(3) supporting organization and its gross receipts are				
			990 return is not required though Form 990-N (e-postcard) may be required (see inst	_			
			o file a complete return	ructions).	but if the organization chooses		
			o line a complete return  to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if				
					10,895.		
	t i		5, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		ions for Part I)		
ı a		· ·	, , , , , , , , , , , , , , , , , , , ,				
	T .		rganization used Schedule O to respond to any question in this Part I		10,895.		
	1		gitte, grante, and on man an array of the control o	<u>1</u>	10,895.		
	2	_	ice revenue including government fees and contracts	2			
	3	•	tues and assessments	`{``` <del> </del> -			
	4		1 62 3 1	4			
			t from sale of assets other than inventory	: 1			
	t	Less cost or	other basis and sales expenses				
_	0	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a).	.⊒ 5c			
Revenue	6	Gaming and f	undraising events				
ě	a	a Gross income	from gaming (attach Schedule G if greater than \$15,000) 6a				
ď	l t	Gross income	from fundraising events (not including \$ of contributi	ions			
		from fundraisi	ng events reported on line 1) (attach Schedule G if the sum				
	1	of such gross	income and contributions exceed \$15,000)				
		Less directe	xpenses from gaming and fundraising events 6c	_			
	0	d Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	1		f inventory, less returns and allowances				
	1	b Less cost of					
	i		r (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8		e (describe in Schedule O)				
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10,895.		
	10		milar amounts paid (list in Schedule O)		2,180.		
	11		to as for more home	44			
ø,	12	•	r compensation, and employee benefits	<u> </u>	<del>                                     </del>		
186	13						
Expenses	1		ees and other payments to independent contractors		3,653.		
Ä	14	• •	ent, utilities, and maintenance		3,033.		
	15		cations, postage, and shipping	-	E 615		
	16		es (describe ın Schedule O)		5,615.		
	17		es. Add lines 10 through 16		11,448.		
22	18	=	ficit) for the year (Subtract line 17 from line 9)	18	(553.)		
Š	19		fund balances at beginning of year (from line 27, column (A)) (must agree with				
Net Assets		•	gure reported on prior year's return)		3,959. 7		
Ş	20	Other change	s in net assets or fund balances (explain in Schedule O)	20			
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20	▶ 21	3,406.		
For F	apen	work Reduction	n Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2010)		

BCA

Part II Balance Sheets. (see the instructions for Pi Check if the organization used Schedule O to re	•	this Part II			П
(See the instructions for P		(A) Beginn			) End of year
22 Cash, savings, and investments			593.		3,406.
23 Land and buildings		<del></del>		23	
24 Other assets (describe in Schedule O)				24	
25 Total assets			593.	25	3,406.
26 Total liabilities (describe in Schedule O)		<del></del>	•	26	
•	7 Net assets or fund balances (line 27 of column (B) must agree with line 21)				
Part III Statement of Program Service Accor	<del></del>		l,593.	<del>                                     </del>	3,406.
Check if the organization used Schedule O to re	•			ļ	Expenses
What is the organization's primary exempt purpose? PROV					for section 501(c)(3)
Describe what was achieved in carrying out the organization	<del> </del>				c)(4) organizations and 347(a)(1) trusts,
describe the services provided, the number of persons benef				optional fo	or others )
28 PROVIDED ASSISTANCE IN FOOD,					
THE HOMELESS IN COOPERATION					
(Grants \$ 2,180.) If this amount include	les foreign grants, check	here	▶∏	28a	2,180.
29	<u> </u>				· · · · · · · · · · · · · · · · · · ·
	··-			. 1	
· · · · · · · · · · · · · · · · · · ·		<del></del>	-		
(Grants \$ ) If this amount include	les foreign grants, check	here	•	29a	
30	<u> </u>		1 .l		<u> </u>
	<del></del>			1	
(Grants \$ ) If this amount include	les foreign grants, check	here	•	30a	
<del></del>					
. •	les foreign grants, check			31a	
32 Total program service expenses (add lines 28a through	<del></del>			32	2,180.
Part IV List of Officers, Directors, Trustees, and Key				ee the ins	
Check if the organization used Schedule O to re		·			
(a) Name and address	(b) Title & average hours per week	(c) Compensation (If not paid,	(d) Contri employee be	enefit plans	(e) Expense account and
ENRICO D LINK SR	devoted to position FULL TIME	enter -0)	& deferre	ed comp	other allowances
		0			
	PART TIME	<del> </del>	1		<del> </del>
EURANDA LINK					
P O BOX 91 Lakeland FL 33813	5	0	-		
ANDREA LINK					
2981 MORRI Bartow FL 33830	)	0	1		
MARIUS LINK	<u> </u>				
6504 ARUBA Tampa FL 33637		0	ļ		<u> </u>
· · · · · · · · · · · · · · · · · · ·			1		
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, u.	Check if the expectation and Cabella Co. A second the survey state in the Institutions of the Cabella Co.			
	Check if the organization used Schedule O to respond to any question in this Part V	·····		··
	Did the assessment and assessment and assessment to the IDCO If "Ven " attach a detailed deposition of each		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each	1 1		Х
34	activity in Schedule O	33		
<b>)4</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	34		Х
	(see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T.			İ
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	i	Х
h	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	330		
30	If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0	, 50		• • •
	Did the organization file Form 1120-POL for this year?	37b		1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	"."		
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	100	اا	
	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911▶ , section 4912 ▶ , section 4955 ▶			
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			l
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
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 ▶			l
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by			1
	the organization			1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			1
	If "Yes," complete Form 8886-T	40e	ĺ	Х
<b>\$1</b>	List the states with which a copy of this return is filed			
42a	The organizations books are in care o▶ ENRICO D LINK SR Telephone no. ▶ 863	-83	8-3	595
	Located at ▶ 3957 LIMETREE LANE FL Lakeland ZIP+4 ▶ 338	13		
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		Yes	No
	account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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		۰ ا	▶
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ļ	Yes	No
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	ı		
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		1	l
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	L	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	1 .	,
	explanation in Schedule O	44d	<u></u>	
	Form	990-	<b>LZ</b> (2	2010)

Form 9	90-EZ (2010) WALKING IN TH	E LIGHT OUTR	EACH	59-374	3231	Pa	age 4
4= 1				: 54041744010		Yes	No
	s any related organization a controlled ent Old the organization receive any payment	•	•	, ,, ,	45 of	L	
	ection 512(b)(13)? If "Yes," Form 990 and	• • •		•			X
	old the organization engage, directly or inc	• • •	-	• • • • • • • • • • • • • • • • • • • •		r I	
Part	andidates for public office? If "Yes," comp				46		<u> X</u>
rait	VI Section 501(c)(3) organizations and section and 52, and complete the tables for Check if the organization used Sch	n 4947(a)(1) nonexempt or lines 50 and 51.	charitable trusts must a	nswer questions 47 - 49b			on 
	One of the original control of	iodalo o to rospona to a.	iy quodion in thio r are			Yes	No
	Did the organization engage in lobbying ac						X
	s the organization a school as described in Old the organization make any transfers to						X
	f "Yes," was the related organization a sec		-				<u> </u>
	complete this table for the organization's f	~			<u> </u>	ployee	es) who
e	ach received more than \$100,000 of com			enter "None."			
(-)	Name and address of analysis and assets	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	•	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances		
NONE		detected to position			0	<u> </u>	
f Tot	al number of other employees paid over	i 100,000 ▶		1			
<b>51</b> Co	mplete this table for the organization's five	e highest compensated in	dependent contractors	- who each received more tha	n \$100,000	) of	
	npensation from the organization. If there	<del></del>					
NONE	) Name and address of each independent	t contractor paid more tha	an \$100,000 (	(b) Type of service	(c) Comp	ensati	<u>on</u>
HOIVE	J		<del></del>				
	·						
-	al number of other independent contractor the organization complete Schedule A? I		•			-	
	aritable trusts must attach a completed So		. •	, , , ,	X Yes	П	No
Under pe	nalties of perjury, I declare that I have examined this re	turn, including accompanying sch	nedules and statements, and to	the best of my knowledge and belief,	t is true,		
соггест, а	nd complete Declaration of preparer (other than officer	) is based on all information of wh	hich preparer has any knowledg	ge			
				03/24/201	1		
Sign	Signature of officer	- non		Date			
Here	ENRICO D LINK S	R	PRESIDEN				
_	Type or print name and title						
Deid	Print/Type preparer's name	Preparet sign	nature D	ate Check S/15/2011 self-employed	if PTIN	000	116
Paid Prepan	EDDIE G ROBINSON  er's Form's name ▶RNB ACCOUNT	ING & TAX SE	RVICE INC	Firm's EIN			116 3
Use Or	Fullishame Fitted Ticcoctvi	DA AVE		Phone no		J J Z	<del>-</del>
	address BARTOW FL 3			863-533	<u>3-184</u> 2		
	e IRS discuss this return with the prepared	shown above? See insti	ructions		Y Yes		No
BCA		US990E	<b>-Z</b> 4	F	om <b>990-</b>	EZ (2	2010)

### **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

Employer identification number

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

or Form 990-EZ.

Name of the organization

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

▶ See separate instructions.

Open to Public Inspection

	WA	ALKING IN TH	E LIGHT OU	TREACH				59	-374	3231			
Ρ	art	Reason fo	r Public Charity	Status (All organizations	must cor	mplete th	is part.)	See ins	tructions	).			
The	org			se it is (For lines 1 through 11									
1		·		ciation of churches described in		-							
2	$\vdash$			)(ii). (Attach Schedule E )									
3	П			e organization described in sec	tion 170	)(b)(1)(A	)(iii).						
4	П	•	•	in conjunction with a hospital of		• • • • • • • • • • • • • • • • • • • •		b)(1)(A)	(iii) Ente	er the ho	spital's	name	
		city, and state	=				· · · · · · · · · · · · · · · · · · ·						
5	П	• •		a college or university owned	or opera	ted by a	governm	nental u	nit descr	ibed ın s	ection		
	ш	170(b)(1)(A)(iv). (Con											
6	П		•	vernmental unit described in se	ection 17	70(Б)(1)(	A)(v).						
7	H.		-	ubstantial part of its support fro				from th	e genera	al public			
	ш	described in section 1	•		3				3				
8	П			'0(b)(1)(A)(vi) (Complete Part	11.3								
	X	9		more than 33 1/3 % of its sup	-	contribu	utions. m	embers	hip fees.	and ord	ss		
-	ш			ot functions - subject to certain									
		•	•	unrelated business taxable in	•								
		• • •		, 1975. See section 509(a)(2)	-			,					
10	П	. , ,		xclusively to test for public safe			•	<b>)</b> .					
11	H		•	xclusively for the benefit of, to	•			•	rry out th	ie			
	ш		•	d organizations described in se	-		•		•				
		• •		e type of supporting organizati									
		a Type I	b Type II	c Type III - Fu				d [	<b>1</b>	II - Othe	r		
е	П	<b>□</b> ••		inization is not controlled direct	lly or ind	irectly by	one or i	more di	squalified	<b>1</b>			
	_			and other than one or more put									
		509(a)(1) or section 5											
f		If the organization rec	eived a written deten	mination from the IRS that it is	а Туре	I, Type II	or Type	III sup	oorting				
													[
g		Since August 17, 2000	6, has the organization	on accepted any gift or contribi	ution fror	n any of	the follo	wing pe	rsons?				
				trols, either alone or together v								Yes	No
		and (iii) below, the	governing body of t	the supported organization?							11g(i)		
		(ii) A family member	of a person describe	d in (i) above?							11g(ii)		
		(iii) A 35% controlled	entity of a person de	scribed in (i) or (ii) above?							11g(iii)		
h		Provide the following	nformation about the	e supported organization(s)									
	(i) l	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is t	he organ-	(V) D	d you	(vi) l	s the	(vii)	Amou	nt of
		organization		(described on lines 1-9	ızatıon	ın col	notify	the	organization i		in support		:
				above or IRC section	(i) listed	ın your	organiza	ation in	col	(i)			
				(see instructions))	gove	ming	∞l (i)	of your	orga	nızed			
			ŀ		docur	nent?	supp	ort?	in the	U.S?			
					Yes	No	Yes	No	Yes	No			
(A)													
						<u> </u>			ļ				
(B)													
					ļ	ļ			1				
(C)					}								
(D)													
(E)			1										
				<u> </u>					<u> </u>	L			
Tota		·											
For	Pa	perwork Reduction A	ct Notice, see the Ir	nstructions for Form 990				Sche	dule A (l	Form 99	0 or 990	)-EZ)	2010

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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 or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II)

Secti	on A. Public Support							
Calend	lar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	}				İ		
	include any "unusual grants ")	11767.	11306.	10239.	3875.	10895.	48082.	
2	Gross receipts from admissions, merchan-							
	dise sold or services performed, or facilities	l						
	furnished in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business						-	
4	under section 513							
	benefit and either paid to or expended on							
	ıts 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	11767.	11306.	10239.	3875.	10895.	48082.	
7a	Amounts included on lines 1, 2, and 3				•			
	received from disqualified persons					8258.	8258.	
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							
c	Add lines 7a and 7b					8258.	8258.	
	Public support (Subtract line 7c from line 6)			<u> </u>			39824.	
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·						
	lar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 6	11767.	11306.	10239.	3875.	10895.	48082.	
10a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
	sources	i				!		
h	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30,1975							
_	•							
C	Add lines 10a and 10b							
11	Net income from unrelated business		İ	1				
	activities not included in line 10b, whether					i		
	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.)	11767	11206	10000	2075	10005	40000	
13	Total support. (Add lines 9, 10c, 11, and 12)		11306.	10239.	3875.	10895.	48082.	
14	First five years. If the Form 990 is for the org	janization's first,	second, third, fo	ourth, or fifth tax	year as a section	n 501(c)(3)	for	
	organization, check this box and stop here .					<u></u>	▶ X	
Secti	on C. Computation of Public Supp			<del></del>		<del>, ,</del>	0.00	
15	Public support percentage for 2010 (line 8, co					15	0.00 %	
16	Public support percentage from 2009 Schedu			<u></u>	<u> </u>	16	0.00 %	
Secti	on D. Computation of Investment I					<del>,</del>	-0.00	
17	Investment income percentage for 2010 (line		-			17	0.00 %	
18	Investment income percentage from 2009 Schedule A, Part III, line 17							
19a	33 1/3 % support tests - 2010. If the organiz	ation did not che	ck the box on lir	ne 14, and line 1	5 is more than 3	3 1/3 %, and line	17 is	
	not more than 33 1/3 %, check this box and s	top here The or	rganizatıon quali	fies as a publicly	supported orga	nization	▶	
b	b 33 1/3 % support tests - 2009. 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 qu	alifies as a publi	dy supported on	ganızatıon	▶ [	
20	Private foundation. If the organization did no						_	
	<del>-</del>			•				

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection

Name of the organization WALKING IN THE LIGHT OUTREACH	Employer identification number 59-3743231
LINE 10	
CASH DONATIONS-\$580.42	
FREEWILL OFFERINGS-\$568.45	
FOOD TO THE NEEDY-\$1,031.16	
TOTAL \$2,180.03	
LINE 16 OTHER EXPENSE	
SUPPLIES-\$1,248.31	
TRAVEL/MEETINGS-\$4366.79	
TOTAL \$5,615.10	