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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

OMB No. 1545-1150

2011

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning JANUARY 01 , 2011, and ending	DECE	MBER	231 , 20	11
В	Check if ap	plicable C Name of organization	D Emplo	ryer ide	entification num	ber
	Address cl		74	1-3159257		
님	Name char		E Teleph	none nu	mber	
님	Initial retur	19109 W. EMEKSON ST.		87	7-768-5946	
H	Amended	Crtv or town, state or country, and ZIP + 4	F Grou	p Exer	nption	
	Application	DEC DI AINEC II COMO MAC	Num	ber 🕨		VΑ
G	Account	ing Method: ☐ Cash ☐ Accrual Other (specify) ☐ H C	Check >	· 🔲 if	the organizati	on is not
ı	Websit	e: ► WWW.SWINDIA.ORG	equired	to atta	ich Schedule f	3
J.	Tax-exem	npt status (check only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (Form 99	0, 990	-EZ, or 990-P	F).
K	Check ▶	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	n and its	gross	receipts are n	ormally
	not more	e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	be requ	ured (s	see instruction	s). But if
	_	nization chooses to file a return, be sure to file a complete return.				
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II,			
_		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	<u>▶ \$</u>		195016
L	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the i				_
		Check if the organization used Schedule O to respond to any question in this Part I	• • •		<u></u>	. ✓
	1	Contributions, gifts, grants, and similar amounts received		1		195016
	2	Program service revenue including government fees and contracts	· ·	2		0
	3	Membership dues and assessments	ļ	3		0
	4	Investment income		4		0
	5a	Gross amount from sale of assets other than inventory	0			
	b	Less: cost or other basis and sales expenses	- 0	_		_
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	!	<u>5c</u>		0
	6	Gaming and fundraising events	l	-		
Œ	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	اء			
Revenue	_	· · · · · · · · · · · · · · · · · · ·				
Š	b	Gross income from fundraising events (not including \$ 195016 of contributions from fundraising events reported on line 1) (attach Schedule G if the	•			
α	:	sum of such gross income-and contributions exceeds \$15,000) 6b	ام			
		Less: direct expenses from gaming and fundraising events 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract			
	"	line 6c)		6d		0
	7a	Gross sales of inventory less returns and allowances				
	, а	Less: cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (Subtract/line 7b from line 7a)		7c		0
	8	Other revenue (describe in Schedule Q):		8		0
7	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8,	. ▶	9		195016
š —	10	Grants and similar amounts paid (list in Schedule O)		10		0
)	11	Benefits paid to or for members		11	 · · · · · · · · · · · · · · · · · · 	0
g		Salaries, other compensation, and employee benefits		12		0
Fynences	13	Professional fees and other payments to independent contractors		13		0
] [14	Occupancy, rent, utilities, and maintenance		14		882
ů	15	Printing, publications, postage, and shipping		15		3051
)	16	Other expenses (describe in Schedule O)		16		206222
·	17	Total expenses. Add lines 10 through 16		17		210155
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		-15139
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree				
Not Accate	?	end-of-year figure reported on prior year's return)		19		73112
to	20	Other changes in net assets or fund balances (explain in Schedule O)		20		0
2	94	Net assets or fund halances at end of year. Combine lines 18 through 20		21	·-	57973

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

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Pai	Part II Balance Sheets. (see the instructions for Part II.)							
	Check if the organization used Schedule	O to respond to an	y question in this F	Part II	<u>.</u> .	🗆		
				(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments		[73112	22	57973		
23	Land and buildings		[0	23	0		
24	Other assets (describe in Schedule O)		[0	24	0		
25	Total assets		Г	73112	25	57973		
26	Total liabilities (describe in Schedule O)		[0	26	0		
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	73112	27	57973		
Par	Statement of Program Service Accom	olishments (see th	e instructions for P	art III.)		Expenses		
	Check if the organization used Schedule	O to respond to an	ny question in this F	Part III 🔲	(Red	quired for section		
What	is the organization's primary exempt purpose?	SUPPORT NATIVE C	HRISTIAN MISSIONS	OVERSEAS		(c)(3) and 501(c)(4)		
	ribe the organization's program service accomplis	hments for each of	ite three largest or	rogram services	_	anizations and section		
as m	leasured by expenses. In a clear and concise m	anner, describe the	services provided	the number of		7(a)(1) trusts, optional others.)		
perso	ons benefited, and other relevant information for ea	ch program title.	promoce,	,	''' \	Jule13.,		
28	THE ORGANIZATION PROVIDES SUPPORT FOR CHI		COUNTRIES, PRIMA	ARILY POOR	I^{-}	1		
	AND PERSECUTED, BY ESTABLISHING CHURCHES							
	TO CARRY THE GOSPEL TO THE UNREACHED PEO					1		
	(Grants \$ 108920) If this amount		nts. check here	▶ 🗇	28 a	108920		
29	THE ORGANIZATION PROVIDES SUPPORT FOR CHI							
	POOR AND PERSECUTED.							
	(Grants \$ 97302) If this amount	includes foreign gra	nts check here	▶ □	298	97302		
30	CHAIRS W STARE I LINE ALTOURIL	moluces foreign gra	and, under Hele .	· · · - U	1236	31302		
30								
					1			
	(Grante \$ \ \ If this arrange	includes foreign gra	nte chock hara	▶ □	30a			
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra		· · · • ⊔	308	-		
31					24.	_		
33	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra			31a			
oz Par								
ı ar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•		•		
	Check if the organization used Schedule		(c) Reportable	Part IV		· · · · <u> </u>		
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ SC) benefit plans, and				
	laj maine and address	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)			other compensation		
D.***	IEL FACO		(if the paid, effer -0-)	deterred compensatio		 		
	IEL EASO	PRESIDENT,	_	i		-		
	W. EMERSON ST., DES PLAINES, IL60016	20 HRS.	0		0	0		
	SI DANIEL	SECRETARY				_		
	W. EMERSON ST., DES PLAINES, IL60016	10 HRS.	0		9	0		
	JU B. EASO	TREASURER						
9076	W. OAKS AVE., DES PLAINES, IL 60016	10 HRS.	0		0	0		
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Part V

33

34

35a

36

37a

b 38a

b 39

	EIN: 74-3159	2 <i>57</i>		-
•		,		
m 990	P-EZ (2011) .		P	age 3
art \	Other Information (Note the Schedule A and personal benefit contract statement requirements i	n the	€	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this f	Part \		
			Yes	No
		33		1
ŀ	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b 35c		
3	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
'a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	\neg		
b	Did the organization file Form 1120-POL for this year?	37b		1
a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			l
	Section 501(c)(7) organizations. Enter:			ĺ
3	Initiation fees and capital contributions included on line 9		,	
b a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		1
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
	List the states with which a copy of this return is filed. ▶ NONE			
а	The organization of books are in said of the said of t	24-210		
_		50016		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		✓
С		42c		1
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶ 🗆
			Yes	No
а		44a		1
b	La contraction de la	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		√

EIN: 74-3159257

Ves No Ves Ves Ves No Ves Ves Ves Ves No Ves	Form 99	90-EZ (20	011)						P	age 4
to candidates for public office? If Yes,* complete Schedule C, Part I. Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check If the organization used Schedule O to respond to any question in this Part VI. Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. Section 501(c)(3) organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. Section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. If Yes, No on the section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. If Yes, No on the section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. If Yes, No on the section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. If Yes, No on the section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. If Yes, No on the section 501(n) election in effect during the tax year? If Yes,* complete Schedule C, Part II. If Yes,* No organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes,* No organization engage and part II. If Yes,* No organization engage in lobbying activities or have a section 501(n) election in effect during the tax year. If Yes,* No organization engage in lobbying activities or have a section 501(n) election in effect during the tax year. If Yes,* No organization engage in lobbying activities or have a section 501(n) e									Yes	No
Section 501(c)(3) organizations and section 4947(a)(11) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(11) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Total the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II If "Yes," complete Schedule C, Part II If "Yes," was the related organization as section 527 organization? If "Yes," was the related organization as section 527 organization? If "Yes," was the related organization as section 527 organization? If "Yes," was the related organization as section 527 organization? If "Yes," was the related organization in 'fev highest compensated employees (other than officers, directors, trustess and ker employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other employees paid over \$100,000 NONE If Total number of other independent contractors and more than \$100,000 NONE If Total number of other independent contractors each receiving over \$100,000 NONE If Total number of other independent contractors each receiving over \$100,000 NONE If Total number of other independent contractors each receiving over \$100,000 NONE If Total number of other independent contractors each receiving over \$100,000 NONE If Total number of other independent contractors each receiving over \$100,000 NONE If Total number of other indep	46							ı [
and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 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 Bit the organization and school as described in section 170(b)(1)/A(h)(i)" If "Yes," complete Schedule E Bit the organization make any transfers to an exempt non-charitable related organization? 49a J Did the organization make any transfers to an exempt non-charitable related organization? 49a J Bit the organization make any transfers to an exempt non-charitable related organization? 49a J Complete this table for the organization's five highest compensated employees (other than officers, directors, rustees and key employees) who each received more than \$100,000 or compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 or compensation from the organization. If there is none, enter "None." (b) Trotal number of other employees paid over \$100,000 ▶ NONE Total number of other employees paid over \$100,000 ▶ NONE (c) Reportable completes this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Name and address of each independent contractor paid more than \$100,000 ▶ NONE Total number of other employees paid over \$100,000 ▶ NONE (e) Name and address of each independent contractor paid more than \$100,000 ▶ NONE Did the organization complete Schedule A? Note: All section \$510(a) organizations and 4947(a)(1) nonexempt characteristic paid in the return, including accompanying schedules and statements, and to the best of my browkedge and belief, it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which prepare has any tother best only browkedge and belief,										✓
and S2, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 147 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 148 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48	Part									
Check if the organization used Schedule O to respond to any question in this Part VI 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 18 Is the organization make any transfers to an exempt non-charitable related organization? 48 Is build be organization make any transfers to an exempt non-charitable related organization? 48 If "Yes," complete Schedule E 48 Is build be organization ascending the tax years ascending the tax years as the property of the organization of the			501(c)(3) organizations and section	on 4947(a)(1) nonex	cempt charitable t	rusts must a	nswer quest	tions 4	7–491	D
Yes No Yes No Yes No Yes Yes No Yes Ye										
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. 48 Is the organization shool as described in section 170(h)(1)(A)(h)? If "Yes," complete Schedule E			Check if the organization used Sch	edule O to respond	to any question in	this Part VI	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
year? If "Yes," complete Schedule C, Part II									Yes	No
18 Is the organization a school as described in section 170(b)(11A/kiji)? If "Yes," complete Schedule E 48 √	47				section 501(h) elect	ion in effect o	luring the tax	۱ ۱		
bil the organization make any transfers to an exempt non-charitable related organization?		year?	If "Yes," complete Schedule C, Part	11				47	<u>L</u>	✓
bil the organization make any transfers to an exempt non-charitable related organization?	48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule E		48		✓
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 NONE Total number of other employees paid over \$100,000 NONE (b) Type of service (c) Petantions to employee other officers with 27/1039-MISQ) (d) Name and address of each independent contractor paid more than \$100,000 (e) Type of service (e) Compensation NONE (f) Total number of other independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (e) Compensation NONE (g) Type of service (h) Ty	49a							49a	L	✓
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 NONE	b ii 103, was the related organization a section of organization.						<u> </u>			
(a) Name and address of each employee paid over \$100,000	50	Comp	plete this table for the organization's	five highest compen	sated employees (d	ther than office	ers, directors	s, truste	es an	ıd key
(a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 NONE		empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	janization. If th	ere is none, e	enter "i	lone.'	<u> </u>
NONE Total number of other employees paid over \$100,000 NONE		(=\ \ \	and address of each ampleyee	(b) Title and average	(c) Reportable) Ectimat	and armo	unt of
f Total number of other employees paid over \$100,000 . ▶ NONE 51 Complete this table for the organization's five highest compensated independent contractors who each received more tha \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 . ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt nonexempt charitable trusts must attach a complete Schedule A nonexempt nonexem		(a) N				bonofit plane				
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's spinature	NONE									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's spinature										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's spinature										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SHAJU B. EASO, TREASURER Penarer's signature Date Date PIIN PII										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SHAJU B. EASO, TREASURER Penarer's signature Date Date PIIN PII					ļ		}			
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(c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 . NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . Note: All section 501 (c)(3) organizations and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SHAJU B. EASO, TREASURER Preparer's signature Date Princerer's signature Date Princerer's signature Date Princerer's signature Date Princerer's signature Princerer's signature Date Princerer's signature Princerer's signature Date Princerer's signature Princerer's signa	51					nt contractors	who each re	eceived	l more	e than
NONE d Total number of other independent contractors each receiving over \$100,000 . ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
d Total number of other independent contractors each receiving over \$100,000 . ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	(a	Name a	and address of each independent contractor par	d more than \$100,000	(b) Type of s	ervice	(c) Co	ompensa	tion	
d Total number of other independent contractors each receiving over \$100,000 . ▶ NONE 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	NON				 					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	NUNI	<u> </u>								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		····								
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nonexempt charitable trusts must attach a completed Schedule A			•	_		ne and 4947/				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SHAJU B. EASO, TREASURER Type or print name and title Preparer's signature Date	52							⊘ Ye	sП	No
Sign Here SHAJU B. EASO, TREASURER Type or print name and title Preparer's signature Preparer's signature Date Preparer's signature Date Preparer's signature Date Preparer's signature Date	Linder			<u> </u>						
Sign Here SHAJU B. EASO, TREASURER Type or print name and title Preparer's signature Date Print	true, c	orrect, a	nd complete Declaration of preparer (other than	officer) is based on all inf	ormation of which prepar	er has any knowle	dge.	ougo u		,
Sign Here SHAJU B. EASO, TREASURER Type or print name and title Preparer's signature Date Print			Shareka	~		·	8/13/12	-		
Here SHAJU B. EASO, TREASURER Type or print name and title Preparer's signature Date PTIN	Sian	. [That the second							
Type or print name and title Preparer's signature Date PTIN			N SHAJU B. FASO, TREASURER							
Print/Type preparer's name Preparer's signature Date Chark T if PTIN								-		
EXAMPLE 1 - I I TANK I IT!		•	1	Preparer's signature	•	Date	Ob 1. 17 .	PTIN		
Palu self-employed	Paid	_	1							
Preparer	-		1 <u>-</u> .	<u></u>		Fin				
Use Only Firm's name Firm's EIN ▶	Use	Only								
Ose Olly	May	Firm's address ► Phone no						No		
Ose Only			Firm's address ▶			Ph				
Firm's address ▶ Phone no	мау	tne IRS	o discuss this return with the prepare	r snown above? See	instructions		•	_ ∐ Ye	<u>s Ц</u>	NO

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service **Employer identification number** Name of the organization **SOUL WINNERS INDIA MINSITRIES** 74-3159257 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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 [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. c Type III-Functionally integrated **b** Type II e 🔲 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 it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col organization (described on lines 1-9 in col. (i) listed in your he organization in support col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) No Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedu	ıle A (Form 990 or 990-EZ) 2011						Page 2
Part							
	(Complete only if you checked th				-	•	lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year 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 "unusual grants.")	70700	404 700	457.504	407.045	405.040	750 700
_	·	73722	134,789	157,531	197,645	195,016	758,703
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	o	o	0
4	Total. Add lines 1 through 3	73722	134,789	157,531	197,645	195,016	758,703
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.						758,703
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	73722	134,789	157,531	197,645	195,016	758,703
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	o	0	, O.	0	0	0
11	Total support. Add lines 7 through 10						758,703
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	0
13	First five years. If the Form 990 is for the	e organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her			· · · · ·	· · · · ·	<u> </u>	<u> </u>
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6					14	100.00 %
15 16a		zation did not	check the box	on line 13, and	l line 14 is 33 ¹ /		
b		nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization".	O11. If the orga	nization did no and-circumsta imstances" tes	ot check a box nces" test, che	on line 13, 16 eck this box ar	id stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization measupported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st	and line

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

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

(Complete only i	f you checked the box o	on line 9 of Part I or if the organization failed to qualify under P	art II.
If the organization	on fails to qualify under t	the tests listed below, please complete Part II.)	

	If the organization fails to quality	under the te	sts listed belo	ow, please co	omplete Part	11.)	
	on A. Public Support				т		
Calen	dar year (or fiscal year 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 "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						į
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	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	!					
8 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business 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 lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		-		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line			13, column (f))		15	%
16	Public support percentage from 2010 Sci		=				%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (y line 13, colu	mn (f))	17	%
18 19a	Investment income percentage from 2010 Schedule A, Part III, line 17						
b	17 is not more than 331x96, check this box 331x96 support tests—2010. If the organization 18 is not more than 331x96, check this	zation did not o	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3%, and
20	line 18 is not more than 33½%, check this Private foundation. If the organization d	-	_			· · · —	
		a mar amount a		,,,			

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
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 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

SOUL WINNERS INDIA MINISTRIES 74-3159257						
FORM 990-EZ: PART 1, LINE	16:					
DETAILS OF OTHER EXPENS	SES-		•••••			
PASTORAL, CHRISTIAN MIS	SION AND ORPHANAGE SUPPORT		\$206,222			
1). SUPPORT F	OR CHRISTIAN LEADERS IN COUNTRI	ES, PRIMARILY POOR AND PERS	ECUTED,			
BY ESTABL	ISHING CHURCHES AND BY TRAINING	CHURCH PLANTING MISSIONAR	IES			
TO CARRY	THE GOSPEL TO THE UNREACHED PE	OPLE-	\$108,920			
2). SUPPORT F	FOR CHRISTIAN ORPHANGES IN COUN	TRIES, PRIMARILY POOR AND P	ERSECUTED- \$97,302			
			·			
			·			
•						
•						

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
SOUL WINNERS INDIA MINISTRIES	74-3159257
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