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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning January 01, 2012, and ending December 31, 20 12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Windsoar Ministries c/o Jerome Ciaramitaro		D Employer identification number 38-3332017
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 525 East Big Beaver Road 250		E Telephone number 248-641-2740
	City or town, state or country, and ZIP + 4 Troy, MI 48083		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	23,856.71
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c 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 subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,856.71	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	15,805.00
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	8,080.18
17 Total expenses. Add lines 10 through 16	17	23,885.18	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(28.47)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7,367.27
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,338.80

RECEIVED LB OH 500
MAY 13 2013
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SCANNED JUN 11 2013 Revenue

16 69

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a 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)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a 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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e 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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ _____		
42a The organization's books are in care of ▶ <u>Jerome Ciaramitaro</u> Telephone no. ▶ <u>248-641-2740</u> Located at ▶ <u>525 East Big Beaver Road, Suite 250 Troy, MI</u> ZIP + 4 ▶ <u>48083</u>		
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)? 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	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ <u>Canada</u>	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
48 ✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

47 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 Yes No
47 ✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48 ✓

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a ✓

b If "Yes," was the related organization a section 527 organization? Yes No
49b ✓

50 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 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
 Signature of officer: Nello Paolini Date: MAY 7, 2013
 Type or print name and title: NELLO PAOLINI VICE PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization Wind Soar Ministries	Employer identification number 38-3332017
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - 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).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Wind Soar Ministries

Employer identification number

38-3332017

Line 10. Donations

Line 16. Administration, Seminars, Bank Charges, Gifts, Memberships

Run Date 04/18/2013
Time 11:54:10

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2012
Trial Balance Work Sheet for Period 12 - December
000 General

Page 1

<u>Account #</u>	<u>Type</u>	<u>Description</u>	<u>Debit</u>	<u>Credit</u>
000		BALANCE SHEET ACCOUNTS/GENERAL		
000/4050	I	ABBA OFFERING 2012		535 00
000/4450	I	GUEST SPEAKER INCOME		140 00
000/4750	I	OFFERINGS		23,161.71
Department Totals			00	23,836.71
002		BENEVOLENCE		
002/4675	I	MISC. MISSIONARY		20.00
Department Totals			.00	20 00
Fund Totals			.00	23,856.71
Final Totals			00	23,856.71

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2012
Trial Balance Work Sheet for Period 12 - December
000 General

<u>Account #</u>	<u>Type</u>	<u>Description</u>	<u>Debit</u>	<u>Credit</u>
000		BALANCE SHEET ACCOUNTS/GENERAL		
000/5300	E	TITHES	15,805 00	
000/5450	E	HONOURARIUMS	40 00	
000/5490	E	BANK CHARGES	104 00	
000/5655	E	GIFTS	48 18	
000/5735	E	MEMBERSHIP	35.00	
000/5915	E	SOFTWARE PURCHASES	85.00	
000/5980	E	BAD DEBT EXPENSE	2,000.00	
000/5985	E	AMORTIZATION EXPENSE	5,768 00	
Department Totals			23,885 18	.00
Fund Totals			23,885.18	00
Final Totals			23,885 18	.00

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2012
Trial Balance Work Sheet for Period 0 - Opening Balance
000 General

<u>Account #</u>	<u>Type</u>	<u>Description</u>	<u>Debit</u>	<u>Credit</u>
000		BALANCE SHEET ACCOUNTS/GENERAL		
000/1110	A	FIRST OF AMERICA - U.S	4,491.29	
000/1200	A	PETTY CASH FUND - GENERAL	400.00	
000/1400	A	REPAYABLE LOAN	2,000.00	
000/1520	A	EQUIPMENT @ COST	5,768 00	
000/2150	L	ACCOUNTS PAYABLE - U.S.		5,292.02
000/3750	C	UNAPPROPRIATED SURPLUS		7,367 27
Department Totals			12,659 29	12,659 29
Fund Totals			12,659 29	12,659 29
Final Totals			12,659 29	12,659.29

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2012
Trial Balance Work Sheet for Period 12 - December
000 General

<u>Account #</u>	<u>Type</u>	<u>Description</u>	<u>Debit</u>	<u>Credit</u>
000		BALANCE SHEET ACCOUNTS/GENERAL		
000/1110	A	FIRST OF AMERICA - U.S	9,938.80	
000/1200	A	PETTY CASH FUND - GENERAL	400.00	
000/2160	L	ACCRUED PAYABLES		3,000.00
000/3750	C	UNAPPROPRIATED SURPLUS		7,367.27
Department Totals			10,338.80	10,367.27
Fund Totals			10,338.80	10,367.27
Final Totals			10,338.80	10,367.27

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2012
Trial Balance Work Sheet for Period 12 - December
000 General

<u>Account #</u>	<u>Type</u>	<u>Description</u>	<u>Debit</u>	<u>Credit</u>
000		BALANCE SHEET ACCOUNTS/GENERAL		
000/1110	A	FIRST OF AMERICA - U.S.	9,938 80	
000/1200	A	PETTY CASH FUND - GENERAL	400.00	
000/2160	L	ACCRUED PAYABLES		3,000.00
000/3750	C	UNAPPROPRIATED SURPLUS		7,367.27
000/4050	I	ABBA OFFERING 2012		535.00
000/4450	I	GUEST SPEAKER INCOME		140 00
000/4750	I	OFFERINGS		23,161 71
000/5300	E	TITHES	15,805 00	
000/5450	E	HONOURARIUMS	40 00	
000/5490	E	BANK CHARGES	104 00	
000/5655	E	GIFTS	48.18	
000/5735	E	MEMBERSHIP	35.00	
000/5915	E	SOFTWARE PURCHASES	85.00	
000/5980	E	BAD DEBT EXPENSE	2,000.00	
000/5985	E	AMORTIZATION EXPENSE	5,768 00	
Department Totals			34,223.98	34,203.98
002		BENEVOLENCE		
002/4675	I	MISC MISSIONARY		20 00
Department Totals			.00	20.00
Fund Totals			34,223.98	34,223.98
Final Totals			34,223.98	34,223 98

Wind-Soar Ministries 2012

Form 990 - Part IV

List of Officers & Directors

Name and address	Title and average hours per week devoted to position	Compensation	Contribution to employee benefit plans & deferred compensation	Expense account and other allowances
Richard Ciaramitaro 1116 Regency Crs. Bell River, Ontario N0R 1A0	President 10	0	0	0
Nello Paolini 767 Roselawn Dr. Windsor, Ontario N9G 1T7	Vice - President 10	0	0	0
Howie Mulder 1232 Stoneybrook Cr. Windsor, ON N9G 2Y3	Secretary 3	0	0	0
Jerome Ciaramitaro 38938 Santa Barbara Clinton Township, MI 48036	Director 3	0	0	0
Cathy Ciaramitaro 1116 Regency Crs Bell River, Ontario N0R 1A0	Director 3	0	0	0

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2012
Detail Ledger Report for Period 01 January Thru 12 December
000 General 000 BALANCE SHEET ACCOUNTS/GENERAL

<u>Acct#</u>	<u>Description</u>	<u>Reference</u>	<u>Net</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
000/5300	TITHES					.00
01	Ciaramitaro, Pastor Richard -R/ Monthly Support to various or	AP 00001 01/05/2012		800.00		
01	New Harvest International/Mission Support	AP 00002 01/06/2012		100.00		
01	Irving Bible Church/MONTHLY SUPPORT	AP 00003 01/10/2012		100.00		
01	Void Cheque No 3292 Irving Bible Church	JE 00001 01/10/2012			100.00	
01	Ciaramitaro, Pastor Richard -R/ Donation to Centre for Spirit	AP 00004 01/17/2012		1,000.00		
	Period 01 Total		1,900.00	2,000.00	100.00	1,900.00
02	ChurchAsia/Annual mission support	AP 00005 02/01/2012		1,800.00		
02	New Harvest International/MONTHLY SUPPORT	AP 00005 02/01/2012		100.00		
02	Ciaramitaro, Pastor Richard -R/ Monthly Support to Various or	AP 00006 02/09/2012		800.00		
	Period 02 Total		2,700.00	2,700.00	00	4,600.00
03	Helping Hands Ministries, Inc./Jan, Feb,and March Support	AP 00007 03/06/2012		240.00		
03	New Harvest International/Monthly Mission Support	AP 00007 03/06/2012		80.00		
03	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00008 03/14/2012		680.00		
03	Windsor Life Centre/From New Life Church	AP 00009 03/26/2012		200.00		
	Period 03 Total		1,200.00	1,200.00	00	5,800.00
04	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00010 04/10/2012		640.00		
04	Helping Hands Ministries, Inc / Monthly Missions Support	AP 00010 04/10/2012		80.00		
04	New Harvest International/Monthly Missions Support	AP 00010 04/10/2012		80.00		
04	Windsor Life Centre/Offering from New Life Church	AP 00011 04/30/2012		100.00		
	Period 04 Total		900.00	900.00	.00	6,700.00
05	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00012 05/15/2012		480.00		
05	Helping Hands Ministries, Inc./	AP 00012 05/15/2012		80.00		
05	New Harvest International/Monthly Missions Support	AP 00012 05/15/2012		80.00		
05	Windsor Life Centre/Offering from New Life Church	AP 00014 05/29/2012		100.00		
	Period 05 Total		740.00	740.00	00	7,440.00

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06	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00016 06/07/2012		800.00		
06	Helping Hands Ministries, Inc / Monthly Missions Support	AP 00016 06/07/2012		80.00		
06	New Harvest International/Monthly Missions Support	AP 00016 06/07/2012		80.00		
	Period 06 Total		960.00	960.00	00	8,400.00
07	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00018 07/10/2012		640.00		
07	Helping Hands Ministries, Inc./ Monthly Missions Support	AP 00018 07/10/2012		80.00		
07	New Harvest International/Monthly Missions Support	AP 00018 07/10/2012		80.00		
07	Windsor Life Centre/Offering from New Life Church	AP 00018 07/10/2012		100.00		
	Period 07 Total		900.00	900.00	.00	9,300.00
08	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00020 08/08/2012		640.00		
08	Helping Hands Ministries, Inc./ Monthly Missions Support	AP 00020 08/08/2012		80.00		
08	New Harvest International/Monthly Missions Support	AP 00020 08/08/2012		80.00		
08	Windsor Life Centre/From New Life Church	AP 00020 08/08/2012		100.00		
08	Youth for Christ/In memory of Jeanne caruss	AP 00022 08/31/2012		100.00		
	Period 08 Total		1,000.00	1,000.00	00	10,300.00
09	Destiny World Outreach/Missions Support - Tony Miller	AP 00023 09/11/2012		500.00		
09	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00024 09/18/2012		640.00		
09	Helping Hands Ministries, Inc./ Monthly Missions Support	AP 00024 09/18/2012		80.00		
09	Karim Ministry Service/Monthly Missions Support	AP 00024 09/18/2012		200.00		
09	New Harvest International/Monthly Missions Support	AP 00024 09/18/2012		80.00		
09	Windsor Life Centre/From New Life Church	AP 00024 09/18/2012		100.00		
09	ABN, Inc./Donation- Arabic Outreach	AP 00025 09/19/2012		250.00		
	Period 09 Total		1,850.00	1,850.00	00	12,150.00
10	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00026 10/10/2012		640.00		
10	Helping Hands Ministries, Inc./ Monthly Missions Support	AP 00026 10/10/2012		80.00		

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<u>Acct#</u>	<u>Description</u>	<u>Reference</u>	<u>Net</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
10	Karim Ministry Service/Monthly Missions Support	AP 00026 10/10/2012		200.00		
10	New Harvest International/Monthly Missions Support	AP 00026 10/10/2012		80.00		
	Period 10 Total		1,000.00	1,000.00	.00	13,150.00
11	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00028 11/07/2012		640 00		
11	Destiny World Outreach/Monthly Missions Support	AP 00028 11/07/2012		80.00		
11	Helping Hands Ministries, Inc./ Monthly Missions Support	AP 00028 11/07/2012		80 00		
11	Karim Ministry Service/Monthly Missions Support	AP 00028 11/07/2012		200 00		
11	Windsor Life Centre/Monthly Missions Support	AP 00028 11/07/2012		100.00		
11	Windsor Christian Fellowship/ABBA Offering 2012	AP 00029 11/07/2012		535.00		
	Period 11 Total		1,635 00	1,635.00	00	14,785.00
12	Ciaramitaro, Pastor Richard -R/ Monthly Missions Support	AP 00031 12/18/2012		640 00		
12	Destiny World Outreach/Monthly Missions Support	AP 00031 12/18/2012		80.00		
12	Karim Ministry Service/Monthly Missions Support	AP 00031 12/18/2012		200 00		
12	Windsor Life Centre/Monthly Support - New Life	AP 00031 12/18/2012		100.00		
	Period 12 Total		1,020 00	1,020 00	.00	15,805.00
	Account Totals		15,805 00	15,905.00	100.00	15,805 00
	Dept Totals		15,805.00	15,905.00	100.00	15,805.00
	Fund Totals		15,805 00	15,905.00	100.00	15,805.00
	Company Totals		15,805.00	15,905.00	100.00	15,805 00