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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 01, 2013, and ending December 31, 20 13

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 province, country, and ZIP or foreign postal code 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 Form of organization Corporation Trust Association Other _____

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, 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			26,456
	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				
	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			26,456	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10			15,022
	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			11,369
	17	Total expenses. Add lines 10 through 16		17			26,391
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18			65
	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			7,339
	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			7,404

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KANSAS CITY, MO

SCANNED JUN 24 2014

9-9 18

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		✓
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)		✓
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)?		✓
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		
35b			
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		
35c			
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		✓
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?		✓
37b			
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
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.		✓
40b			
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		✓
40e			
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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			
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			
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		✓
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			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
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)?		✓
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			

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
46		✓

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

48		✓
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		✓
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b If "Yes," was the related organization a section 527 organization?

49b		
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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	(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 business address of each independent contractor	(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	<i>Nello Paolini</i> Signature of officer	MAY 5, 2014 Date
	NELLO PAOLINI V.P. Type or print name and title	

Paid Preparer Use Only	Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 US?		(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Wind Soar Ministries

Employer identification number

38-3332017

Line 10. Donations

Line 16. Administration, Honorarium, Bank Charges, Gifts, Postage and Delivery, Software/Hardware Purchases

Run Date 10/09/2013
Time 14:02:28

001 Wind-Soar Ministries
Fiscal Year Beginning 01/01/2013
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.	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		7,338.80
Department Totals			10,338.80	10,338.80
Fund Totals			10,338.80	10,338.80
Final Totals			10,338.80	10,338.80

11:40 AM

05-02-14

Accrual Basis

WIND-SOAR MINISTRIES

Trial Balance

As of December 31, 2013

	Dec 31, 13	
	Debit	Credit
11000 · Bank - General U.S	9,504 35	
10000 · Petty Cash	400 00	
12001 · Undeposited Funds	0 00	
20000 · Accounts Payable	0 00	
20100 · Accrued Payables		2,500 00
30000 · Surplus / (Deficit)		7,338 80
40000 · Tithes/Offerings		25,504 22
40100 · ABBA Offering		650 00
40200 · Mission Offerings		132 00
40300 · Special Offering		20 00
40400 · Guest Speakers		150 00
50000 · Tithes & Offerings - Expense	15,022 00	
60000 · Honorariums Paid	9,000 00	
60100 · Guest Speaker Expenses	1,218 43	
61100 · Awards & Recognitions	200 00	
61200 · Fees, Dues and Subscriptions	65 00	
61600 · Postage and Delivery	128 00	
61800 · Software/Hardware Purchases	269.03	
62000 · Bank Charges	56 00	
62100 · Furniture/ Tools and Equipment	432 21	
TOTAL	<u>36,295.02</u>	<u>36,295.02</u>

2:53 PM
05-01-14
Accrual Basis

WIND-SOAR MINISTRIES
Profit & Loss
January through December 2013

	<u>Jan - Dec 13</u>
Income	
40000 · Tithes/Offerings	25,504 22
40100 · ABBA Offering	650 00
40200 · Mission Offerings	132 00
40300 · Special Offering	20 00
40400 · Guest Speakers	150 00
Total Income	<u>26,456 22</u>
Gross Profit	26,456 22
Expense	
50000 · Tithes & Offerings - Expense	15,022 00
60000 · Honorariums Paid	9,000 00
60100 · Guest Speaker Expenses	1,218.43
61100 · Awards & Recognitions	200 00
61200 · Fees, Dues and Subscriptions	65 00
61600 · Postage and Delivery	128 00
61800 · Software/Hardware Purchases	269 03
62000 · Bank Charges	56 00
62100 · Furniture/ Tools and Equipment	432 21
Total Expense	<u>26,390 67</u>
Net Income	<u><u>65.55</u></u>

3:01 PM
04-30-14
Accrual Basis

WIND-SOAR MINISTRIES
Balance Sheet
As of December 31, 2013

	<u>Dec 31, 13</u>
ASSETS	
Current Assets	
Checking/Savings	
11000 · Bank - General U.S	9,504 35
Total Checking/Savings	<u>9,504 35</u>
Other Current Assets	
10000 · Petty Cash	400 00
Total Other Current Assets	<u>400 00</u>
Total Current Assets	<u>9,904 35</u>
TOTAL ASSETS	<u><u>9,904.35</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
20100 · Accrued Payables	2,500 00
Total Other Current Liabilities	<u>2,500 00</u>
Total Current Liabilities	<u>2,500 00</u>
Total Liabilities	2,500 00
Equity	
30000 · Surplus / (Deficit)	7,338 80
Net Income	65 55
Total Equity	<u>7,404 35</u>
TOTAL LIABILITIES & EQUITY	<u><u>9,904.35</u></u>

Qualified Donees for Wind-Soar 2013

Name	Amount Given
Christian Adventures International	\$ 2,400.00
Church Asia	\$ 1,800.00
Destiny World Outreach	\$ 960.00
DNI	\$ 150.00
Dominic Russo Ministries	\$ 1,440.00
Karim Ministry Service	\$ 2,400.00
Living Word Ministries	\$ 960.00
Messenger International	\$ 960.00
Metro Ministries International	\$ 1,920.00
Open Bible Faith fellowship	\$ 132.00
Windsor Life Centre	\$ 1,900.00
Total	\$ 15,022.00

8:47 AM

05-02-14

Accrual Basis

WIND-SOAR MINISTRIES

Transaction Detail By Account

January through December 2013

Type	Date	Num	Name	Memo	Cir	Split	Amount	Balance
50000 - Tithes & Offerings - Expense								
General Journal	2013-08-31	5					10,242.00	10,242.00
Check	2013-09-05	3392	Ciaramitaro, Pastor	Monthly Missi	11000	Bank -	640.00	10,882.00
Check	2013-09-05	3393	Destiny World Outr	Monthly Missi	11000	Bank -	80.00	10,962.00
Check	2013-09-05	3394	Karim Ministry Servi	Monthly Missi	11000	Bank -	200.00	11,162.00
Check	2013-09-05	3395	Windsor Life Centre	Monthly Missi	11000	Bank -	100.00	11,262.00
Check	2013-10-03	3398	Ciaramitaro, Pastor	Monthly Missi	11000	Bank -	640.00	11,902.00
Check	2013-10-08	3399	Windsor Life Centre	Monthly Missi	11000	Bank -	800.00	12,702.00
Check	2013-10-08	3403	Destiny World Outr	Monthly Missi	11000	Bank -	80.00	12,782.00
Check	2013-10-08	3404	Karim Ministry Servi	Monthly Missi	11000	Bank -	200.00	12,982.00
Check	2013-11-08	3406	Ciaramitaro, Pastor	Monthly Missi	11000	Bank -	640.00	13,622.00
Check	2013-11-08	3407	Destiny World Outr	Monthly Missi	11000	Bank -	80.00	13,702.00
Check	2013-11-08	3408	Karim Ministry Servi	Monthly Missi	11000	Bank -	200.00	13,902.00
Check	2013-11-08	3409	Windsor Life Centre	Monthly Missi	11000	Bank -	100.00	14,002.00
Bill	2013-12-11		Destiny World Outr	Monthly Missi	20000	Accou	80.00	14,082.00
Bill	2013-12-11		Karim Ministry Servi	Monthly Missi	20000	Accou	200.00	14,282.00
Bill	2013-12-11		Ciaramitaro, Pastor	Monthly Missi	20000	Accou	640.00	14,922.00
Bill	2013-12-11		Windsor Life Centre	Monthly Missi	20000	Accou	100.00	15,022.00
Total 50000 Tithes & Offerings - Expense							15,022.00	15,022.00
TOTAL							15,022.00	15,022.00

Wind-Soar Ministries 2013

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 NOR 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 NOR 1A0	Director 3	0	0	0