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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, 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

B Check if applicable Address and Mark Ministries, Inc. Tremakter Tremakte		Α	For t	he 2010 ca	lendar year, or tax year beginning Sep 1 , 2010, and ending Aug 31			2011
Name cause Number and sweet for Y O box, if real a not debresed to skeet address) Noomhurte E Troeptom number (214) 762-4788 Power Number and sweet for Y O box, if real a not debresed to skeet address) Noomhurte E Troeptom number (214) 762-4788 Power Number		В	Check	ıf applicable	C Name of organization	D	Employer ı	dentification number
Total return Po Box 166317 City or lown, state or country, and 2P+4 Total return Population pending TV Try T			Addres	s change	WisdomWorks Ministries, Inc.		75-26	73213
Permetated return Post 166-17				-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E	Telephone	number
Anneoted starm Agreement perdong Try		-			PO Box 166317		(214)	762-4788
Association pending [Trv1 in g Assistant Processing of Account Method Cash Accrual Other (specify) * High Check In the organization is not recurred to etition Schedule B (Form 930, 930, EZ, or 990, PF) Miles Mi		-			City or town, state or country, and ZIP + 4	_		
Accounting Method					Irving TX 75016			emption -
Website:								organization is not
Jave exempt status (xk only one) —		i	Webs	site: 🕨 w	ww.wisdomworks.com require	ed to	o attach:	Schedule B (Form
K Check P if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-F2 or Form 990 return is not required though Form 990-N (e-posteard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 75, to film 99 determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (3) below) are \$500,000 or more, inte Form 990 instead of Form 990-EZ. Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances. (See the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses. 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events. a Gross income from fundraising events. 4 Investment uncome 5 Gross income from garning (attach Schedule G if greater than \$15,000) 5 Gross income from fundraising events. 6 Garning and fundraising events. 6 Garning and fundraising events. 6 Less direct expenses from garning and fundraising events. 6 Less direct expenses from garning and fundraising events. 6 Revenue, describe in Schedule G if greater than \$15,000) 6 Less cost of goods sold 6 Cross profit or (floss) from garning and fundraising events. 6 Revenue, describe in Schedule G if greater than \$15,000 and \$10,000 and \$10,		J	Tax-ex			90-1	EZ, or 99	0-PF)
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15 Printing, publications, postage, and shipping 16 21, 130.		N I	14	Occupanc	visent utilities and maintenance			3,301.
16 Other expenses. (describe in Schedule O) 17 Total expenses. Add lines 10-through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 25,632.		S					-	214
17 Total expenses. Add lines 10-through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 25, 632.		S						
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 23 25,632.						1		
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 Page 19 22,619. 20 21 25,632.	-	\exists						
figure reported on prior year's return) 19		ام						3,013.
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 20 21 25,632.		N S	19		ear		22 610	
21 Net assets or fund balances at end of year Combine lines 18 through 20 25, 632.		ŦĔ	20	-				22,019.
23,032.		Š				1		25 632
	-	BAA			· · · · · · · · · · · · · · · · · · ·		1-1	

	Check if the organization used Sche	edule O to respond to any que	stion in this Part II				X
				(A)	Beginning of year	ar	(B) End of year
22	Cash, savings, and investments				20,379	. 22	19,214.
23	Land and buildings				0	. 23	0.
24	Other assets (describe in Schedule O))		5,801	. 24	7,239.
25	Total assets				26,180	. 25	26,453.
26	Total liabilities (describe in Schedule O))		3,561	. 26	821.
27	Net assets or fund balances (line 27 of of			}	22,619	. 27	25,632.
Par	<u>rt III</u> Statement of Program Ser				l.)		Expenses
	Check if the organization used Sc						uired for section c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? To	spread the Gospel	of Jesus Cl	hris	st		nizations and section
Desc	cribe what was achieved in carrying out the cribe the services provided, the number of	e organization's exempt purpo persons benefited, and other i	ises. In a clear and relevant information	conci for e	se manner, ach	4947	'(a)(1) trusts, optional
prog	ram title					for o	thers)
28	The organization conducts						
	Jesus Christ through spea		ublications_	aim	ed_at		
	reaching the youth of the						101 650
	(Grants \$ 0.) If the	is amount includes foreign gra	ants, check here		-	28 a	101,653.
29							
	(Grants \$) If th		ante check hara			29 a	
30	(Grants 2) II th	is amount includes loreign gra	ants, check here		- 1 1	23 a	
30							
	(Grants \$) If th	s amount includes foreign gra	ants check here			30 a	
31	Other program services (describe in Scho	<u>v_v</u>	arito, criccit ricio				
٠.		is amount includes foreign gra	ants, check here		▶ 🗍	31 a	
32	Total program service expenses (add lin		,		•	32	101,653.
	t IV List of Officers, Directors,		olovees. List each o	ne ever	n if not compensated	(see t	
	Check if the organization used Sc				•	•	X
		(b) Title and average hours	(c) Compensation		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)) ⁽	employee benefit plar deferred compensa		and other allowances
Mar	k Matlock	to poomer,			dotorioù domporida		
	Box 166317	President/Director					
	ring TX 75016	40.00	52,81	18.	6,8	27.	29,713.
Jon	nathan Matlock		·				
PO	Box 166317	Secretary/Treasurer/Director					
Irv	ring TX 75016	1.00		0.		0.	
	Howver						
	Box 166317	Chairman/Director					
Irv	ring TX 75016	1.00		0.		0.	
				-+			
				-			
	- 						
							-
				T			
							i

	Check if the organization used Schedule O to respond to any question in this Part V			x
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	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 (see instructions)	34	<u>-</u> -	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, explain in Schedule O why the organization did not report the income on Form 990-T	4 1 1	4, 7,	
á	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?	35 a		х
ŀ	o If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
t	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	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 tax year covered by this return?	38 a	X	
	amount involved 38b 664.	,		
	Section 501(c)(7) organizations Enter	,	375	
	Initiation fees and capital contributions included on line 9	,		
	Gross receipts, included on line 9, for public use of club facilities Section F31(s)(2) accomplates 5 Table account of the accomplant to	k 10 943		
40 8	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►		78	3.5
t	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 prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			A. 5
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
41	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 List the states with which a copy of this return is filed NONE	40 e		X
t	Telephone no (214) Located at PO Box 166317	762 42b	-478 Yes	No X
t c	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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44a 44b 44c	Yes	No X X X
BAA	TEEA0812 02/18/11 Fo	rm 990	-EZ ((2010)

orm 990-E	EZ (2010) WisdomWorks Minist	ries, Inc.			75- <u>2673</u> 2	13	P	age 4
	,						Yes	No
	y related organization a controlled entity o	•			, ,	45	 	Х
of sec	he organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	Schedule R may need to	be completed	d instead of Form	990-EZ (see inst.)	45 a		Х
46 Did th candi	he organization engage, directly or indirec idates for public office? If 'Yes,' complete	tly, ın political campaigr Schedule C. Part I	n activities on	behalf of or in op	iposition to	46		х
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the Check if the organization used Schedule	s and section 4947 tion 4947(a)(1) nor ne tables for lines 5	nexempt ch 0 and 51.	iaritäble trusts	ble trusts only. must answer qu	All secuestion	ition is	
_	Check if the organization used Schedule	e O to respond to any qu	Jestion in this	rait vi			Yes	No
47 Did th	he organization engage in lobbying activiti	es? If 'Yes,' complete S	chedule C, Pa	art II		47		X
48 Is the	e organization a school as described in sec	ction 170(b)(1)(A)(ii)? If	'Yes,' comple	ete Schedule E		48		Х
	he organization make any transfers to an e	•	elated organiz	zation?		49 a	ļ	х
	s,' was the related organization a section	•				49 b		
50 Comp emplo	plete this table for the organization's five hoyees) who each received more than \$100	0,000 of compensation fi	rom the organ	nization If there is	s none, enter 'None '			
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compen	isation (d) Contr be deferi	ributions to employee nefit plans and red compensation	(e) Ex accoust other allo	pense nt and owances	s
None								
								-
f Total	number of other employees paid over \$10	0,000 • 0		·				
51 Comp	olete this table for the organization's five heensation from the organization. If there is	nighest compensated ind	lependent con	ntractors who each	h received more than	า \$100,0)00 of	
	(a) Name and address of each independent contr			(b) Type	of service	(c) Comp	ensatio	n
None								
								
				-				
		-,-						
				1				
				-				
d Total	number of other independent contractors	each receiving over \$10	00.000	▶ 0				
52 Did th	ne organization complete Schedule A? Not table trusts must attach a completed Sche	te All section 501(c)(3)	•		nonexempt	X Yes		No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	, including accompanying scheder) is based on all information o	fules and statement f which preparer h	nts, and to the best of nas any knowledge		t is		
••	Supplied Ald	<u> </u>		Date	3.21.2012			
Sign	PAGINET MANI	MATLOY		Date				
Here	Type or print name and title	MAILUE						
	Print/Type preparer's name	Preparer's signature	1 /	Pate	Check of PTIN			
Paid	Shannon M. Wood, CPA	Spanoy W	ud, cra o	2/22/12	self-employed			
Preparer Use Only	Firm's name SOMMERVILLE & A. SOMMERVILLE		·		Europia Ethi			
	Firm's address ARLINGTON ARLINGTON	OIE ZUI	TX 7	6015-2936	Phone no (817)	795-	5046	
May the IRS	S discuss this return with the preparer sho	own above? See instruct			P THONE HO		$\overline{}$	No
3ΔΔ						orm 990		

SCHEDULE A (Form 990 or 990,EZ)

Name of the organization

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.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection 🐫

		nWorks Minist			_				75-26				
Part	_			(All organizations					See ir	<u>nstruct</u>	ions.		
The o	rgar	nization is not a priva	ate foundation because	e it is (For lines 1 through	gh 11, cl	neck onl	y one bo	x)					
1		•		iation of churches descr		section	170(b)(1)(A)(i).					
2	Ш		,,,,,	(ii). (Attach Schedule E	•								
3	Ш			e organization described									
4	Ш		-	in conjunction with a ho	spital de	escribed	ın secti	on 170(l	b)(1)(A)(iii) Ente	er the hospi	tal's	
5	\Box	name, city, and stat		a college or university	owned o	r operati	ed by a		nental ur	nt descr	ribed in sec	tion	
		170(b)(1)(A)(iv). (C	omplete Part II)						icinal a	iit dooo.			
6 7	X	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 in section 170(b)(1)(A)(vi). (Complete Part II)											
8	\sqcup	A community trust of	lescribed in section 17	0(b)(1)(A)(vi). (Complete	e Part II)							
9		from activities related investment income a	ed to its exempt function) more than 33-1/3% of ons – subject to certain s taxable income (less s mplete Part III)	exception	ns, and	(2) no n	nore tha	n 33-1/3	3% of ⊦ts	support fro	om gross	s s
10		An organization organization	anized and operated e	xclusively to test for pub	olic safet	y See s	ection 5	09(a)(4)).				
11		more publicly support	orted organizations des	xclusively for the benefit cribed in section 509(a) ion and complete lines 1	(1) or se	ection 50	he funct 9(a)(2)	ions of, See se	or carry ction 50	out the 9(a)(3).	purposes of Check the	of one or box that	t t
		a Type I	b Type II	c 🗌 Type III	l – Fund	tionally	ıntegrate	ed		d 🗌	Type III -	- Other	
е		By checking this boother than foundation section 509(a)(2)	x, I certify that the organic managers and other	anization is not controlle than one or more public	d directi cly supp	y or ındı orted orç	rectly by ganizatio	one or	more di cribed in	squalifie section	ed persons 509(a)(1)	or	
f		If the organization recheck this box	eceived a written deter	mination from the IRS tl	hat is a	Type I, T	ype II o	r Type I	ll suppoi	rtıng org	janization,		
g		Since August 17, 20	006, has the organization	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	<u>No</u>
		(i) A person who below, the gov	directly or indirectly co verning body of the sup	ontrols, either alone or to ported organization?	ogether	with pers	sons des	scribed i	n (II) an	d (III)	11 g (i)		
		(ii) A family mem	ber of a person describ	oed in (i) above?							11 g (ii)	ļ	
		(iii) A 35% control	led entity of a person of	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	g information about the	supported organization	n(s)								
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	column (Is the ration in in line in overning ment?	(v) Did y the organ columi your su	ızatıon in 1 (ı) of	(vi) ls organiza colum organize U S	ation in nn (i) d in the	(vii) Amoui	nt of suppo	ort
					Yes	No	Yes	No	Yes	No			
A)					ļ								
В)													
(C)													
D)					_								
E)													
Γotal							Þ						

Schedule A (Form 990 or 990-EZ) 2010 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)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	296,227.	259,092.	14,975.	35,320.	26,404.	632,018.			
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 by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	296,227.	259,092.	14,975.	35,320.	26,404.	632,018.			
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)						190,833.			
6	Public support. Subtract line 5 from line 4						441,185.			
Sec	tion B. Total Support	- VARE 2	883 w.2 v	13 ****		33	141/100.			
Cale	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	296,227.	259,092.	14,975.	35,320.	26,404.	632,018.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80.	88.	35.			203.			
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)									
11	Total support. Add lines 7 through 10						639,021.			
12	Gross receipts from related activi	ties, etc (see insti	ructions)			12	2,830,816.			
	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍			
	tion C. Computation of Pul						<u> </u>			
	Public support percentage for 20 Public support percentage from 2	•	••	e 11, column (f))		14 15	69.04%			
	33-1/3% support test — 2010. If the	he organization di	d not check the bo		the line 14 is 33-		eck this box			
b	and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	17a 10%-facts-and-circumstances test — 2010. 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.									
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est The organiza	test, check this be 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 chec	k a box on line 13	3, 16a, 16b, 17a, c			uctions			

Schedule A (Form 990 or 990-EZ) 2010 WisdomWorks Ministries, Inc. 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)

Sec	tion A. Public Support						····
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	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 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 under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
J	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	**************************************	/ \$,*,	·	**. v		
Sec	tion B. Total Support		, ,				
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)			_			
	First five years. If the Form 990 i organization, check this box and	s for the organiza	ition's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ [
Sec	tion C. Computation of Pul	blic Support F	Percentage				
15	Public support percentage for 20	10 (line 8, column	(f) divided by line	13, column (f))		15	કૃ
16	Public support percentage from 2	009 Schedule A,	Part III, line 15			16	8
Sec	tion D. Computation of Inv	estment Inco	ne Percentage				
17	Investment income percentage for	r 2010 (line 10c,	column (f) dıvıded	by line 13, colum	ın (f))	17	9
18	Investment income percentage from	om 2009 Schedul	e A, Part III, line 1	7		18	8
19 a	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	the organization of this box and stop	did not check the book here. The organiz	ox on line 14, and ation qualifies as	d line 15 is more th a publicly support	nan 33-1/3%, and I ed organization	ine 17 ►
	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organızatıon qual	ifies as a publicly	supported organiza	3%, and tion ►
20	Private foundation. If the organiz	ation did not ched	ck a box on line 14	, 19a, or 19b, che	eck this box and se	e instructions	▶ 🗍

Schedule A	A (Form 990 or 990-EZ) 2010	WisdomWorks	Minist	ries, Inc.	75-2673213	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete th ; and Part III, line	is part to 2 12. Also	provide the explanati complete this part for	75-2673213 ons required by Part II, line rany additional information.	10;
				- 		
-						
-		- 	- 			
				·		
						· -
						. – – –
						. – – –
						- -

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization] Emi	oloyer ic	sentifica	ation nu	mber		
WisdomWorks Ministries, Inc.					75	-267	7321	3			
Excess Benefit Transactions Complete if the organization answer	s (sect ed 'Yes	ion 501 on Form	(c)(3) and section 1990, Part IV, line 25a o	501(c)(4 r 25b, or F) organiza orm 990-EZ,	tions Part V	only , line	/). 40b.			
1 (a) Name of disqualified person				h) Deccription	of transaction					(c) Cori	ected
1 (a) Name of disqualified person			'	Description	or transaction					Yes	No
(1)											
(2)											
(3)											
(4)											
(5)			·								
(6)											
2 Enter the amount of tax imposed on the org section 4958	ganızatı	on mana	gers or disqualified pers	sons durinç	the year un	der	► \$				
3 Enter the amount of tax, if any, on line 2, a	bove, r	eımburse	d by the organization				▶\$				
Part II Loans to and/or From Interes	sted F	ersons	5.								
Complete if the organization answere	d 'Yes'	on Form	990, Part IV, line 26 or	Form 990-l	EZ, Part V, Iır	ie 38a	•				
(a) Name of interested person and purpose	(b) Loan the orga	to or from	(c) Original principal amount	(d) Bal) Balance due		n default? (f) Approve by board o committee		ard or	(g) W agreer	ritten ment?
	То	From				Yes	No	Yes	No	Yes	No
(1) Mark Matlock Personal Expenses	<u> </u>	Х	664.		664.		Х		X		X
(2)			<u>-</u>								
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total			▶ \$		664.		· **	ć	- 4	· /	
Part III Grants or Assistance Benefi Complete if the organization	tting l answe	nterest ered 'Ye	ed Persons. es' on Form 990, P	art IV, lıı	ne 27.	•					
(a) Name of interested person		(b) Relations	ship between interested person the organization	and	(c)	Amoun	t and ty	pe of as	sistanc	е	
(1)							•				
(2)					,						
(3)											
(4)											
(5)											
(6)						-	-				
(7)											
(8)							· · · · ·				
(9)					 .						
(10)											

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

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes N		
						
/		:				
Supplemental Information Complete this part to provide add		s to supstions on Saha	dula L (cao instructions)			
Complete this part to provide add	monar information for response:	s to questions on sche	udie L (see instructions)			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public this pection

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.

WisdomWorks Ministries, Inc.	75-2673213
Part I, Line 8 Other Revenue:	
1) Reimbursement of travel expenses \$9,552	
Part I, Line 16 Other Expenses:	
1) Bank Fees \$698	
2) Depreciation \$72	
3) Dues & Memberships \$846	
4) Office Expenses \$3,200	
5) Telephone \$1,700	
6) Travel \$14,614	
Part II, Line 24 Inventories:	
Beginning of year \$5,801	
End of year \$5,925	
Officer Receivable:	
Beginning of year \$0	
End of year \$664	
Fixed Assets less depreciation:	
Beginning of year \$0	
End of year \$650	
Part II, Line 26 Accounts payable:	
Beginning of year \$3,561	
End of year \$821	
Part IV, Col (e) IRC Section 107 housing allowance	
Part V, Line 35 Income from line 2 is income from speaking enga	gements related to the
organization's exempt purpose. Income from lin	e 7a is income from the
sale of merchandise. This income promotes the	organization's exempt
purpose of spreading the Gospel of Jesus Christ	•