# Biblical Business Training, Inc. Return of Organization Exempt From Income Tax June 30, 2012

# 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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1. 2011 and ending JUN 30, 2012 D Employer identification number Check if applicable: C Name of organization Address change MINISTRIES AT WORK, INC. Name change 27-0392335 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-#270 314-276-9088 17209 CHESTERFIELD AIRPORT ROAD 200.468. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-CHESTERFIELD, MO 63005 H(a) Is this a group return pending Yes X No F Name and address of principal officer: BRANDON MANN for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.MINISTRIESATWORK.ORG H(c) Group exemption number ▶ Association Other > K Form of organization: X Corporation Trust L Year of formation: 2009 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP PEOPLE APPLY BIBLICAL Activities & Governance PRINCIPLES AT WORK WITH GOAL OF ASSURING THAT THEIR CHRISTIAN FAITH Check this box \(\bigs\) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 117 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 286,590 196,770. Revenue 0. 0 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 171 -86. 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 286,761. 196,684. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 107,902. 216,692. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17,346 57,869. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 125,248. 274,561. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -77,877. Revenue less expenses. Subtract line 18 from line 12 161,513. O Beginning of Current Year End of Year 165,764 84,851. 20 Total assets (Part X, line 16) 4,251. 1,215. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 161,513. 83,636. Part II Signature Block 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 Sign BRANDON MANN, CHAIRMAN & CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature self-employed P00096490 JEANETTE BAX-KURTZ JEANETTE BAX KURTZ Paid Firm's name MUELLER PROST PC 43-1594752 Preparer Firm's EIN Use Only Firm's address 7733 FORSYTH BLVD., **SUITE 1200** ST. LOUIS, MO 63105 Phone no. (314) 862-2070May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form 990 (2011) MINISTRIES AT WORK, INC.
Part IV | Checklist of Required Schedules

			Von	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'			Х	
0	If "Yes," complete Schedule A	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	-
3		3		Х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 1
4		1		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	- 1111 1111 - 1111 - 1111	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			177
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			77
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	_X_	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	المدا		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	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			v
	Schedule D, Parts XI, XII, and XIII	12a	_	X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	4.4.6		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4.5		Х
16		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	4.0		v
47		16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.7		У
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) MINISTRIES AT WORK
Part IV Checklist of Required Schedules (continued)

		1		
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			\ <sub>V</sub>
040	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
24a	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		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.0		
_	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			
	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			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		v
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b		28b		X
c				
	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		37
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	0.4		v
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a b		35a	-	
Ŋ	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
- •	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	Х	

	Check if Schedule O contains a response to any question in this Part V			gives:	
		i ü		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?		1c		
2a	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		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			-	X
b			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other disposed account in a foreign country (such as a bank account account or other financial).	•	4-		Х
la.	financial account in a foreign country (such as a bank account, securities account, or other financial of "Yes," enter the name of the foreign country:	accounty?	4a	-	
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did 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?				X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				- 23
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 00		
-	any contributions that were not tax deductible?	-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? <b>7</b> a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	************************************	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?		ae		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100 [			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7.0			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	w.			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
			Form	990 (	(2011)

132005 01-23-12

Form 990 (2011) MINISTRIES AT WORK, INC. 27-0392335 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to li

	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	restantia	Ú svoré –	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 1a 5									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
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	Х							
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?									
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		Х						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
, u	more members of the governing body?	7a		Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		23						
D		7b		х						
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		Δ_						
8		0-	Х							
a	The governing body?	8a								
b		8b	Х	-						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			w						
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
		T	Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	-						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	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	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section of the constant	availab	le							
	for public inspection, Indicate how you made 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 made its governing documents, conflict of interest policy, an	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:								
	BRANDON MANN, CHAIRMAN & CEO - 314-276-9088									
	1076 NOONING TREE DRIVE, CHESTERFIELD, MO 63017									
32006	, , , , , , , , , , , , , , , , , , , ,	Form	aan /	2011)						

# 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.
- 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) Name and Title	(B) Average hours per	box	(C) Positio (do not check mo box, unless perso				h an	(D) Reportable compensatio		(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	itee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated Lary Large		from the organization (W-2/1099-MIS	n	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRANDON MANN CHAIRMAN & CEO	50.00	x		х				108,5	85.	0.	14,588
(2) LISA MANN COMMUNICATIONS DIRECTOR/TREASURER	19.00			х				41,5		0.	0
(3) DAVID STEWARD BOARD MEMBER	1.00								0.	0.	0
(4) GREG SCHUSTER BOARD MEMBER/SECRETARY	1.00			Х					0.	0.	0
(5) DAVID PEACOCK BOARD MEMBER	1.00	х							0.	0.	0
								_			

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		comp fro orga	ensa m the nizati relat	e ion ed
-										<				
:														
_														
===														
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A		x		123.23	A A A		150,105. 0. 150,105.	C				88. 0. 88.
2	Total number of individuals (including but r						e) wh	no re	·					1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								nighest compensated e			3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" cor	mple	ete S	Sche	edule	J f	or such individual			4		Х
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors					_			_			5		Х
1	Complete this table for your five highest co the organization. Report compensation for										nsa	tion fro	om	
-	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Со	(C) mpen		1
-														
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to	thos	2.1	ted	above) who received m	ore than				

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns						
Gra	b	Membership dues	1b					
Am Am		Fundraising events						
ia Gi	d	Related organizations	1d					
Sim.		Government grants (contribut						
er	f	All other contributions, gifts, gran	·					
들 된		similar amounts not included above	POSITION IN PROCESSION AND ADDRESS OF THE PROCESSION AND ADDRESS O	196,770.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines		717.00	106 770			
0 0	h	Total. Add lines 1a-1f	***********		196,770.			
4	0 -			Business Code				
Vice	2 a							
Ser	c	Variation and the second						
E S	d							
Program Service Revenue	e							
9	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)					_	
	4	Income from investment of tax		1				
	5	Royalties	······	<b>&gt;</b>				
			(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)  Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	3,698.	1,7				
	h	Less: cost or other basis	3,030.					
	~	and sales expenses	3,784.					
	С	Gain or (loss)						
		Net gain or (loss)			-86.			-86.
o l		Gross income from fundraising	AND THE RESIDENCE OF THE PERSON OF THE PERSO					
Other Revenue		including \$	of					
3e		contributions reported on line	*					
ē		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund	_		<u> </u>	<u> </u>		
	9 a	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
1		Miscellaneous Revenue	е	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		2 1	196,684.	0.	0.	-86.

# 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	164,693.	135,907.	14,393.	14,393
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,303.	46,082.	1,333.	888
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,696.	3,526.	102.	68
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,188.	2,551.	478.	159
С	Accounting	1,500.		1,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2 001	2 706		105
12	Advertising and promotion	3,901.	3,706.	100	195
13	Office expenses	3,073.	2,858.	123.	92
14	Information technology	82.	78.	2.	2
15	Royalties				
16	Occupancy	16 006	16 146	165	COE
17	Travel	16,996.	16,146.	165.	685
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	806.	766.	16.	24
22 23		2,310.	1,155.	1,155.	44
23 24	Other expenses. Itemize expenses not covered	2,510.	1,133.	1,133.	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TEACHING AIDS	16,889.	16,889.		
b	TELEPHONE & COMMUNICATI	4,236.	3,881.	143.	212
c	SERVICE FEES	2,894.	2,318.	432.	144
d	PROCLAIM EVENTS EXPENSE	1,079.	1,079.		
	All other expenses	915.	852.	36.	27
25	Total functional expenses. Add lines 1 through 24e	274,561.	237,794.	19,878.	16,889
26	Joint costs. Complete this line only if the organization	, , , , , ,			
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here   if following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	37,566.	1	50,334
2	Savings and temporary cash investments		2	11
3	Pledges and grants receivable, net	125,000.	3	32,125
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete 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)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
.	employees' beneficiary organizations (see instructions)		6	
SI 7	Notes and loans receivable, net		7	
Assets 7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	T T			
	basis. Complete Part VI of Schedule D 10a 3,629.			
b	7.55 7771		10c	2,392
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	165,764.	16	84,851
17	Accounts payable and accrued expenses	4,251.	17	1,215
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ខ្លួ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
۱	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24), Complete Part X of			
	Schedule D		25	unit totales had
26	Total liabilities. Add lines 17 through 25	4,251.	26	1,215
	Organizations that follow SFAS 117, check here   X and complete			
S S	lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	36,513.	27	51,511
28	Temporarily restricted net assets	125,000.	28	32,125
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117, check here   and			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 31 32 32 32 33 32 33 32 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	4 6 4 7 4 4	32	
33	Total net assets or fund balances	161,513.	33	83,636
34	Total liabilities and net assets/fund balances	165,764.	34	84,851

	990 (2011) MINISTRIES AT WORK, INC.	21-0392	2222	Pag	ge 14			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI			101000				
		v.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{6,6}{4,5}$				
2								
3	Revenue less expenses. Subtract line 2 from line 1	3	7	7,8	77.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	1,5	13.			
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	8	3,6	36.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII			22222	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	Ο.						
2a	a 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?	9.000000.00000000	2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	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 Scho	edule O.	9					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	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 Sir	igle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form	990 (2	2011)			

# **SCHEDULE A**

Department of the Treasury

(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

Internal Revenue Service Name of the organization Employer identification number MINISTRIES AT WORK, INC. 27-0392335 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d \_\_\_\_ Type III · Other a Type I b \_\_\_\_ Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization n col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2011

132021

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

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

Se	ction A. Public Support			- Clar	-30		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	1.0	No. 2	1 1	100		
	membership fees received. (Do not						
	include any "unusual grants.")				286,590.	196,770.	483,360.
2	Tax revenues levied for the organ-				200/0501	25077701	200,0001
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3							
	furnished by a governmental unit to						
	the organization without charge				206 500	106 770	402 360
4	Total. Add lines 1 through 3				286,590.	196,770.	483,360.
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)						361,010.
	Public support. Subtract line 5 from line 4.						122,350.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				286,590.	196,770.	483,360.
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.)				1		
11	Total support. Add lines 7 through 10						483,378.
12	Gross receipts from related activities,	etc. (see instruction	ons)		//-	12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here			**************************************	,	<b>▶</b> X
Sec	ction C. Computation of Publ	ic Support Per	rcentage			WIII	
14	Public support percentage for 2011 (I	ine 6, column (f) di	ivided by line 11,	column (f))	010000000000000000000000000000000000000	14	%
	Public support percentage from 2010					15	%
	33 1/3% support test - 2011. If the o						x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1		ŕ	
b	33 1/3% support test - 2010. If the c	. , , , ,	•	111111111111111111111111111111111111111			
	and stop here. The organization quali	•				· ·	
17a	10% -facts-and-circumstances test						
.,	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
Ŋ	more, and if the organization meets th						1070 OI
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a t	box on line 13, 16	a, 100, 1/a, 0r 1/	D, CHECK THIS DOX A	na see instructions	

Schedule A (Form 990 or 990-EZ) 2011

# 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	now, production	proto i di ing				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6			1-7	1-7	\	N. C.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for t	he organization's	s first second thir	d fourth or fifth to	l av vear as a sectio	n 501(c)(3) organiz	ation
check this box and stop here	_			•		
Section C. Computation of Public	Support Pe	rcentage			******************************	
15 Public support percentage for 2011 (lin			column (fl)		15	%
16 Public support percentage from 2010 S			, old (1)/ 1		16	%
Section D. Computation of Invest					110	
17 Investment income percentage for 201			ne 13 column (fl)		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2011. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2010. If the o						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
20 I Tivate Touridation. Il the organization	did not check a	DOX ON IIID 14, 198	a, or rob, check th	no DUA AITU SEE IN	structions	************

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

MINISTRIES AT WORK, INC. 27-0392335 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(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 the amount on (i) 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, total 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 exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. 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 Part I, line 2 of its Form 990-PF, to

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) (2011)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

140	MINISTRIES AT WORK, INC.	27-0392335					
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A						
	organization answered "Yes" to Form 990, Part IV, line 6.						
		(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 advised fur	nds					
•	are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
Ü	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?						
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV.	line 7					
4	Purpose(s) of conservation easements held by the organization (check all that apply).	IIIO 7					
		lly important land area					
	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space	istoric structure					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	anconvetion accoment on the last					
~	day of the tax year.	onservation easement on the last					
	day of the tax year.	Held at the End of the Tax Year					
а	Total number of conservation assembnts						
a b	Total number of conservation easements  Total acreage restricted by conservation easements	2a					
0	Number of conservation easements on a certified historic structure included in (a)	2b					
ا	A 162 AAA 1 00000AB AB	2c					
d							
3	listed in the National Register	2d					
3	year	lization during the tax					
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
3	□ Vaa □ Na						
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E						
0							
9	and section 170(h)(4)(B)(ii)?	result and belongs short and					
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements.	garlization's accounting for					
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.						
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as	ad halance shoot works of art					
Ia	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of						
	the text of the footnote to its financial statements that describes these items.	public service, provide, in Fait XIV,					
h		alana abact werks of art historical					
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	· · · · · · · · · · · · · · · · · · ·					
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts					
	relating to these items:	•					
	(i) Revenues included in Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide					
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•					
a	Revenues included in Form 990, Part VIII, line 1	<b>■</b> %					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

**b** Assets included in Form 990, Part X

Schedule D (Form 990) 2011

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

132053 01-23-12

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
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 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: PRIOR TO SUBMISSION, THE IRS FORM
990 AND ALL SCHEDULES OR EXHIBITS THERETO SHALL BE REVIEWED BY THE
ORGANIZATIONS BOARD OF DIRECTORS AND THE CHIEF EXECUTIVE OFFICER. THE IRS
FORM 990 MAY BE FILED ONLY UPON PRESENTATION TO AND APPROVAL OF 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

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.

MINISTRIES AT WORK, INC.	27-0392335
FORM 990, PART VI, SECTION B, LINE 15: A SALARY COMPARISO	N AND/OR SURVEY
WILL BE USED TO BENCHMARK COMPENSATION FOR THE POSITION(S	). THE
COMPENSATION COMMITTEE WILL DETERMINE THE RELEVANT MARKET	DATA FOR THE
PRINCIPAL POSITIONS BY OBTAINING RELIABLE AND COMPARABLE	DATA FROM
PUBLISHED SURVEYS OF BOTH TAX-EXEMPT AND FOR-PROFIT COMPA	NIES FOCUSING ON
DATA FROM COMPARABLY ORGANIZED INSTITUTIONS WITH SIMILARL	Y SIZED BUDGETS.
MARKET INFORMATION FROM PUBLISHED NOT-FOR-PROFIT COMPENSA	TION SURVEYS SUCH
AS GUIDESTAR, INDUSTRY SPECIFIC REPORTS AND OTHER STUDIES	, PRIVATE
FOUNDATIONS, MARKET SEGMENTS AND OTHER PUBLISHED SURVEY D	ATA MAY BE USED AS
GUIDANCE. THIS DATA WILL BE USED TO FORM A MARKET COMPOS	ITE TO ASSESS THE
COMPETITIVENESS OF COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS	GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE P	UBLIC UPON
REQUEST.	