# Ministries at Work, Inc. Return of Organization Exempt From Income Tax June 30, 2011

OPEN TO PUBLIC INSPECTION

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

benefit trust or private foundation) Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 2010 and ending JUN 30 **ர**ரு 1

A F	or the	2010 calendar year, or tax year beginning ULL 1, 2010 and ending	<u>J</u> UN	30, 2011	
<b>B</b> c	heck if oplicable	C Name of organization	D	Employer identifi	cation number
	Address change Name	MINISTRIES AT WORK INC		0.7.0	22225
Ļ	Jchange	5			392335
X	Initial return Termin-	Number and street (or P.0. box if mail is not delivered to street address)  17209 CHESTERFIELD AIRPORT ROAD #270		Telephone numbe - 314	er 276-9088
$\vdash$	⊒ated ∏Amend∈			Gross receipts \$	297,016.
	⊒return ]Applica _tion	CHESIERFIELD, MO 03003		a) Is this a group r	
	pending	F Name and address of principal officer: BRANDON MANN		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b	) Are all affiliates inc	cluded? Yes No
			527	If "No," attach a	list. (see instructions)
		e: WWW.MINISTRIESATWORK.ORG		) Group exemption	
			ear of for	mation: 2009	M State of legal domicile: MO
Pa		Summary			
ø	1 E	Briefly describe the organization's mission or most significant activities: TO HELP	PEOP	LE APPLY	BIBLICAL
anc	]	PRINCIPLES AT WORK WITH GOAL OF ASSURING THA	T TH	EIR CHRIS	TIAN FAITH
ern		Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r			
οΛ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	5
& G	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
es	5 7	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	3
viti	6 7	Fotal number of volunteers (estimate if necessary)		6	50
Activities & Governance	7a ⊺	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	۱d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<u>e</u>	8 (	Contributions and grants (Part VIII, line 1h)			286,590.
enn	9 F	Program service revenue (Part VIII, line 2g)			0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			171.
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
	12 7	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			286,761.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	<b>14</b> E	Benefits paid to or for members (Part IX, column (A), line 4)			0.
Se	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			107,902.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.
xbe	b∃	Fotal fundraising expenses (Part IX, column (D), line 25)  4,241.			
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			17,346.
	18 7	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			125,248.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12			161,513.
Net Assets or Fund Balances			Beginni	ing of Current Year	End of Year
sets	20 7	Fotal assets (Part X, line 16)			165,764.
t As	21 7	Fotal liabilities (Part X, line 26)			4,251.
		Net assets or fund balances. Subtract line 21 from line 20			161,513.
	rt II	Signature Block			
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has a	any knowledge.	
Sigr	ו ו	Signature of officer		Date	
Her	e	BRANDON MANN, CHAIRMAN & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check L	PTIN
Paid		JEANETTE BAX-KURTZ JEANETTE BAX-KURTZ	05/	14/12 self-employ	ed
Prep		Firm's name MUELLER PROST PC		Firm's EIN ▶	
Use	Only	Firm's address 7733 FORSYTH BLVD., SUITE 1200			
		ST. LOUIS, MO 63105		Phone no. (	314) 862-2070
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO ENGAGE IN CHRISTIAN-BASED PUBLIC EDUCATIONAL ACTIVITIES TO ENABLE
	AND TEACH ITS PARTICIPANTS AND ATTENDEES TO EFFECTIVELY AND
	SUCCESSFULLY IMPLEMENT AND INTEGRATE THEIR CHRISTIAN BELIEFS AND
	EDUCATION INTO THEIR CAREERS AND THEIR EVERYDAY BUSINESS PRACTICES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$12 , 387 • including grants of \$) (Revenue \$)
	TO OFFER A UNIQUE WAY TO MINISTER TO PEOPLE WHERE THEY SPEND THE
	MAJORITY OF THEIR TIME, BUT HAVE FEW RESOURCES DIRECTLY AVAILABLE TO
	THEM FOR ADVANCING THEIR CHRISTIAN FAITH - AT WORK. THE PRIMARY
	VEHICLE FOR MINISTRIES@WORK IS BIBLICAL BUSINESS TRAINING (BBT).
	MINISTRIES@WORK PROVIDES STRUCTURED AGENDAS, MATERIALS, AND CURRICULUM
	TO HELP LEADERS EFFECTIVELY LEAD THEIR GROUPS AND TO MINISTER TO OTHERS
	IN THEIR MISSION FIELD - THE WORKPLACE. MINISTRIES@WORK CURRENTLY HAS
	APPROXIMATELY TWENTY BBT GROUPS OPERATING IN THE ST. LOUIS METROPOLITAN
	AREA AND THROUGHOUT THE UNITED STATES, AND ARE ACTIVELY RECRUITING
	ADDITIONAL GROUP LEADERS TO START ADDITIONAL BBT GROUPS THROUGHOUT THE
	UNITED STATES.
415	(Onder
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/(Lipenise
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 112,387.

032002 12-21-10

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ŭ		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
10		10		х
11	If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, , , , , , , , , , , , , , , , , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4-		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	' <i>'</i>		<del></del>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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#### Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			Х
20	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		21
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?	33		- 22
J <del>-1</del>	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	- 55		
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison   Seco		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter o if not applicable   10   10   10   10   10   10   10   1						Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter o-1 in chapplicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  **But I all teast on is reported on line 2a, did the organization life all required federal employment tax returns?  **But I all teast on its reported on line 2a, did the organization life all required federal employment tax returns?  **But I if Yea, 1 and 2 is greater than 250, you may be required to e-five, fee instructions?  **But I if Yea, 1 and 1 its field a Form 990 Thro T fine I way all "No, *provide an explanation in Schedule O  **But I if Yea, 1 and 1 its field a Form 990 Thro T fine I way all "No, *provide an explanation in Schedule O  **But I i Yea, 1 and 1 its field a Form 990 Thro T fine I way all "No, *provide an explanation in Schedule O  **But I i Yea, 1 and 1 its field a Form 990 Thro T in 1 its varial **Provide an explanation in Schedule O  **But I i Yea, 1 and 1 its field a Form 990 Thro T in 1 in 1 its field a Form 990 Thro I in 1 in	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Dd the organization have unreated business gross income of \$1,000 or more during the year?  3a A Tany time during the calendary ear, did the organization have an interest in, or a singature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a A Tany time the name of the foreign country?  5b If "Yes," another the name of the foreign country?  5c in the third organization fact in twis or is a party to a prohibete at whether transaction at any time during the tax year?  5c in the presentation of party to a prohibete that was or is a party to a prohibete at whether transaction?  5c in "Yes," to line Sa or Sb, did the organization file Form 8888 for any contributions that were not tax deductible?  5c in "Yes," to line Sa or Sb, did the organization file Form 8888 for any contributions that were not tax deductible?  5c in "Yes," to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c in "Yes," did the organization include with every solicitation under section 170(c).  5d in If "Yes," did the organization include such every solicitation and express statement that such contributions or gifts were not tax deductible?  5c in If yes, "did the organization notify the donor of the value of the goods or services provided?  5d in If yes, "did the organization include appeared in exciss of \$7s made party \$s z contribution and party for goods and services provided to the payor?  5d in If yes, "did the organization mover persons the payor persons persons person	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
tiled for the calendary year ending with or within the year covered by this return    1		(gambling) winnings to prize winners?			1c		
b If at least one is reported on line 2a, did the organization flie all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes," has it filed a Form 990 To for this year? If "No," provide an explanation in Schedule O  3b A at any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts we rent tax deductible?  6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes," to line 5a or 5b, did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor of the services of \$75 made party	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Dit the organization have unrelated business gross norm of 51,000 more during the year?  3b If "Yes," set lifted a Form 990 Tor this year? If "No," provide an explanation in Schedule O  3b If "Yes," set lifted a Form 990 Tor this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶  5b If "Yes," enter the name of the foreign country. ▶  5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5b If "Yes," in the sair of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," in the sair of Sb, did the organization the Form 88867?  6c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edeductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Uniform 8282?  6c Did the organization nority the donor of the value of the goods or services provided?  7c X  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 If the organization received an contribution of qualified intellectual property, did the organization file Porm 889 as required?  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 Sponsoring organization seekled a contribution of		filed for the calendar year ending with or within the year covered by this return	2a	3			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		X
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 infancial accountly over, a 5 infancial accountly over, a 5 infancial accountly over, a 6 infancial accountly over, a 7 infancial accountly over, a 8 see instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 8 See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 9 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 9 bid any taxable party notify the organization file Form 89861? 9 bid "Yes," to line Sa or 5b, did the organization file Form 89861? 9 bid "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 9 bid "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8882 filed during the year or bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 88282? 10 bid the organization, during the year, pay premiums, directly, or a personal benefit contract? 17 c X 18 yes a file organization metical contribution of cars, boats, anjanes, or other evidence, did the organization file Form 8898 are required? 18 phonoring organization metical und maintained by a sponsoring organization file Form 8898 are required? 19 phonoring organizations maintaining donor advised		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)				
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?  **See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.  **Se Was the organization requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.  **Se Was the organization requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.  **Se Was the organization report to a prohibited tax shelter transaction at any time during the tax year?  **Se Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  **Se Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  **Se Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  **Se Did was a party or a prohibited tax shelter transaction?  **Se Did Was a party organization to foreign annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were nor tax deductible?  **Organization that many receive deductible contributions under section 170(c).  **Did Was a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  **Organization transpart in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  **To Did the organization notify the donor of the value of the goods or services provided?  **To Did the organization notify the donor of the value of the goods or services provided?  **To Did the organization of the number of Forms 8282 filed during the year  **Did the organization of the number of Forms 8282 filed during the year  **Did the organization of the number of Forms 8282 filed during the year	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  5 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract?  7 If X  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  7 Sponsoring organization maintaining donor advised funds.  8 Sponsoring organization maintaining donor advised funds and services business holdings at any time during the year  9 Sponsoring organization, and an animalizations. Brites:  a initiation fees and capital contributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(27) organizations. Enter:  a initiation fees and capital contributes trusts, is the organization filing Form 990 in lieu of Fo	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  10a  10b  10c  10c  10a  10b  11a  10b  11b  11b  12a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  11c  11d  12d  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f				7f		
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						$\vdash \vdash \vdash$	- 22
	D	ii 165, 1185 it liieu a 1 0111 120 to 16poit tilese payments! II 140, provide ari explanation ili Schedule	<i></i>			990 (	(2010)

27-0392335

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Does the organization have members or stockholders?	6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		<u>X</u>					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>					
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No X					
	Does the organization have local chapters, branches, or affiliates?	10a							
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	l							
	and branches to ensure their operations are consistent with those of the organization?	10b 11a	X						
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	12a Does the organization have a written conflict of interest policy? If "No," go to line 13								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40.	Х						
	to conflicts?	12b	Λ						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا ۔ ۱	Х						
12	in Schedule O how this is done	12c		X					
13 14	Does the organization have a written whistleblower policy?	14		<u>X</u>					
14 15	Does the organization have a written document retention and destruction policy?	14		21					
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	150	Х						
		15a 15b	X						
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
- 4	taxable entity during the year?	16a		Х					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
~	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	for							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨							
	BRANDON MANN, CHAIRMAN & CEO - 314-276-9088								
	1076 NOONING TREE DRIVE, CHESTERFIELD, MO 63017								
		Form	990 (	2010)					

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average hours per week	_				app T	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BRANDON MANN	40.00	3,7		<b>v</b>				F2 077	0	6 616
CHAIRMAN & CEO	40.00	Х		Х				53,077.	0.	6,616.
LISA MANN COMMUNICATIONS DIRECTOR/TREASURER	19.00	х		х				17,663.	0.	0.
GARY DOLLAR	1 00	3,7							0	0
BOARD MEMBER DAVID STEWARD	1.00	Х		_	_			0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
GREG SCHUSTER	1.00	х		Х				0.	0.	0.

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	<b>C)</b>			(D)	(E)			(F)	
	Name and title	Average	/-		Pos			L A	Reportable	Reportable			stimate	
		hours per week	(C	necr	( all 1	tnat	app	ly)	compensation	compensatio			nount other	of
		(describe	ector						from the	from related organization		com	ition	
		hours for	or din	æ			ated		organization	(W-2/1099-MI			om th	
		related	rustee	l trust		ee ee	ubeus		(W-2/1099-MISC)			_	anizat	
		organizations in Schedule	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er					d relat anizati	
		O)	Indiv	Instit	Officer	Key e	Highe	Former				orga	ai iizati	0113
_														
1b	Sub-total						┢		70,740.		0.		6,6	<del>16.</del>
	Total from continuation sheets to Part VI								0.		0.	0.		
	Total (add lines 1b and 1c)								70,740.		0.	6,616		16.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 in reportab	le			•
	compensation from the organization												Yes	0 No
2	Did the examination list any former officer	director or true	otoo	. Ico		مامد		اید	nighaat aamnanaatad ar	malayaa an			res	NO
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		Х
4	For any individual listed on line 1a, is the su								her compensation from			j		
	and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indivi	dual for services	3			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch <sub>i</sub>	pers	son .					5		X
	tion B. Independent Contractors									<b></b>				
1	Complete this table for your five highest co the organization.  NONE	mpensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of con	npens	ation	from	
	<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	С	ompe	<b>C)</b> nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 in compensation from the organization)	•	ot li	mite	d to		se li: 0	stec	d above) who received m	nore than				

			,		WORK INC	<u> </u>		27-0392	2335 Page <b>9</b>
Pa	rt V	111	Statement of Rever	nue					
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts			Federated campaigns						
gra			Membership dues						
fts,			Fundraising events						
igin Ilai			Related organizations						
ons			Government grants (contribut All other contributions, gifts, gran	<i>'</i>					
buti		•	similar amounts not included abo		286,590.				
dati		a	Noncash contributions included in lines		10,255.				
S E		_	Total. Add lines 1a-1f			286,590.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
n S		С							
gra Re		d							
Pro		e	All able as a second a service a service						
_			All other program service reverse Total. Add lines 2a-2f						
$\neg$	3	9	Investment income (including						
			other similar amounts)		· ·	18.			18.
	4		Income from investment of ta						
	5		Royalties	· <u></u>	<b>&gt;</b>				
				(i) Real	(ii) Personal				
	6		Gross Rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)  Gross amount from sales of	(i) Securities	(ii) Other				
	'	а	assets other than inventory	10,408.					
		b	Less: cost or other basis	, , ,					
			and sales expenses	10,255.					
		С	Gain or (loss)	7 - 7					
			Net gain or (loss)		<b></b>	153.			153.
Other Revenue	8	а	Gross income from fundraisin including \$	of					
Re			contributions reported on line	= -					
her			Part IV, line 18						
ŏ			Less: direct expenses  Net income or (loss) from fund						
			Gross income from gaming a						
	-	_	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
ł		С	Net income or (loss) from sale						
ŀ	44	_	Miscellaneous Revenu		Business Code				
	11	a b							
		C							
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			286,761.	0.	0.	
03200 12-21	-10								Form <b>990</b> (2010)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must composite to the composite t	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	· ·		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70,740.	61,012.	6,191.	3,537.
•	trustees, and key employees	70,740.	01,012.	0,191.	3,337•
6	persons (as defined under section 4958(f)(1)) and				
	narranna described in costion 40E0(a)(0)(D)				
7		23,418.	22,950.	468.	
7	Other salaries and wages Pension plan contributions (include section 401(k)	23,410.	22,750.	±00•	
8	and section 403(b) employer contributions)				
•	<b>_</b>	6,616.	5,624.	661.	331.
9 10	Other employee benefits	7,128.	6,359.	502.	267.
10	Payroll taxes	1,140.	0,339.	JUZ •	407•
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other				
g 12	Advertising and promotion				
13	Office expenses	686.	412.	274.	
14	Information technology	685.	400.	285.	
15	Royalties				
16	Occupancy				
17	Travel	5,915.	5,915.		
18	Payments of travel or entertainment expenses	7,5 _ 5	- 7		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	431.	252.	179.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	TELEPHONE & COMMUNICATI	4,070.	4,070.		
b	MINISTRY PLANNING & PRO	2,833.	2,678.	50.	105.
c	EQUIPMENT RENTAL	1,361.	1,361.		<u> </u>
d	SERVICE FEES	787.	786.		1.
e	BOOKS & MATERIALS	568.	568.		
f	All other expenses	10.		10.	
25	Total functional expenses. Add lines 1 through 24f	125,248.	112,387.	8,620.	4,241.
26	Joint costs. Check here if following SOP	-	-	-	
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	1 12-21-10	I.	I		Form <b>990</b> (2010)

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	37,566.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	125,000.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Com	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(c	c)(3)(B), a	and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
"		employees' beneficiary organizations (see instru	uctions)			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,629.	_		
	b	Less: accumulated depreciation	10b	431.	0.	10c	3,198.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15	465 564		
	16	Total assets. Add lines 1 through 15 (must equ			0.	16	165,764.
	17	Accounts payable and accrued expenses				17	4,251.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
<u>a</u>		highest compensated employees, and disqualif					
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			0.	25 26	4,251.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check h			0.	26	4,231.
"		lines 27 through 29, and lines 33 and 34.	ere 📂	and complete			
čě	27				0.	27	36,513.
ala	28	Unrestricted net assets Temporarily restricted net assets			<u> </u>	28	125,000.
Ä	29					29	12370000
Ĕ	29	Organizations that do not follow SFAS 117, c		re D and		25	
F		complete lines 30 through 34.	HECK HE	and			
ts	30	Capital stock or trust principal, or current funds			30		
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			0.	33	161,513.
	34	Total liabilities and net assets/fund balances			0.	34	165,764.
		: I a second fair a second fair second for the second fair second			* -		

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>61.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,2	$\frac{48.}{13.}$			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16	1,5	<u>13.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		Ī				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form	99 <mark>0</mark> (	2010)			

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **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

Name of the organization

MINISTRIES AT WORK INC

Employer identification number 27 – 0392335

Pai	t I	Reason 1	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
The c	organi	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization of		in <b>section</b>	170(b)(1)	A)(iii).					
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospita	's nam	ne.
		city, and state								•			,
5		-		benefit of a college or ur	niversity ov	vned or or	perated by	a governr	mental uni	t describ	ed in		
		-	(b)(1)(A)(iv). (Comple	-			, , , , ,	a govern					
6				ent or governmental unit	t doscribo	d in <b>coctio</b>	n 170/h)/1	VAVA					
	X								r from the	gonoral	nublic dosc	ribodi	in
′	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				eives: (1) more than 33 1			rom contri	hutione m	namharehi	n foos ar	nd aross ro	cainte	from
9				nctions - subject to certa									
				axable income (less sect									
			<b>509(a)(2).</b> (Complete		.ioii o i i ta	x) 110111 bu	311103303 6	loquilou b	y tric orga	inzation	arter durie (	JO, 131	0.
10				perated exclusively to te	st for nubl	ic safety S	See <b>sectio</b>	n 509(a)(4	1)				
11		-	-	perated exclusively for the	=	•			-	v out the	nurnoses (	of one	or
		J		ations described in section		′ '		,		,			O1
		. ,		organization and comple	` ' ' '	,	٠,,	.,. 000 <b>000</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>4</b> /( <b>6</b> /1 <b>6</b> /1		criac	
		a Type I	· · · · ·	7 <sup>*</sup>		e III - Func		egrated		d	Type III - (	Other	
е		• •		at the organization is not			-	-	r more disc	gualified	, .		ın
				han one or more publicly									
f				ten determination from t						, (-)(-)		· (=)(=):	
			rganization, check th										
g				organization accepted ar					owina pers	sons?			•
3				irectly controls, either al								Yes	No
				upported organization?									
				n described in (i) above?									
				person described in (i) o									
h				about the supported org									
			3	,		( )							
/i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Ar	nount o	of
(')		inization	(11) = 114	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	on in col.	organizátio (i) organiz	on in col.   ed in the	` '	port	'
	Ū			above or IRC section	governing document? (i) of your supp		support?	Ü.S.	.?		•		
				(see instructions))	Yes	No	Yes	No	Yes	No			
Γotal	l												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					286,590.	286,590.
2	Tax revenues levied for the organ-						
	ization'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					286,590.	286,590.
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)						245,873.
6	Public support. Subtract line 5 from line 4.						40,717.
Sec	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					286,590.	286,590.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					18.	18.
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	<b>Total support.</b> Add lines 7 through 10						286,608.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
_	organization, check this box and stop					<u></u>	<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2010 (I					14	%
	Public support percentage from 2009					15	%
16a	<b>33 1/3% support test - 2010.</b> If the or	•		•		•	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2009. If the oi						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac			-	· ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		·				. —
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a		S <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2010

### 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) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 organ- ization'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						
<b>7a</b> 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) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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>b</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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth. or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
-	· ·			•		·
Section C. Computation of Publi						,
15 Public support percentage for 2010 (li			column (f))		15	%
16 Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	<b>10</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
<b>19a 33 1/3% support tests - 2010.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2009.</b> If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u> ▶□

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

MINISTRIES AT WORK INC

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

27-0392335

Organization type (check one):									
Filers of:		Section:							
Form 990 or 990-EZ		X 501(c)( 3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
		527 political organization							
Form 990	)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
	For an organization contributor. Compl	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.							
Special F	Rules								
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

MINISTRIES AT WORK INC

Employer identification number 27-0392335

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Par	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III   Organizations Maintaining C	Collections of A		cal Tr	easures (	or Othe				Page Z
3	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other record	is, crieck ari	y Oi tile	TOHOWING THE	ii aie a s	igillicant	use or its	COIIECTIOI	1 1161115
_	Public exhibition	d		or ovo	hanaa nraar	amo				
a					hange progra					
b	Scholarly research	е	· L Othe	er						
C	Preservation for future generations							. 5		
4	Provide a description of the organization's co							ose in Par	t XIV.	
5	During the year, did the organization solicit o								٦.,	<u> </u>
Da	to be sold to raise funds rather than to be ma								Yes	└── No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	e:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L	Yes	└── No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	s" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year		ie.							
a	Board designated or quasi-endowment	. orra balarioo riola e	%							
	Permanent endowment >	%								
	Are there endowment funds not in the posse		ation that ar	o hold a	nd administs	arod for t	ho organi <del>.</del>	zation		
Ja		ssion of the organiz	ation that a	e neid a	iiu auriiiiiste	ored for the	ne organiz	ation	Г	Yes No
	by:								3a(i)	Tes NO
	(i) unrelated organizations									_
	(ii) related organizations								3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations								3b	
Date 4	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm									
rai	, , ,		<del></del>					. 1	(-N.D. :	
	Description of investment	(a) Cost or o basis (investr		-	or other (other)		ocumulate oreciation	ea	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				3,629.		4	31.	3	3,198.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (l	3), line 1	0(c).)			ightharpoonup	3	3,198.

Part VII III Vestillerits - Other Securities. Se	e Form 990, Part X, III	IC 12.		
(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of value ost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X, li	ne 13.		
(a) Description of investment type	(b) Book value	С	(c) Method of value ost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			<b>_</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(2) (3)				
• •				
(3)				
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9) (10)				
(3) (4) (5) (6) (7) (8) (9) (10)	⊋ 25.) <b>▶</b>	Statements that rangue the sys		nin tay noginjone unotar

2. FIN 4 032053 12-20-10

Pa	rt XI Reconciliation of Change in Net Assets from Form	n 990 to Audited Finan	cial S	Statement	<u> </u>
1			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine		10		
_	rt XII Reconciliation of Revenue per Audited Financial			er Return	
1	Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a			
b					
C					
d					
e				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b					
	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Pa	rt XIII Reconciliation of Expenses per Audited Financial		nses	per Retur	'n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, an le 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		,		

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization

MINISTRIES AT WORK INC

Employer identification number 27-0392335

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BECOMES A PRACTICAL AND SUSTAINABLE ASPECT OF THEIR LIVES, BY PROVIDING

BUSINESS-ORIENTED BIBLICAL TRAINING, LECTURES, AND EDUCATIONAL

RESOURCES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TO OFFER A UNIQUE WAY TO MINISTER TO PEOPLE WHERE THEY SPEND THE

MAJORITY OF THEIR TIME, BUT HAVE FEW RESOURCES DIRECTLY AVAILABLE TO

THEM FOR ADVANCING THEIR CHRISTIAN FAITH - AT WORK. THE PRIMARY

VEHICLE FOR MINISTRIES@WORK IS BIBLICAL BUSINESS TRAINING (BBT).

MINISTRIES@WORK PROVIDES STRUCTURED AGENDAS, MATERIALS, AND CURRICULUM

TO HELP LEADERS EFFECTIVELY LEAD THEIR GROUPS AND TO MINISTER TO OTHERS

IN THEIR MISSION FIELD - THE WORKPLACE.

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT AND THE TREASURER OF THE BOARD OF DIRECTORS ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990 AND ALL SCHEDULES

ARE PREPARED BY AN OUTSIDE ACCOUNTING FIRM. PRIOR TO SUBMISSION, THE IRS

FORM 990 IS RECEIVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING EACH DIRECTOR,

PRINCIPAL OFFICER AND MEMBER OF COMMITTEE WITH GOVERNING BOARD DELEGATED

POWERS TO SIGN ANNUALLY A STATEMENT WHICH AFFIRMS SUCH PERSONS: A) HAS

RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; B) HAS READ AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

UNDERSTANDS THE POLICY; C) HAS AGREED TO COMPLY WITH THE POLICY; D)

UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF IT'S TAX-EXEMPT PURPOSES. IN ADDITION, PERIODIC REVEIWS OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WILL BE

CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 15: THE WRITTEN PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATIONS OFFICERS, KEY EMPLOYEES, CEO, AND TOP MANAGEMENT IS CURRENTLY A DRAFT, BUT WILL BE FINALIZED AND IMPLEMENTED DURING 2012. COMPENSATION ARRANGEMENTS ARE REVIEWED TO ENSURE THE COMPENSATION IS REASONABLE FOR THE SERVICES PROVIDED. DIRECTORS SHALL NOT RECEIVE ANY COMPENSATION FOR THEIR SERVICES, EXCEPT REIMBURSEMENT OF ACTUAL AND NECESSARY EXPENSES INCURRED IN THE CONDUCT OF THE ORGANIZATION'S BUSINESS. THE FOLLOWING MEMBERS ARE PRECLUDED FROM VOTING ON MATTERS PERTAINING TO AN INDIVIDUALS COMPENSATION: A) ANY VOTING MEMBER OF THE GOVERNING BOARD WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION; B) ANY VOTING MEMBER OF THE GOVERNING BOARD OR ANY COMMITTE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING

DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART VI, SECTION B, LINE 14

THE DOCUMENT RETENTION POLICY IS CURRENTLY A DRAFT, BUT WILL BE

Name of the organization  MINISTRIES AT WORK INC	Employer identification number 27-0392335
FINALIZED AND IMPLEMENTED DURING 2012.	
FORM 990, PART VI, SECTION B, LINE 13	
THE WHISTLEBLOWER POLICY IS CURRENTLY A DRAFT, BUT WILL B	E FINALIZED
AND IMPLEMENTED DURING 2012.	