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Form **990**

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)

2011

Open to Public

Department of the Treasury

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

Inter	nal Revenue	Service .	► The organizatio	n may have to use a copy of this retu	irn to satisfy :	state reportin	g requireme	ents	<u> </u>	mspection	
Α	For the 2	011 calend	lar year, or tax year begin			nd ending					
В	Check if app	licable	C Name of organization Kir	ngdom Building Min	istrie	S		D Employe	r Identific	ation Number	
		s change	Doing Business As					31-1	19192	22	
	Name o	•		ox if mail is not delivered to street add	ir)	Room/sui	te	E Telephor			
		-	14485 E. Evans A	Ave				(303) 745	5-8191	
	Initial r		City, town or country	146	State Z	IP code + 4		(505	, , ,	3 0,131	
	Termin		_			80014		G (1,523,153	
	Ħ		Aurora					group return			
	Applica	ition pending				l.,		affiliates inclu		Yes Yes	X No No
		····	Todd M. Bright 14485			00014		attach a list (NO
<u> </u>	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 49	47(a)(1) or	527					
J_	Websit	e:► ww	w.kbm.org			H	(c) Group e	xemption nur			
Κ	Form of o	organization	X Corporation Trust	Association Other ►	L Yes	ar of Formatio	n 1986	M St	ate of lega	al domicile CO	
Pa	rt I	Summar	y								
	1 Brie	efly descri	be the organization's miss	ion or most significant activiti	es The	missio	n of Ki	ngdom I	Build.	ing Minis	<u>tries</u>
Φ.	is	to ex	pand God's Kingd	om by challenging	people_	to full	Ly_dev	ote th	<u>eir l</u>	ives_to_(God
Š	an	id equi	pping them to 1:	ve lives of activ	e mini	stry. C	Our go	al is_	to_se	et hearts	on_
Ē	fi	re and	llives on purpos	se							
ŏ.	2 Ch	eck this bo	ox ► if the organization	on discontinued its operations	or dispose	ed of more	than 25%	6 of its ne	t assets	•	
Ö				rning body (Part VI, line 1a)					3		10
8	4 Nui	mber of inc	dependent voting member	s of the governing body (Part	VI, line 1b)		ļ	4		9
Activities & Governance	1			n calendar year 2011 (Part V,	line 2a)				5		17
듕	1		of volunteers (estimate if						6		2
⋖				Part VIII, column (C), line 12					7 a		0.
	b Ne	t unrelated	business taxable income	from Form 990-T, line 34					7 b		0.
								rior Year	-	Current Ye	
ø			and grants (Part VIII, line				1	,032,3 252,0		1,224,	
ž										205,	748.
Revenue										20	-007
Œ				nes 5, 6d, 8c, 9c, 10c, and 1		• • •		38,2			297.
				(must equal Part VIII, colum	n (A), line	12)	<u>_</u>	<u>,322,6</u>	56.	1,463,	,034.
			ımılar amounts paid (Part				ļ				
			to or for members (Part I								
_	15 Sa	laries, othe	er compensation, employe	e benefits (Part IX, column (/	4), lınes 5-	10)		959,5	99.	1,032	<u>,772.</u>
Ses	16a Pro	ofessional	fundraising fees (Part IX,	column (A), line 11e)							
Expenses	h To	tal fundrais	sing expenses (Part IX, co	lumn (D) line 25	6	360.					
ă			ses (Part IX, column (A), li		CETVE			438,8	84	548	,320.
							1	,398,4		1,581	
	18 To	tai experis	es Add lines 13-17 (must s expenses Subtract line 1	equal Part IX, column (A), lir		250	<u>-</u>	-75,8			,058.
		venue less	s expenses Subtract line	18 from line 12 to 1 MUE	i 20 20		Danimin			End of Ye	
9 0						SS-		g of Current		1,759	
30.00	20 To		(Part X, line 16)	l Ogi	DEN. L	3		813,4			, 433.
Net Assets or Fund Balances	21 To		es (Part X, line 26)	The state of the s	The state of the s	2.1	<u> </u>	· · · · · ·	1.		
	1		r fund balances Subtract I	ine 21 from line 20			<u> </u>	,082,5	30.	964	<u>,472.</u>
			re Block								
Unc	ler penalties	of perjury, I d	eclare that I have examined this re	etain including accompanying schedule in all information of which preparer has	es and statem	ents, and to th	ne best of m	y knowledge	and belief	, it is true, correct	, and
	ibiere pecia	Tation or prep	arci (other train office) a coascap	,				8/14	11:		
			you for	- June			<u> </u>		12		
	gn	Signati	ure of afficer	,			Da	te			
He	ere		d M. Bright	CUOLLEO							
		Type o	r print name and title						-		
		Print/Type	preparer's name	Preparer's signature		Date		Check	lif P	TIN	
Pa	nid	<u> </u>		<u> </u>				self-employe	ed		
	eparer	Firm's nam	ne > 337								
	se Only	Firm's addi		-				Firm's EIN			
	_							Phone no		,	
M:	v the IRS	discuss th	us return with the prepare	r shown above? (see instructi	ons)					X Yes	No



	1990(2011) Kingdom Building Ministries	31-119192	2 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1			
	The mission of Kingdom Building Ministries	_	
	is to expand God's Kingdom by challenging people to fully devote	<u>their lives</u>	_to_God
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am others, the total expenses, and revenue, if any, for each program service reported	es, as measured bount of grants and	allocations to
42	a (Code) (Expenses \$842,767. including grants of \$0.) (F	Revenue \$	205,748.)
	Itinerant Speaking Ministry - During the years ending December 3 had the privilege of challenging people at 111 separate events.		
	KBM speakers challenge individuals to spiritual decisions inclu	ding first-	time
	commitments to Jesus Christ, recommitments to Christ, and commi		
	multiplication in others. KBM had 12 itinerant speakers as of December		
	with local churches, denominations, universities, and ministry organisms		
	people to become laborers.		
41	b (Code) (Expenses \$371,048. including grants of \$) (Fig. 6.)	Revenue \$	0.)
	The Experience - a young adult training program formerly known		
	as "The Laborer's Institute" is an intensive discipleship train		
	that equips laborers to love God deeply, live a life of unique		
	ministry, and leave an eternal spiritual legacy. This full-tim	e, 55 day p	rogram
	for young adults ages 18-29, includes classroom teaching, an ov	erseas	
	missions trip, and a stateside service project.		
	16 Days - a 16 Day program designed for teens which includes in	struction t	hrough
	the 16 chapters of the book "Plan A", life-on-life mentoring, a	nd 1600 mil	es
	of travel across the nation with ministry stops and service pro	jects_along	the way.
4	c (Code) (Expenses \$ 195,497. including grants of \$ 0.) (F	Revenue \$	11,208.)
	Resources Ministry - KBM strives to put the life-changing messa	ges of its	
	speakers into accessible resources (print, electronic, and audio) which can	be passed
	person to person. Primary resources include website content, KBM's	ministry ma	gazine-The
	Laborer's Journal , audio and video messages of KBM speakers,		
	booklets, and full-length books such as Plan A And There's No		
	by ministry president, Dwight Robertson.		
4	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4	e Total program service expenses ► 1,409,312.		
BAA	TEEA0102 07/05/11		Form 990 (2011)

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20 b

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31-1191922 Form 990 (2011) Kingdom Building Ministries Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a Х b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII 11 b Х c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a X Schedule D, Parts XI, XII, and XIII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 19 Х

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) Kingdom Building Ministries

Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	_	<u>x</u>
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
i	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	After the tree starting	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
3A.	1	Form	990	(2011)

Page 5

Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 15 1 b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-17 ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a X services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 **7** g as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X 9ь Х **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes.' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Х 13 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х a The organization's CEO, Executive Director, or top management official Х **b** Other officers of key employees of the organization 15h If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 14485 E. Evans Ave Aurora (303)745-8191TEEA0106 01/23/12 Form 990 (2011) BAA

Form 990 (2011) Kingdom Building Ministries

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if neither the organization	n nor any r	elated	org	anız	atio	n com	pen:	sated any current offic	er, director, or trustee	:
				((
(A) Name and title	(B) Average hours per week	unles	s per	son is	ore the	an one l n an offic rustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	ज्ञातीशादी जी रिजास्ट्रस्ट धर चीरान्स कार	mshluhonal kuslee	Offi - ei	Key amployee	Highest क्यात्न्धाऽनंख employee	- Fol∙n€i	(W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) Willian Bradshaw										•
Director	5.00	X						0.	0.	0.
(2) Brandi Anderson									0.	0
Director	5.00	X			┝			0.	<u> </u>	0.
(3) Kevin May	5.00	v						0.	0.	0.
Director (4) Roger Muselman	3.00							0.		
Director	5.00	x						0.	0.	0.
(5) Gary Ott	3.00									
Director	5.00	x						0.	0.	0.
(6) Shelley Porter	1								······································	
Director	5.00	Х						0.	0.	0.
(7) Beth Reed										
Director	5.00	Х						0.	0.	0.
(8) David Simpson						ļ				
Director	5.00	Х						0.	0.	0.
(9) Ken Sipe	_				ļ					
Director	5.00	Х	ļ		<u> </u>			0.	0.	0.
(10) Dwight Robertson	_					ļ	ŀ		_	
President/CEO	40.00	X		Х	<u> </u>	ļ	_	107,000.	0.	13,115.
(11) Adrian Despres	_			l	1			101 000		0 500
Vice President	40.00		┢	Х	ļ. —		├	101,000.	0.	9,589.
(12) Todd Bright	- 40 00		1	١,,				07 200	0.	11 025
COO / CFO	40.00		\vdash	Х			-	97,328.	0.	11,925.
(13) Rob Cupp Vice President	40.00			х				72,500.	0.	10,477.
	40.00	 	\vdash	┝	+-	+	\vdash	12,500.	<u></u>	10,111.
(14)	-[
		<u> </u>		<u> </u>		<u> </u>	Ь.	·		

Part VII Section A. Officers, Directors, Trust	ees, r	\ey	Em		oye C)	es,	anc	Highest Com	pensated Emp	loyees 	(con	t)
Name and title	(B) Average hours per	box	, unle cer ar	Pos heck ss pe	ition more rson	than is both or/trus	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from	amou	(F) stimated int of oth pensatio	
· ·	week (describ e hours for related organi- zations in Sch O)	endividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fi org an	pensation om the anization d related anization	ı İ
<u>(15)</u>							,					
<u>(16)</u>											-	
<u>(17)</u>												
<u>(18)</u>			İ									
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)										:		
(24)												
(25)											_	
1 b Sub-total c Total from continuation sheets to Part VII, Section A	4						>	377,828.	0.		45,1	06.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to thos	se lis	sted	abo	ve)	who	rece	377,828.	0.		45,1	
from the organization > 2											r i	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, I	key (emp	loye	e, o	r hıg	hest compensated	l employee	3	Yes	No X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	e cor	nper	nsati	on a	and o	othe	r compensation fro	om	3	-	
such individual 5 Did any person listed on line 1a receive or accrue co									ndividual	4		X
for services rendered to the organization? If 'Yes,' co	omplete	e Sc	hedi	ile J	for	suci	n pei	rson		5		Х
1 Complete this table for your five highest compensate	d inde	penc	lent	cont	ract	ors	that	received more tha	n \$100,000 of		~	
compensation from the organization. Report compensation from the organization. Report compensation (A) Name and business addres		tor t	ne c	aier	idar	yea	enc	Description)		C)	
ivallie and business addres	<u> </u>	_	-					Description	or services	Compe		
2 Total number of independent contractors (including to \$100,000 in compensation from the organization ►	out not	limit	ted t	o the	ose	liste	d ab	ove) who received	I more than			

rai	t VIII Statement of Revenue	· ,			
	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	the first amounts not included in lns 1a-1f* 1a b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f* h Total. Add lines 1a-1f	1,224,989.			
RVICE REVENUE	Business Code 2a Itinerant Speaking 900099 b c	205,748.	205,748.	0.	0.
PROGRAM SE	f All other program service revenue g Total. Add lines 2a-2f	205,748.			
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 Gross rents 71,080. b Less rental expenses 54,650.				
	c Rental Income or (loss) d Net rental Income or (loss) 7a Gross amount from sales of assets other than Inventory	16,430.	16,430.	0.	0.
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances b Less' cost of goods sold 11,208. 5,469.				
	c Net income or (loss) from sales of inventory	5,739.	5,739.	0.	0.
	Miscellaneous Revenue Business Code 11a Other exempt purpose income 900099 b	10,128.	10,128.	0.	0.
	d All other revenue				
	d All other revenue	10,128.			1
	e Total. Add lines 11a-11d Total revenue. See instructions	1,463,034.	238,045.	0.	0.

Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	sponse to any question i	n this Part IX		
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	422,933.	377,447.	25,999.	19,487.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	532,243.	483,698.	24,450.	24,095.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	30,751.	27,106.	2,234.	1,411.
10	Payroll taxes	46,845.	41,598.	3,092.	2,155.
11	Fees for services (non-employees)				
á	Management				
ı	Legal				
	Accounting	13,309.	2,743.	10,424.	142.
(1 Lobbying				
•	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
•	g Other	26,374.	26,374.	0.	0.
12	Advertising and promotion	15,358.	15,116.	0.	242.
13	Office expenses	78,246.	64,497.	8,647.	5,102.
14	Information technology	37,331.	24,829.	11,841.	661.
15	Royalties				
16	Occupancy	54 , 650.	47,436.	5,301.	1,913.
17	Travel	227,010.	215,103.	5,116.	6,791.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,123.	975.	109.	39.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,805.	70,139.	7,838.	2,828.
23	Insurance	14,114.	12,251.	1,369.	494.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a	ļ			
	b				
	c				
	d				
	e All other expenses	1 501 000	1 400 010	106 400	CF 262
	Total functional expenses. Add lines 1 through 24e	1,581,092.	1,409,312.	106,420.	65,360.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		i		
	Check here ► if following				
	SOP 98-2 (ASC 958-720)	i !			

Page 11

Balance Sheet Part X **(B)** End of year (A) Beginning of year 91,166. 1 77,715. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 55,000 0. Pledges and grants receivable, net 3 4 1,679 7,701. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 22,578. 21,454 Inventories for sale or use 16,517. 32,903. Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 2,434,242 10b 828,528 1,686,519 100 1,605,714. b Less accumulated depreciation 11 Investments — publicly traded securities Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 13,294. 23,642 15 Other assets See Part IV, line 11 1,895,977. 16 1,759,905. Total assets. Add lines 1 through 15 (must equal line 34) 16 17,462. 17 12,180. 17 Accounts payable and accrued expenses 18 18 Grants payable 9,600 15,192. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D ABILITIES Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 Secured mortgages and notes payable to unrelated third parties 786,385 23 768,061. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 795,433. 813,447 26 Total liabilities. Add lines 17 through 25 X and complete lines Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 955,758 27 904,600. 126,772 28 59,872. 28 Temporarily restricted net assets 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 964,472. 1,082,530 33 Total net assets or fund balances 1,895,977 34 1,759,905.

Form 990 (2011)

34

Total liabilities and net assets/fund balances

Form	n 990 (2011) Kingdom Building Ministries 3	1-1191922		Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	63,0	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	31,0	92.
3	Revenue less expenses Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	32,5	30.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9	64,4	172.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
t	b Were the organization's financial statements audited by an independent accountant?		2b	Х	
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
(d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both	ued on a			
	Separate basis X Consolidated basis Both consolidated and separate basis				لــــا
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		<u>x</u>
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits	ured audit	3 b		
BAA	4		Form	990 ((2011)

TEEA0112 07/06/11

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

Kin	gdo	om Building Mi	nistries						<u> 31-11</u>	91922	2		
Par	t I	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ır	struct	ions.		
he c	rgar	nization is not a private	e foundation because	it is: (For lines 1 through	gh 11, ch	eck only	one bo	x.)					
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	ection 1	70(b)(1)	(A)(i).					
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	П	A hospital or a cooper	rative hospital service	organization described	l ın secti	on 170(b)(1)(A)(iii).					
4	Ħ			n conjunction with a ho					χ1χΑχί	iii) Ente	er the hospi	tal's	
	ш	name, city, and state.	- '	•	•			,		•	•		
5			ated for the benefit of	a college or university of	owned o	operate	ed by a	governn	nental ur	nit descr	ibed in sec	tion	
6 7				vernmental unit describe ubstantial part of its sup					r from th	ne gener	ral public d	escribed	1
_		ın section 170(b)(1)(A	N(vi). (Complete Part	(11)				-, a o		.o goo.			-
8	님	-		(b)(1)(A)(vi). (Complete									_
9	Ш	from activities related	to its exempt function to the second to the	more than 33-1/3% of ns — subject to certain taxable income (less so nplete Part III)	exceptio	ns, and	(2) no π	nore tha	n 33-1/3	% of its	support fro	om gros	s
10	П	An organization organ	nized and operated ex	clusively to test for pub	lic safet	y See s	ection 5	09(a)(4)	١.				
11		An organization organ	nized and operated ex	clusively for the benefit cribed in section 509(a) on and complete lines 1	t of, to po (1) or se	erform th	ne functi	ons of.	or carry	out the 9(a)(3).	purposes of Check the	f one or box tha	r t
		a Type I	b Type II	c Type III			ntegrate	ed		d 🗍	Type III -	Other	
е		By checking this box.	I certify that the orga managers and other	nization is not controlle than one or more public	d directly	y or indi	rectly by janizatio	one or ons desc	more di ribed in	squalifie section	ed persons 509(a)(1)	or	
f			ceived a written deterr	mination from the IRS th	hat is a ⁻	Гуре І, Т	ype II o	r Type II	li suppoi	rting org	janization,		
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	rsons?			
		(i) A person who d	rectly or indirectly co	introls, either alone or to	ogether v	with pers	sons des	scribed i	n (II) an	d (III)	11g (i)	Yes	No
			er of a person describ	=							11g (ii)		
		• •	•	lescribed in (i) or (ii) ab	,ovo2						11g (iii)		
		• •		supported organization							119(11)	<u> </u>	
h		-		i	1	- 11	63.5.4		4-31-		6.13.4		
		(i) Name of supported organization	(iı) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (s the ation in) listed in overning ment?	(v) Did y the organ columi your su	ızatıon in າ (i) of	(vi) le organiza colum organize U S	ation in in (i) id in the	(vii) Amou	it or suppo	ort
					Yes	No	Yes	No	Yes	No			
'Δ>													
(A)													
(B)													
(C)													
<u>(C)</u>												-	
(D)					 							<u>.</u>	
(E)		16											
Tota	ŀ												

31-1191922

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	ion A. Public Support					_		
	ndar year (or fiscal year ning 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 'unusual grants')	1,614,218.	1,455,158.	1,330,343.	1,032,363.	1,224,98	39.	6,657,071.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,614,218.	1,455,158.	1,330,343.	1,032,363.	1,224,98	39.	6,657,071.
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)							
6	Public support. Subtract line 5 from line 4							6,657,071.
Sec	tion B. Total Support			p			·-·	
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4	1,614,218.	1,455,158.	1,330,343.	1,032,363.	1,224,9	89.	6,657,071.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,093.	10,677.	9,037.	14,270.	16,4	30.	66,507.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
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							6,723,578.
12	Gross receipts from related activ	rities, etc (see inst	ructions)			L	12	
13	organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu					 		
	Public support percentage for 20			e 11, column (f))		-	14	99.01%
	Public support percentage from	·	·			L	15	99.14%
16 a	33-1/3% support test – 2011. If and stop here. The organization	the organization d qualifies as a pub	id not check the b licly supported or	ox on line 13, and ganization	I the line 14 is 33-	1/3% or more	e, che	ck this box
t	33-1/3% support test — 2010. If and stop here. The organization				a, and line 15 is 3	3-1/3% or mo	re, ch	neck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	. Explaın ın P	art IV	10% ′ how ►
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	nd-circumstances lest The organiza	' test, check this t tion qualifies as a	oox and stop here publicly supporte	. Explain in P d organizatioi	art IV n	how the
_18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,				
BAA					S	chedule 🗛 (Fo	orm 9	90 or 990-EZ) 2011

Page 3

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.)

<u> </u>	tion A Public Support'			<u></u>			
	tion A. Public Support	(2) 2007	(b) 2000	(6) 2000	(d) 2010	(a) 2011	(f) Total
1	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2007	(b) 2008	(c) 2009	(a) 2010	(e) 2011	(i) rotal
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						
	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 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						
С	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				1	T	T
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	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)						
14	First five years. If the Form 990 organization, check this box and			d, third, fourth, o	r fifth tax year as a	section 501(c)(3) <u> </u>
	tion C. Computation of Pu					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	e 13, column (f))		15	8
	Public support percentage from 2					16	8_
	tion D. Computation of Inv						
17	Investment income percentage for				mn (f))	17	8
18	Investment income percentage fr					18	8
	a 33-1/3% support tests – 2011. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	rted organization	▶ [
	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	e organization qu	alifies as a publicly	supported organ	-1/3%, and ization
_20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, c	neck this box and	see instructions	

Schedule A	(Form 990 or 990-E2) 2011 Kingdom Bullding Ministries 31-1191922 Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Kii	ngdom Building Ministries		31-1191922
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	
	the organization answered 'Yes' t		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
6	purpose conferring impermissible private bene	he benefit of the donor or donor advisor, or for fit?	any other Yes No
Pa	rt II Conservation Easements. Comp	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , re	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in	the form of a conservation easement on the
	last day of the tax year		Held -4 4b - Fd -64b - T Veen
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easer		2b
	c Number of conservation easements on a certif	• •	2c
	d Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminat	ted by the organization during the
4	Number of states where property subject to co	nservation easement is located >	<u></u>
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, har its it holds?	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easemen	ts during the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of se	ction
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		∐ Yes ☐ No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and of the organization's financial statements that d	d expense statement, and balance sheet, and escribes the organization's accounting for
Pa	rt III Organizations Maintaining Colle	ections of Art, Historical Treasures, c swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
1	a If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its finar	s held for public exhibition, education, or resea	nue statement and balance sheet works of rch in furtherance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue ild for public exhibition, education, or research i	statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets f 116 (ASC 958) relating to these items	for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	e 1	. - \$
_	b Assets included in Form 990, Part X		> \$

•										
Schedule D (Form 990) 2011 Kingo							31-119			Page 2
Part III Organizations Maintai	ining Colle	ctions	of Art, Histo	orica	Treasures, or	Other	Similar Ass	ets (co	<u>ntınu</u>	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply):	on, accession,	and ot	her records, che	ck any	of the following the	nat are a	a significant use	e of its co	llection	1
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other		• . •					
c Preservation for future genera	ations									
4 Provide a description of the organ		ections a	and explain how	they f	urther the organiza	ation's e	xempt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or rather than to b	eceive o	donations of art, tained as part of	histoi f the o	rical treasures, or or ganization's collection	other sir	nılar	Yes	Γ	No
Part IV Escrow and Custodia	l Arrangem	ents.	Complete if	the o	rganization ans	swered	'Yes' to Fo	rm 990,	Part	iv.
line 9, or reported an	amount on	Form	990, Part X,	line .	21.					,
1 - Is the organization on agent trust	too sustadian	or oth	or intermediani	for cor	atributions or other	accete	not			
1a Is the organization an agent, trust included on Form 990, Part X?	iee, custodian	, or our	er intermediary	ioi coi	ithibutions of other	assets	riot	Yes		No
b If 'Yes,' explain the arrangement								_		_
. ,				-				Amount		
c Beginning balance						10	c			
d Additions during the year						10	1			
e Distributions during the year						10	•			
f Ending balance						11				
2a Did the organization include an ai	mount on Forr	n 990, l	Part X, line 21?					Yes		No
b If 'Yes,' explain the arrangement								_		_
Part V Endowment Funds. Co		he org	anization ans	swer	ed 'Yes' to Fori	m 990,	Part IV, line	e 10.		
	(a) Current		(b) Prior yea		(c) Two years back		Three years back		our years	back
1 a Beginning of year balance										
b Contributions			<u> </u>							
c Net investment earnings, gains,										
and losses						-				
d Grants or scholarships		· · ·	 			-}				
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance			<u></u>							
2 Provide the estimated percentage		it year e	end balance (line	e 1g, c	olumn (a)) held as	5				
a Board designated or quasi-endow			*							
b Permanent endowment	 &		•							
c Temporarily restricted endowmen			*							
The percentages in lines 2a, 2b,	and 2c should	equal	100%							
3a Are there endowment funds not in organization by	n the possess	on of th	ne organization t	hat ar	e held and adminis	stered fo	or the		Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related o	rganizations l	isted as	required on Scl	hedule	R?			3b		
4 Describe in Part XIV the intended	luses of the c	rganiza	tion's endowme	nt fund	ds					
Part VI Land, Buildings, and	Equipment	. See	Form 990, Pa	art X	, line 10.					
Description of property			st or other basis nvestment)	(b	Cost or other casis (other)		ccumulated preciation	(d) B	ook va	lue
1 a Land		[_ ,	281,221.						281,	221.
b Buildings			L,887,496.				585,108.	1,		388.
c Leasehold improvements										

244,694. 20,831. 242,152. 1,268. 2,542. 19,563. **d** Equipment e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,605,714.

BAA

Schedule **D** (Form 990) 2011

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

	dule D (Form 990) 2011 Kingdom Building Ministries	31-1191	922 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,463,034.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,581,092.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-118,058.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-118,058.
Par	t XII Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,523,153.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV.)	60,119.	
	Add lines 2a through 2d	2e	60,119.
3	Subtract line 2e from line 1	3	1,463,034.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ı	1,405,054.
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
		5	1 462 024
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statements	•	1,463,034.
	Total expenses and losses per audited financial statements	1	1,641,211.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	;	
	Donated services and use of facilities 2a		
	Prior year adjustments 2b	 	
	Other losses 2c		
	Other (Describe in Part XIV)	<u></u>	60 110
_	Add lines 2a through 2d	2e	60,119.
3	Subtract line 2e from line 1	3	1,581,092.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 4b		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,581,092.
	t XIV Supplemental Information	1, 5,1,	1,001,002.
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d additional information	nes 1a and 4, Part IV, lines 1b a and 4b. Also complete this part t	nd 2b, o provide
Pt.	XII Line 2d Rental Expenses and COGS classified as	Expenses	
Pt.	XIII Line 2d Rental Expenses and COGS classified as	Expenses	·
BAA	TEEA3304 05/25/11	Schedu	le D (Form 990) 2011

Schedule D (Form 990) 2011 Kingdom Building Ministries	31-1191922 Page 5
Schedule D (Form 990) 2011 Kingdom Building Ministries Part XIV Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

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

Employer identification number

· ·	Employer identification number
Kingdom Building Ministries	31-1191922
Pt_VI, Line 11a A copy of the Form 990 is provided to all board memb	ers prior to being filed.
Pt_VI, Line 12c Annually, each officer and director sign a written conf	lict of interest statement.
Pt_VI,_Line_15 The compensation for the CEO, all officers and key employees is rev	viewed and approved by the board.
Pt VI, Line 19 The ministry's governing documents, conflict of interest policy and financial s	statements are available to the public.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission and equipping them to live lives of active ministry. Our goal is to set hearts on fire and lives on purpose.

Supporting Statement of:

Form 990 p 11/Line 9, column (B)

Description	Amount
AR	1,049.
Employee AR	7,372.
Prepaid Postage	397.
Prepaid Other	24,085.
Total	32,903.

Supporting Statement of:

Form 990 p 11/Line 23, column (B)

Description	Amount
Current	21,318.
LT Debt	746,743.
Total	<u>768,061.</u>

Supporting Statement of:

Sch. A, page 2/Line 8-1

	Description	Amount
		6,135. 9,958.
Total		16,093.

Supporting Statement of:

Sch. A, page 2/Line 8-2

Description	Amount
	1,652.
	9,025.
Tatal	10.677

Total

<u> 10,677.</u>

Supporting Statement of:

Sch. A, page 2/Line 8-3

Description	Amount
Rental Income	9,025.
Interest Income	12.
Total	9,037.