

Form 990-EZ

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

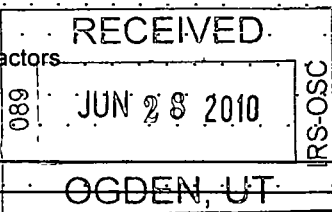
Form 990-EZ header section A-F: For the 2009 calendar year, or tax year beginning, and ending. Includes fields for Name of organization (STEM INT'L), Employer identification number (36-3367669), Telephone number ((952) 996-1385), and Group Exemption Number.

Form 990-EZ header section G-H: Accounting Method (Accrual) and Website (WWW.STEMintl.ORG). Includes tax-exempt status selection (501(c)(3)).

Form 990-EZ header section L: Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total amount: \$188,480.

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

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 155,557. Expenses total: 145,283. Net Assets at end of year: -20,164.



Part II Balance Sheets. Table with 7 rows (lines 22-27) showing assets and liabilities. Total assets: 50,880. Total liabilities: 71,044. Net assets: -20,164.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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SCANNED JUL 22 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose? RELIGIOUS MISSION MINISTRY
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE ATTACHED		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	117,425
29		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (attach schedule)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses. (add lines 28a through 31a)	32	117,425

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED	Title			
	Hr/WK	00	0	0
	Title			
	Hr/WK	.00	0	0
	Title			
	Hr/WK	.00	0	0
	Title			
	Hr/WK	.00	0	0
	Title			
	Hr/WK	00	0	0
	Title			
	Hr/WK	00	0	0
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	Hr/WK	00	0	0
	Title			
	Hr/WK	.00	0	0
	Title			
	Hr/WK	00	0	0
	Title			
	Hr/WK	.00	0	0
	Title			
	Hr/WK	00	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		0
b	Did the organization file Form 1120-POL for this year?		X
38 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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	0
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	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
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. ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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	X
41	List the states with which a copy of this return is filed. ▶ MN		
42 a	The organization's books are in care of ▶ STEVE MILLER Telephone no ▶ (952) 996-1385 Located at ▶ P.O. BOX 386001 City MINNEAPOLIS ST MN ZIP + 4 ▶ 55438-6001		
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	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI 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 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization a section 527 organization? Yes No

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0

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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

Sign Here 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.

Signature of officer: *[Handwritten Signature]* Date: 16-10-10

Type or print name and title: ROGER PETERSON, PRES

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: 6/7/2010

Firm's name (or yours if self-employed), address, and ZIP + 4: ROBERT RAMPI LTD, 5637 BROOKLYN BLVD #200, BROOKLYN CTR, MN 55429

Check if self-employed: Preparer's identifying number (See instructions):

EIN: Phone no: (763) 533-9460

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

STEM INT'L

Employer identification number

36-3367669

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—Other
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
11g(iii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

(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 support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0

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**. ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. 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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	744,857	853,075	825,650	567,438	75,090	3,066,110
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	230,896	391,604	299,462	161,437	110,930	1,194,329
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	975,753	1,244,679	1,125,112	728,875	186,020	4,260,439
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	6,904	5,882	3,341	3,099	19,226
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	6,904	5,882	3,341	3,099	19,226
8 Public support. (Subtract line 7c from line 6)						4,241,213

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	975,753	1,244,679	1,125,112	728,875	186,020	4,260,439
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	936	1,613	2,735	858	93	6,235
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	936	1,613	2,735	858	93	6,235
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	976,689	1,246,292	1,127,847	729,733	186,113	4,266,674
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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.40%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.56%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.15%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.13%

- 19a 33 1/3% support tests—2009.** 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—2008.** 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

Part II, Line 26 (990-EZ) - Liabilities

106,815

71,044

Description		Beginning	End
1	Accounts Payable & Accrued Expenses	106,815	71,044
2			
3			
4			
5			
6			
7			
8			
9			
10			

2009 PROGRAM SERVICE ACCOMPLISHMENTS

Primary exempt purpose: Religious, Educational, and Charitable.

- A. STEM Team Operations: activities included 33 religious short-term mission teams trained and sent through our licensing agreement with our nonprofit partner, Bethany International:
- 31 short-term mission Teams sent by STEM Ministries
 - 2 short-term Teams sent by STEM Share
 - 523 Team participants altogether served overseas or domestically
 - 9 STEM Ministries fields served — Dominican Republic, Haiti, Honduras, Jamaica, Kenya, Mexico, Trinidad & Tobago, Urban Minneapolis, and Gulf Coast
 - 1 STEM Share field (in 10/40 Window) served — Turkey
 - 11 STEM Gulf Coast Teams continued to clean up debris, prepared homes for rebuilding, and shared the hope of Jesus with those devastated by their losses from the Katrina hurricane.
 - 6 STEM Dominican Republic Teams were sent to villages damaged from the 2007 hurricane
 - Other teams participated in evangelism, construction, and charitable mercy/service/creative ministries; and in prayer walking and humanitarian assistance
- B. STEM Training: 8th Annual Short Term Mission Leaders' Conference where STEM educated 90 trainees from mission agencies and church-based mission programs from 19 states in more effective short-term mission ministry techniques
- C. STEM Press: published a 192-page book *These Words Changed Everything: Startling News That Rebuilt a Maya Worldview* (ISBN: 978-0-9711258-6-5), to help educate the religious community on the emotional and spiritual costs and rewards of long-term missionary Bible translation service to an unreached people group
- D. STEM Press: STEM Press distributed more than 12,000 short-term mission books and resources to help train and educate the religious community with improved methodologies in charitable Christian short-term mission service

TOTAL PROGRAM EXPENSES	\$117,425
% of Total Expenditures	81 %

**Listing of Officers, Directors, and Key Employees
 as of December 31, 2009**

(a) Name and address	(b) Title	(c) Compensation	(d) Benefits	(e) Exp. acct.
Mr. David Eby PO Box 386001 Minneapolis MN 55438	Director <i>1 hr/wk</i>	0	0	0
Mr. Richard Easterday PO Box 386001 Minneapolis MN 55438	Director <i>1 hr/wk</i>	0	0	0
Mr. John Quam PO Box 386001 Minneapolis MN 55438	Director <i>1 hr/wk</i>	0	0	0
Mr. James Levin PO Box 386001 Minneapolis MN 55438	Director <i>Secretary</i> <i>1 hr/wk</i>	0	0	0
Mrs. Juliana Tanning PO Box 386001 Minneapolis MN 55438	Director <i>Volunteer Interim Executive Director</i> <i>5 hrs./wk</i> <i>Treasurer (Jul '09 - Dec '09)</i>	0	0	0
Rev. Roger Peterson PO Box 386001 Minneapolis MN 55438	Director <i>Chairman, President</i> <i>40 hrs./wk</i>	**\$34,779	\$14,875	\$2,508
Mr. Steven Miller PO Box 386001 Minneapolis MN 55438	Officer <i>Treasurer (Jan '09 - Jun '09)</i> <i>5 hrs./wk</i>	\$4,604	0	0

**compensation includes:
 1) W2 support payments
 2) parsonage allowance

2009 IRS Form 990EZ
STEM Int'l
36-3367669

Board of Directors' Donations to STEM Int'l
January 1 through December 31, 2009

<u>(A) NAME & ADDRESS</u>	<u>(B) TITLE</u>	<u>(C) TOTAL CONTRIBUTIONS</u>
Mr. David Eby P.O. Box 386001 Minneapolis, MN 55438	Director	\$0.00
Mr. Richard Easterday P.O. Box 386001 Minneapolis, MN 55438	Director	\$0.00
Mr. John Quam P.O. Box 386001 00.Minneapolis, MN 55438	Director	\$150.00
Mrs. Juliana Tanning P O. Box 386001 Minneapolis, MN 55438	Director <i>Treasurer</i>	\$0.00
Rev. James Levin P.O. Box 386001 Minneapolis, MN 55438	Director <i>Secretary</i>	\$100.00
Rev. Roger Peterson P.O. Box 386001 Minneapolis, MN 55438	Director <i>President</i>	\$2,849.00

PROFIT FROM SALES OF INVENTORY (Short Term Mission Books and Resources)
January through December 2009

Income

1 . Gross Receipts	77,031	
2 . Returns & Allowances	-	
3 . Gross Sales of Inventory (Line 1 less Line 2)		<u>77,031</u>
4 . Cost of Goods Sold (Line 10 below)	32,923	
5 . Gross Profit (Line 3 less Line 4)		<u><u>44,108</u></u>

Cost of Goods Sold

6 Inventory at Beginning of Year	16,762	
7 . Purchases	37,144	
8 . Add Lines 6 and 7		<u>53,906</u>
9 . Ending Inventory	20,983	
10 . Cost of Goods Sold (Line 8 less Line 9)		<u><u>32,923</u></u>

Part I, Line 16 (990-EZ) - Other Expenses

		35,680
1	Travel	681
2	Meals and entertainment	
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	11,589
6	Depreciation	6,223
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	54
10	Supplies	
11	Telephone	
12	Unrelated business income taxes	0
13	Payroll Taxes	2,217
14	Insurance	2,114
15	Misc	617
16	Advertising	74
17	Office Expense	3,138
18	Int'l Overseas Projects	333
19	Books & Publications - Other	4,221
20		
21	Information Technology	1,077
22	Bank Charges	3,342
23		
24		
25		
26		
27		
28		
29		

Part II, Line 24 (990-EZ) - Other Assets

43,430

35,093

	Description	Beginning	End
1	ACCOUNTS RECEIVABLE	1,491	1,379
2	MUTUAL FUND INVESTMENTS	2,550	0
3	INVENTORY	20,302	20,983
4	PREPAID EXPENSES	986	854
5	EQUIPMENT & FURNITURE NET OF DEPRECIATION	18,101	11,877
6			
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