

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)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A through L containing organization details: Name (FELLOWSHIP OF THE SWORD INC), EIN (02-0664475), Address (P O BOX 649, Keller TX 76244), and Website (FELLOWSHIPOTTHESWORD.COM).

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

Main table with 21 rows detailing revenue (Total revenue: 475,688) and expenses (Total expenses: 275,394), resulting in a net asset increase of 200,294.

SCANNED JUN 30 2006

RECEIVED MAY 18 2006 OGDEN, UT

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule) . .	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	82,370	82,370	
27	Pension plan contributions	27	16,500	16,500	
28	Other employee benefits.	28	52,493	52,493	
29	Payroll taxes	29	2,657	2,657	
30	Professional fundraising fees	30			
31	Accounting fees	31	1,200	1,200	
32	Legal fees	32	1,289	1,289	
33	Supplies	33	3,859	3,859	
34	Telephone	34	3,125	3,125	
35	Postage and shipping	35	3,805	1,903	1,902
36	Occupancy	36	5,183	5,183	
37	Equipment rental and maintenance	37			
38	Printing and publications	38	1,998	999	999
39	Travel	39	12,214	12,214	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	22,963	22,963	
43	Other expenses not covered above (itemize):				
a	See attachment #4	43a	65,738	34,361	28,839 2,538
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	275,394	235,502	34,453 5,439

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . Yes No
 If "Yes," enter (i) aggregate amount of these joint costs \$ _____; (ii) amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See attachment #5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a See attachment #6

(Grants and allocations \$) If this amount includes foreign grants, check here ►

235,502

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

235,502

Part IV Balance Sheets (See the instructions.)

		(A)		(B)		
		Beginning of year		End of year		
A S S E T S	45 Cash -- non-interest-bearing		163,041	45	12,398	
	46 Savings and temporary cash investments			46	164,199	
	47a Accounts receivable	47a	450			
	b Less: allowance for doubtful accounts	47b		47c	450	
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b		48c		
	49 Grants receivable			49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b		51c		
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges			53		
	54 Investments -- securities (attach schedule) #7		<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	20,995	54	25,948
	55a Investments -- land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b		55c		
	56 Investments -- other (attach schedule) #8			100,000	56	
	57a Land, buildings, and equipment: basis #9	57a	258,913			
	b Less: accumulated depreciation (attach schedule)	57b	46,397	61,151	57c	212,516
58 Other assets (describe ▶ _____)				58		
59 Total assets (must equal line 74). Add lines 45 through 58			345,187	59	415,511	
L I A B I L I T I E S	60 Accounts payable and accrued expenses		10,029	60	6,406	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe ▶ _____)			65		
	66 Total liabilities. Add lines 60 through 65			10,029	66	6,406
N E T A S S E T S F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			67		
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			335,158	72	409,105
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			335,158	73	409,105
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73			345,187	74	415,511

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 4		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	N/A
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A		
90a	List the states with which a copy of this return is filed ▶ N/A		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b N/A		
91a	The books are in care of ▶ See attachment #10 Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments				2,968	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					244,599
102 Gross profit or (loss) from sales of inventory					7,446
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		2,968	252,045
105 Total (add line 104, columns (B), (D), and (E))					255,013

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, in its entirety, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here

Signature of officer: *W. E. Boyd*

Type or print name and title: *W. E. Boyd, Director*

Paid Preparer's Use Only

Preparer's signature: *W. E. Boyd*

Firm's name (or yours if self-employed), address, and ZIP + 4: *W E TEED BOYD CPA
PO BOX 649
Keller TX 76244*

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization
FELLOWSHIP OF THE SWORD INC

Employer identification number
02-0664475

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #11				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	352,003	243,398	41,352		636,753
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,733	4,815			10,548
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	683	309			992
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets #12	256,866				256,866
23 Total of lines 15 through 22	615,285	248,522	41,352	0	905,159
24 Line 23 minus line 17	609,552	243,707	41,352		894,611
25 Enter 1% of line 23	6,153	2,485	414		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	17,892
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	28,167
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	894,611
d Add: Amounts from column (e) for lines: 18 <u>992</u> 19 <u> </u> 22 <u>256,866</u> 26b <u>28,167</u>	26d	286,025
e Public support (line 26c minus line 26d total)	26e	608,586
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	68.03 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain (if you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -- If the amount on line 40 is -- The lobbying nontaxable amount is -- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (I) Cash
- (II) Other assets

b Other transactions.

- (I) Sales or exchanges of assets with a noncharitable exempt organization
- (II) Purchases of assets from a noncharitable exempt organization
- (III) Rental of facilities, equipment, or other assets
- (IV) Reimbursement arrangements
- (V) Loans or loan guarantees
- (VI) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(I)		X
a(II)		X
b(I)		X
b(II)		X
b(III)		X
b(IV)		X
b(V)		X
b(VI)		X
c		X

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Desc. of transfers, transactions, & sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return FELLOWSHIP OF THE SWORD INC	Business or activity to which this form relates FOR FORM 990	Identifying number 02-0664475
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses.	1	105,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	16,807
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B -- Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		14,179	07	HY	200DB	2,026
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	04-2005	25,759	39 yrs.	MM	S/L	380
			39 yrs.	MM	S/L	

Section C -- Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (see instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instr.	22	19,213
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	3,750

LIST OF CONTRIBUTORS WHOSE TOTAL GIFTS EXCEED THE 2% LIMITATION

DO NOT FILE, KEEP FOR YOUR RECORDS - Sch A Page 3, Part IV-A, Line 26b

Keep for Your Records

Keep For Your Records	For Calendar year 2005, or tax year period beginning	and ending
Name of Organization FELLOWSHIP OF THE SWORD INC		Employer Identification Number 02-0664475

(a) Name	(b) 2001	(c) 2002	(d) 2003	(e) 2004	(f) Total	(g) Excess Contributions
W BOYD		1,200	3,460	8,360	13,020	
A O'MARY			24,525	200	24,725	6,833
S SELLERS				20,110	20,110	2,218
S SLAUGHTER			16,908	20,100	37,008	19,116
Total		1,200	44,893	48,770	94,863	28,167

SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES

Attachment 1: page 1 - 990, Page 1, Part I, line 9

Open to Public Inspection For Calendar year 2005, or tax year period beginning and ending

Name of Organization: FELLOWSHIP OF THE SWORD INC
 Employer Identification Number: 02-0664475

Event Name or Description	Nbr of Occasions	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
CHARITY GOLF CLASSIC	1	192,040		192,040	51,470	140,570
QUEST RETREATS	20	152,368		152,368	71,040	81,328
SPECIAL PROJECTS	1	87,379		87,379	66,494	20,885
NIGHTS OF PRAISE	4	7,004		7,004	5,188	1,816
Total		438,791		438,791	194,192	244,599

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 2: page 1 - 990 Page 1, Part I, line 10

Keep for Your Records

Open to Public Inspection	For calendar year 2005 or tax period beginning _____ , and ending _____		
Name of Organization FELLOWSHIP OF THE SWORD INC			Employer Identification Number 02-0664475

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
PRODUCTS	22,321	14,875	7,446
Total	22,321	14,875	7,446

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 3: page 1 - 990 Page 1, Part I, Line 20

Not Open to Pub Inspection	For calendar year 2005 or tax period beginning	, and ending
Name of Organization FELLOWSHIP OF THE SWORD INC		Employer Identification Number 02-0664475

Description of Changes	Total Amount
PRIOR PERIOD ADJUSTMENTS	-126,347
Total	-126,347

SCHEDULE OF OTHER EXPENSES

Attachment 4: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2005 or tax period beginning _____ , and ending _____		
Name of Organization FELLOWSHIP OF THE SWORD INC			Employer Identification Number 02-0664475

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
BANK FEES	10		10	
CREDIT CARD FEES	2,444		2,444	
BOARD MEETING	883		883	
BUS EXPENSES	20,098		20,098	
APPRECIATION DINNER	2,538			2,538
AUTO EXPENSES	4,107	4,107		
COMPUTER EXPENSES	2,729	2,729		
CONTRACT LABOR	9,678	9,678		
DONATIONS	12,000	12,000		
ENTERTAINMENT	1,432	1,432		
MEALS-BOARD & STAFF	140		140	
GIFTS-BOARD & STAFF	1,390		1,390	
MISCELLANEOUS	2,348	2,348		
MEETINGS	900	900		
OFFICE EXPENSES	3,874		3,874	
WEB SITE & INTERNET	1,167	1,167		
Total	65,738	34,361	28,839	2,538

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2005 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
FELLOWSHIP OF THE SWORD INC	02-0664475	

Primary Purpose

ENCOURAGE & ENABLE MEN & WOMEN TO FOLLOW THEIR CALLING OF JESUS CHRIST.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2005 or tax period beginning	, and ending
Name of Organization FELLOWSHIP OF THE SWORD INC		Employer Identification Number 02-0664475

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	235,502
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Exempt Purpose Achievements

BY COMMING AWAY WITH CHRIST FOR FIVE INTENSE DAYS OF GOD SEEKING, SELF-SEARCHING AND SPIRITUAL TRAINING, THE QUEST MINISTRY WORKS TO UNLOCK THE HEARTS OF MEN. WE SEEK THE HEART OF GOD KNOWING THAT IN HIS HEART WE WILL FIND OUR MANHOOD. WE SEEK TO BECOME WARRIOR-HEARTED MEN, FIGHTING FOR OUR WIVES, CHILDREN AND GENERATIONS TO COME. THE QUEST USES BIBLICAL TRUTHS TO SHOW MEN HOW TO HAVE LIFE TO THE FULLEST. OUR DESTINY IS FOUND IN UNLOCKING THE PASSIONATE HEART PLACED IN MEN FROM THE BEGINNING OF TIME.

SCHEDULE OF INVESTMENT SECURITIES

Attachment 7: page 1 - 990 Page 4, Part IV, Line 54

Open to Public Inspection For calendar year 2005 or tax period beginning , and ending

Name of Organization FELLOWSHIP OF THE SWORD INC	Employer Identification Number 02-0664475
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Description of Investment Security	Cost or FMV	EOY Book Value
DELL INC	20,995	20,995
MOTOROLA	4,953	4,953
Total		25,948

SCHEDULE OF OTHER INVESTMENTS

Attachment 8: page 1 - 990 Page 4, Part IV, Line 56

Open to Public

Inspection For calendar year 2005 or tax period beginning , and ending .

Name of Organization FELLOWSHIP OF THE SWORD INC	Employer Identification Number FELLOWSHIP OF THE SW
--	---

Description of Investment - Other	Cost or FMV	EOY Book Value
	Cos	
Total		

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

Attachment 9: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection For Calendar year 2005, or tax year period beginning and ending

Name of Organization: FELLOWSHIP OF THE SWORD INC
 Employer Identification Number: 02-0664475

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
RUIDOSO LAND	120,544		120,544	
WEBSITE	18,750	8,125	10,625	
RETIREMENT CENTER	25,759	380	25,379	
FURNITURE & FIXTURES	13,884	1,984	11,900	
OFFICE EQUIPMENT	28,855	16,394	12,461	
TRANSPORTATION EQUIPMENT	37,275	16,123	21,152	
EQUIPMENT	13,846	3,391	10,455	
Total	258,913	46,397	212,516	

BOOKS ARE IN CARE OF

Attachment 10: page 0 - 990 Page 7, Part VI, Line 91a

	For calendar year 2005 or tax period beginning	Attac, and ending
Name of Organization	Employer Identification Number	
FELLOWSHIP OF THE SWORD INC	02-0664475	
Part VI - Line 91a		

Individual Name W. E. TEED BOYD
or
Business Name.

Street Address PO BOX 649 KELLER TEXAS

U.S. Address:

Zip code 76244 City _____ State _____

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (817) 427-4325

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

Attachment 11: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2005 or tax period beginning _____, and ending _____			
Name of Organization			Employer Identification Number	
FELLOWSHIP OF THE SWORD INC			02-0664475	

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
RICHARD L HENDERSON 9510 PARK DRIVE FORT WORTH, TX 76179	FOUNDER/CEO 80.00	43,000	10,000	31,800
PAUL J PANQUERNE 5916 ROBIN DRIVE WATAUGA, TX 76148	DIRECTOR OF QUEST MI 80.00	30,170	6,500	15,180

SCHEDULE OF OTHER INCOME

Attachment 12: page 1 Sch A Page 3, Part IV-A, Line 22, Other Income

Open to Public Inspection For Calendar year 2005, or tax year period beginning and ending

Name of Organization FELLOWSHIP OF THE SWORD INC **Employer Identification Number** 02-0664475

Other Income Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
SPECIAL PROJECT-LOI	108,881				108,881
CHARITY GOLF CLASSIC	99,725				99,725
GHLU CONCERT	48,260				48,260
Total	256,866				256,866

2005 DETAIL STATEMENTS

FELLOWSHIP OF THE SWORD INC
02-0664475

STATEMENT #1 - Direct Public Support-Cash (990-EO PG 1)

INDIVIDUALS.....	108,790
MINISTRIES.....	2,000
CHURCHES.....	2,300
APPRECIATION DINNER.....	710

TOTAL CARRIED TO 990-EO PG 1..... 113,800

STATEMENT #2 - Program Services (990-EO PG 2)

HEALTH INSURANCE.....	5,513
HOUSING.....	46,980

TOTAL CARRIED TO 990-EO PG 2..... 52,493

STATEMENT #3 - Program Services (990-EO PG 2)

RENT.....	851
UTILITIES.....	1,127
PROPERTY TAXES.....	3,205

TOTAL CARRIED TO 990-EO PG 2..... 5,183
