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

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

OMB No 1545 1150

2011

Open to Public 🚟 Inspection

Α	For	the 2011 ca	lendar year, or tax year beginning , 2011, and	d ending		. ,	
<u>B_</u>	Check	ıf applicable	C		D	Employer id	entification number
	Addre	ss change	TALENTS 633 MINISTRIES, NFP			27-41	68243
	1	change	24206 WALNUT CIRCLE		E	Telephone n	
<u>X</u>	1	1	PLAINFIELD, IL 60585		ĺ		
-	Termi						
F		ded return ation pending			ĮF.	Group Ex Number	emption •
Ġ	<u> </u>	ounting Met	hod X Cash Accrual Other (specify) ►	Н	Check ►		organization is not
ī		site: ► N			required	to attach	Schedule B (Form
J	Tax-e	xempt status	(ck only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) oi	 0	990, 990-	EZ, or 99	0-PF) `
ĸ	Chec	k ► X if	the organization is not a section 509(a)(3) supporting organization or a		organizati	on and its	s gross receipts are
	norm	nally not mo	ore than \$50,000 A Form 990-EZ or Form 990 return is not required the	ough Form 990	0-N (e-pc	stcard) m	ay be required (see
	ınstr	uctions) Bu	ut if the organization chooses to file a return, be sure to file a complete	return			
L	Add	lines 5b, 6c	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20 line 25, column (B) below) are \$500,000 or more, file Form 990 instead.	00,000 or mor	e, or if to	otal ►\$	1 501
n.			ine 25, column (B) below) are \$500,000 or more, file Form 990 instead ie, Expenses, and Changes in Net Assets or Fund Balanc			т	1,501.
P	art1	_	· ·	•	: IIIStru	CHOIS IC	, –
			the organization used Schedule O to respond to any question in this Par	irt i		-T-1	1 500
			ons, gifts, grants, and similar amounts received			1	1,500.
	2	•	service revenue including government fees and contracts			2	
	3		nip dues and assessments			3	
	4	Investmer	1	1		4	<u> </u>
			ount from sale of assets other than inventory			┥.,	
			t or other basis and sales expenses 51	b			
•	c	Gain or (loss	from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
<u>)</u>	6	Gaming a	nd fundraising events	1			
REVEN	a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000)	a			
V E	l b	Gross inco	ome from fundraising events (not including \$o	of contributions	5		
~= 11	l	from fundi	raising events reported on line 1) (attach Schedule G if the sum	. 1		-4, "	
ŊĔ Ŋ		_	oss income and contributions exceeds \$15,000)			;-	
98	٥	Less dire	ct expenses from gaming and fundraising events 6	<u>c </u>			
	d		e or (loss) from gaming and fundraising events (add lines 6a and			1: .	
			btract line 6c)	1		6d	
			es of inventory, less returns and allowances				
			of goods sold RECEIVED 7E	b			
	С	Gross prof	fit or (loss) from sales of inventor (Subtract line 7b from ling/a)			7c	
	8		enue (describe in Schedule O) AUG 2 7 2012			8	
	9		nue. Add lines 1, 2, 3, 4, 5c, bg. c, and 8			9	1,501.
	10		d similar amounts paid (list in Schedule 0)			10	
	11		ald to or for members OGDEN, UI			11	
E X	12	•	other compensation, and employee benefits .			12	
EXPERSES	13		nal fees and other payments to independent contractors			13	
N S	14	-	y, rent, utilities, and maintenance			14	
E S	15	_ ,	publications, postage, and shipping			15	
-	16	-	·	Schedule	Q	16	415.
	17		enses. Add lines 10 through 16	 		<u>► 17</u>	415.
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	1,086.
, A	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must	t agree with ei	nd-of-yea	ar	
ES		figure repo	orted on prior year's return)	-	,	19	0.
NSET TS	20		nges in net assets or fund balances (explain in Schedule O)			20	
			or fund balances at end of year Combine lines 18 through 20			▶ 21	1,086.
BA	A Fo	Paperwork	k Reduction Act Notice, see the separate instructions.				Form 990-EZ (2011)

	m 990-EZ (2011) TALENTS 633 MIN			27	-416	8243 Page 2
Pai	rt II Balance Sheets. (see the ins Check if the organization used Scho	structions for Part II.) edule O to respond to any ou	iestion in this Part II			П
	•	see to respond to dry de	Joseph III triis i die ii	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		, ,		22	1,086.
23	Land and buildings		. [23	
24	Other assets (describe in Schedule O)	•	L		24	
25	Total list littles (dass have Colored to Col		-	0	-11	1,086.
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of		June 21)	0	-11	0.
	rt III Statement of Program Sen				. 27	1,086.
<u>. u.</u>	Check if the organization used Sc				(Reau	Expenses ured for section
What					501(c))(3) and 501(c)(4)
Desc	is the organization's primary exempt purpose? Sec cribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	ccomplishments for each of	its three largest prog	ram services, as	4947(izations and section a)(1) trusts, optional
bene	fited, and other relevant information for e	each program title		inder of persons	for oti	hérs)
28	BIBLICAL BASED MINISTRY C	COMMITTED TO PRAYER	<u>R, TEACHING AN</u>	<u> </u>		
	COUNSELING					
	70					0.1.0
29	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	313.
23						
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30						
		is amount includes foreign g	rants, check here	<u> </u>	30 a	
31	Other program services (describe in Sch	•		_ (
32	(Grants \$) If th Total program service expenses (add lin	is amount includes foreign gi	rants, check here		31 a	212
Par	t IV List of Officers, Directors,	Trustees, and Key Emr	lovees List each one	even if not compensated	(see the	313.
1.0.	Check if the organization used Sc	hedule O to respond to any o	question in this Part I	V	(see the	msu ucuons for Part IV
		(b) Title and average hours per week	(c) Reportable compensati (Form W-2/1099-MISC)	on (d) Health benefit		(e) Estimated amount of
	(a) Name and address	devoted to position	(If not paid, enter -0-)	contributions to emp		other compensation
	D HEGINAN			deferred compensa	tion	
	D HECKMAN 06 WALNUT CIRCLE	Director				_
	INFIELD, IL 60585	20	C	'•	0.	0.
	N DUNLAP	Director				
	90 CALLE FORTUNA	1	0		0.	0.
	QUINTA, CA 92253	_	_		١.,	0.
	REIFSNYDER	Director				· · · · · · · · · · · · · · · · · · ·
	O DELPHI DRIVE	1	0		0.	0.
LAF	AYETTE, CO 80026					
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	990-EZ (2011) TALENTS 633 MINISTRIES, NFP		27-416824	3	Ρ	age 3
Par	Other Information (Note the Schedule A and personal benefit contract statement r	equirements in	See Sch	edul	e 0	
33	the instructions for Part V) Check if the organization used Schedule O to respond to an Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' prov				Yes	No
34	each activity in Schedule O		·	33		X
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)		•	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	ar from busines	s activities	35 a		Х
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an			35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	tion 6033(e) no II	tice,	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N $$	of net assets o	during the	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37a	0.	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or v	vere		. With	ster.
	any such loans made in a prior year and still outstanding at the end of the tax year covered If 'Yes,' complete Schedule L, Part II and enter the total	by this return?		38 a		<u>X</u>
	amount involved .	38 b	N/A	36	٦.	.",
	Section 501(c)(7) organizations Enter.	لشت.			21-1-1-1	<u> </u>
	Initiation fees and capital contributions included on line 9	39 a	N/A	`- , [*]	1	ملموا ''۔
	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	<u>-</u> _ .		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the section 4911 ► 0., section 4912 ► 0., section 495	-	0.			ak in to the
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 45 transaction during the year or did it engage in an excess benefit transaction in a prior year to on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	958 excess ben	efit		7	المامة المامة المامة المامة
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	•	0.	40 b	3	X Alfri
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.	ed tax		40 e		X
41	List the states with which a copy of this return is filed > IL		L	400		
	The organization's books are in care of ► TODD HECKMAN Located at ► 24206 WALNUT CIRCLE PLAINFIELD IL	ZIP +	o ► <u>630-44</u> 4 ► <u>60585</u>			
	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country	or other author inancial accoun	ity over a	42b	Yes	No X
С	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final At any time during the calendar year, did the organization maintain an office outside of the LIf 'Yes,' enter the name of the foreign country.			42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year		► 43	•	1	N/A N/A No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 m of Form 990-EZ		Ĺ	44a	· · `==	<u>X</u>
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 Instead of Form 990-EZ	00 must be com	pleted	44b		X
	Did the organization receive any payments for indoor tanning services during the year?			44 c		X
	lf 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' _F</i> Schedule O	provide an expl	anation in	44 d	1.25	.'
	Did the organization have a controlled entity of the organization within the meaning of section	n 512(b)(13)?	Ì	45a	\dashv	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). TEEA0812L 02/14/12		(3) ⁷ If 'Yes,'	45 b		X
	TEEAU812L 02/14/12		Forr	n 990 -	LZ (2	UII)

Form 990-EZ (2011) TAL	ENTS 633 MINIST	RIES, NFP		27-41	68243	Pa	age 4
•						Yes	No
46 Did the organization	engage, directly or indire	ectly, in political campa	ign activities on behalf o	of or in opposition to		- <u>-</u> -	<u> </u>
Part VI Section 50	1(c)(3) organizations	e Schedule C, Part I	(a)(1) nonevemnt o	haritable truete or	46	ction	<u>X</u>
501(c)(3) o	rganizations and sec	ction 4947(a)(1) no	nexempt charitable	trusts must answe	ny. All se er questio	นแบก ทร	
47-49b`ánd	rganizations and sec l 52, and complete th	ne tables for lines	50 and 51.				
Check if the o	rganization used Schedu	le O to respond to anv	question in this Part VI				П
			1			Yes	No No
47 Did the organization complete Schedule C	engage in lobbying activi	ties or have a section	501(h) election in effect	during the tax year? If		1.03	
	school as described in s	ection 170/b\/1\/A\/u\2	If 'Vas ' complete Scho	dulo E	47	\vdash	$\frac{X}{X}$
49a Did the organization				dule E	48 49 a	\vdash	<u>^</u>
	ted organization a section		Totaloa organization		49b	\vdash	<u>^</u>
50 Complete this table for	or the organization's five	highest compensated	emolovees (other than o	officers directors trusti	ees and kev		
employees) who each	h received more than \$10	00,000 of compensation	from the organization	If there is none, enter	'None '		
(a) Name and address	s of each employee	(b) Title and average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits,	(e) Estimate	d amount	of
paid more tha	an \$100,000	devoted to position	(FOITIS 44-5/1033-MISC)	contributions to employee benefit plans, and	other con	pensation	1
·				deferred compensation			
None					1		
	·				<u> </u>		
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	· — — — — — — — — — — — — — — — — — — —						
e Total number of other	r employees paid over \$1	00,000 >					
51 Complete this table for	or the organization's five	highest compensated i	ndependent contractors	who each received mo	ore than \$10	0,000 0	
51 Complete this table for compensation from the	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					 f
51 Complete this table for compensation from the (a) Name and address of 6	or the organization's five	highest compensated is none, enter 'None'	ndependent contractors			0,000 o	f
51 Complete this table for compensation from the (a) Name and address of 6	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					f ——
51 Complete this table for compensation from the (a) Name and address of 6	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					f
51 Complete this table for compensation from the (a) Name and address of 6	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					f
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51 Complete this table for compensation from the	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					f
51 Complete this table for compensation from the (a) Name and address of 6	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					f
51 Complete this table for compensation from the (a) Name and address of 6	or the organization's five ne organization. If there is	highest compensated is none, enter 'None'					f
51 Complete this table for compensation from the (a) Name and address of a None	or the organization's five ne organization. If there is each independent contractor paid	highest compensated is none, enter 'None' more than \$100,000	(b) Type o				f
Complete this table for compensation from the compensation from the label of a None Pone Pone Total number of other Did the organization of the label of	or the organization's five the organization. If there is each independent contractor paid the part of	highest compensated is none, enter 'None' more than \$100,000	(b) Type of	of service	(c) Comp	pensation	f
51 Complete this table for compensation from the (a) Name and address of a None Potential number of other table trusts must	or the organization's five the organization of there is each independent contractor paid the part of t	highest compensated is none, enter 'None' more than \$100,000	(b) Type of (F7(a)(1) nonexempt	(c) Comp	pensation	f
51 Complete this table for compensation from the (a) Name and address of a None Potential number of other table trusts must	or the organization's five the organization of there is each independent contractor paid the part of t	highest compensated is none, enter 'None' more than \$100,000	(b) Type of (F7(a)(1) nonexempt	(c) Comp	pensation	
51 Complete this table for compensation from the (a) Name and address of a None Potential number of other table trusts must	or the organization's five the organization of there is each independent contractor paid the part of t	highest compensated is none, enter 'None' more than \$100,000	(b) Type of (F7(a)(1) nonexempt	(c) Comp	pensation	
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e Total number of other but	or the organization's five the organization. If there is each independent contractor paid each independent contractor paid independent contractors complete Schedule A? Not attach a completed Schedule in the complete of preparer of the than officer of CKMAN	highest compensated is none, enter 'None' more than \$100,000	(b) Type of (c) Ty	Fr(a)(1) nonexempt best of my knowledge and belidge B-21-12 Date	(c) Comp	pensation	
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e Total number of other Some Total number of other by the organization of charitable trusts must of penalties of penalt	rindependent contractor paid rindependent contractors complete Schedule A? No attach a completed Schedule Aid I have examined this return, ign of preparer tother than officer CKMAN me and title s name KELLY Mark Cantey & As 1737 S. Napervil Wheaton, IL 6018	highest compensated is none, enter 'None' more than \$100,000 seach receiving over \$ ote: All section 501(c)(3 edule A including accompanying sched) is based on all information of Preparer's signature SSOCIATES, P.C. Lle Rd, Ste 103	(b) Type of (b) Type of (c) Ty	best of my knowledge and beliege S-2/-/2 Date Director Check of Percent self-employed Percent Percent Percent Percent Percent Self-employed Percent Percent Percent Perce	(c) Comp X Yes	3 486 9400	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

TALENTS 633 MINISTRIES, NFP 27-4168243 Part I 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 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 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 11 Type III - Functionally integrated Type III - Other 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, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) 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 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify the organization in column (i) of your support? (iv) Is the (vi) is the (vii) Amount of support (described on lines 1 9 above or IRC section (see instructions)) organization in column (i) organization organization in column (i) listed in organized in the your governing document? Yes Yes No No Yes (A) (B) (C) (D) (E) Total

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

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)

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b 33-1/3% support test — 2010. 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 17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, 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 Figure 17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test.		33-1/3% support test - 2011. If t	he organization di	id not check the b	oox on line 13, and	d the line 14 is 33		
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	b	33-1/3% support test — 2010. If t	he organization di	id not check a bo	x on line 13 or 16	a, and line 15 is 3	33-1/3% or more,	check this box
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		or more, and if the organization r organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organiza	' test, check this t tion qualifies as a	oox and stop her publicly supporte	e. Explain in Par ed organization	t IV how the
		Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			

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				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any lunguage) grants.						
2	any 'unusual grants ') Gross receipts from admis-						0.
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's				,		-
3	tax-exempt purpose Gross receipts from activities					ļ	<u> </u>
	that are not an unrelated trade or business under section 513			 			0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	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	0.	0.	0.	0.	0.	0.
c	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)	The same of the sa	المراجعة ا المراجعة المراجعة الم				0.
<u>Sec</u>	tion B. Total Support						
				· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011 0.	(f) Total 0.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						0.
9 10 a b	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						0.
9 10 a b	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	0.	0.	0.	0.	0.	0. 0. 0.
9 10 a b	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	0.	0.	0.	0.	0.	0.
9 10 a b	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 Other income Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	0.	0. 0. 0. 0.
9 10 a b c 11	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990	0.	0.	0.	0.	0.	0. 0. 0. 0.
9 10 a b c 11 12	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	0. 0. s for the organiza stop here	0. 0. ation's first, secon	0.	0.	0.	0. 0. 0. 0.
9 10 a b 11 12 13 14 Sect	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put	0. 0. s for the organiza stop here Dic Support P	0. 0. ation's first, secon	0. 0. d, third, fourth, or	0.	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sect	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put	0. 0. s for the organizastop here olic Support P 11 (line 8, column	0. 0. ation's first, secon ercentage n (f) divided by line	0. 0. d, third, fourth, or	0.	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0. 0. X
9 10 a b c 11 12 13 14 Sect 15 16	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2	0. 0. s for the organizastop here plic Support P 11 (line 8, column	0. ation's first, secon ercentage of (f) divided by line Part III, line 15	0. 0. d, third, fourth, or	0.	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sect 15 16 Sect	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put	0. Is for the organiza stop here Diic Support P 11 (line 8, column 2010 Schedule A, estment Incon	0. 0. ation's first, secon ercentage n (f) divided by line Part III, line 15 ne Percentage	0. 0. d, third, fourth, or 13, column (f))	0. fifth tax year as	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0. 0. 0. X
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invettice.	0. o. s for the organizatop here lic Support P 11 (line 8, column 2010 Schedule A, estment Incon or 2011 (line 10c,	0. 0. ation's first, secon ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided	0. 0. d, third, fourth, or 13, column (f))	0. fifth tax year as	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0. 0. X
9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	0. 0. s for the organizatop here colic Support P 11 (line 8, column colic Schedule A, estment Incon or 2011 (line 10c, om 2010 Schedul the organization of this box and stop	0. 0. ation's first, secon ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organi	0. 0. d, third, fourth, or 13, column (f)) box on line 14, ar zation qualifies as	0. fifth tax year as onn (f)) and line 15 is more a publicly support	0. 0. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, and orded organization	0. 0. 0. 0. 0. 0. X X % d line 17
9 10 a b c 11 12 13 14 Sect 17 18 19 a b	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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2011. If	0. Is for the organization of the organizatio	0. 0. ation's first, secon ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organi	0. 0. d, third, fourth, or 17 box on line 14, ar zation qualifies as ox on line 14 or line	0. fifth tax year as onn (f)) and line 15 is more a publicly suppone 19a, and line	0. 0. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, and orted organization 6 is more than 33-	0. 0. 0. 0. 0. 0. 0. 1/3%, and

Schedule /	A (Form 990 or	990-EZ) 2011	TALENT	<u>rs 633</u>	MINISTF	RIES, N	FP		27-4168	1243	Page 4
Part IV	Suppleme Part II, line (See instru	ntal Information 178	ation. Com o; and Par	iplete thi t III, line	s part to 12. Also	provide complet	the explar e this part	nations req for any ac	uired by P Iditional in	art II, line formation.	10;
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

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.

Open to Public inspection

Name of the organization	Employer identification number
TALENTS 633 MINISTRIES, NFP	27-4168243
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
BIBLICAL MINISTRY THROUGH PRAYER, TEACHING AND COUNSELING	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts
(a) Did the organization, during the year, receive any funds,	directly_or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	tly_or
indirectly, on a personal benefit contract?	No

2011 .	Schedule O - Supplemental Information	Page 2
Client 2950	TALENTS 633 MINISTRIES, NFP	27-4168243
8/20/12 Form 990-EZ, Part I, L Other Expenses		10 01AM
Information Techn Office Expenses	ology \$ Total \$	313. 102. 415.

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