

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)

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

A For the 2006 calendar year, or tax year beginning 2006, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: FELLOWSHIP OF THE SWORD INC. D Employer identification number: 02-0664475. E Telephone number: (817) 427-4325. F Acctg. method: Cash, Accrual, Other.

G Website: FELLOWSHIP OF THE SWORD.COM. H & I are not applicable to sec. 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527. K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

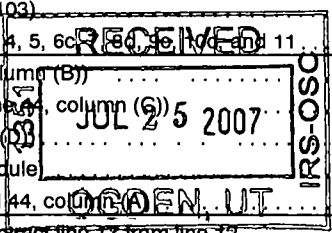
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,014,557. M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis & sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss) Combine line 8c, columns (A) and (B); 9 Special events and activities (attach schedule); 9a Gross revenue (not including \$ of contributions reported on line 1b); 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue (from Part VII, line 103); 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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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
22a	Grants paid from donor advised funds (attach sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule) . .				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	152,468	152,468		
27	Pension plan contributions not included on lines 25a, b, and c	14,000	14,000		
28	Employee benefits not included on lines 25a - 27. .	101,310	101,310		
29	Payroll taxes	1,603	1,603		
30	Professional fundraising fees				
31	Accounting fees	250		250	
32	Legal fees	682		682	
33	Supplies				
34	Telephone	9,819		9,819	
35	Postage and shipping	6,003	3,001		3,002
36	Occupancy	5,770	5,770		
37	Equipment rental and maintenance	157	157		
38	Printing and publications	3,409	1,704		1,705
39	Travel	3,100	3,100		
40	Conferences, conventions, and meetings	320		320	
41	Interest				
42	Depreciation, depletion, etc (attach schedule) . .	44,617	44,617		
43	Other expenses not covered above (itemize):				
a	See attachment #3	139,374	43,575	95,799	
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	482,882	371,305	106,870	4,707

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? ▶ <u>See attachment #4</u>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
<p>a <u>See attachment #5</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	371,305
<p>b</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	371,305

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
A S S E T S	45	Cash -- non-interest-bearing	12,398	45	172,015	
	46	Savings and temporary cash investments	164,199	46		
	47a	Accounts receivable	16,610			
	b	Less: allowance for doubtful accounts		450	47c	16,610
	48a	Pledges receivable				
	b	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	8,470
	53	Prepaid expenses and deferred charges			53	
	54a	Investments -- publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b	Investments -- other securities (attach schedule) #6	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	25,948
55a	Investments -- land, buildings, and equipment: basis					
b	Less: accumulated depreciation (attach schedule)			55c		
56	Investments -- other (attach schedule)			56		
57a	Land, buildings, and equipment: basis #7	654,931				
b	Less: accumulated depreciation (attach schedule)			57c	570,766	
58	Other assets, including program-related investments (describe ► _____)			58		
59	Total assets (must equal line 74) Add lines 45 through 58 ..	177,047	59	793,809		
L I A B I L I T I E S	60	Accounts payable and accrued expenses	6,406	60	14,157	
	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	6,406	66	14,157		
N E T A S S E T S O R 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	409,105	72		
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	409,105	73	0		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73 ..	415,511	74	14,157		

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
See attachment #8				

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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
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 (if not paid, enter -0-)	(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 make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	N/A
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? 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.		X
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?	85g	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? . . .	85h	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
88a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	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	89b	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		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . .	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
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, 2006 (See instructions.)	90b	N/A
91a	The books are in care of ▶ See attachment #9 Telephone no ▶ Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? ... 91c Yes No 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 ... and enter the amount of tax-exempt interest received or accrued during the tax year ... 92

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Excl. code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue (a-e), 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate (a-b), 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, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a, b See attachment #10, c, d, e, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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)

Table with 2 columns: 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)

Table with 5 columns: (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

(a) Did organization, during the year, receive any funds, directly or ind
(b) Did the organization, during the year, pay premiums, directly or ind
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

Please Sign Here

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

Signature of officer: Richard Henderson Date: 7/20/07

Type or print name and title: RICHARD HENDERSON, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: W E Teed Date: 6/5/07 Check if self-employed:

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

Preparer's SSN or PTIN (See Gen. Inst. X): EIN: Phone no.: 817-427-4325

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

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

Supplementary Information — (See separate instructions.)

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) 2006

Part III Statements About Activities (See the instructions.)

	Yes	No
<p>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.)</p> <p>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.</p>	1	X
<p>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)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>		0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>		0

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

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization
 Type I Type II Type III -- Functionally Integrated Type III -- Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	659,466	352,003	243,398	41,352	1,296,219
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	22,321	5,733	4,815		32,869
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.	2,968	683	309		3,960
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					
23 Total of lines 15 through 22	684,755	358,419	248,522	41,352	1,333,048
24 Line 23 minus line 17.	662,434	352,686	243,707	41,352	1,300,179
25 Enter 1% of line 23.	6,848	3,584	2,485	414	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	26,004
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	22,754
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	1,300,179
d Add: Amounts from column (e) for lines: 18 <u>3,960</u> 19 _____ 22 _____ 26b <u>22,754</u>		26d	26,714
e Public support (line 26c minus line 26d total)		26e	1,273,465
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	97.95 %

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: (2005) _____ (2004) _____ (2003) _____ (2002) _____	
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____		
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 2002 through 2005, 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.

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
---	--	---

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	108,000
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	430,000
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	108,000
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 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	108,000
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 2007. 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 qualified New York Liberty or Gulf Opportunity 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 2006	17	13,812
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 2006 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		123,841	05	HY	200DB	24,769
c 7-year property		11,762	07	HY	200DB	1,680
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	11-2006	188,840	27.5 yrs.	MM	S/L	606
			39 yrs.	MM	S/L	

Section C -- Assets Placed in Service During 2006 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 instructions	22	40,867
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 qualified New York Liberty or Gulf Opportunity 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:
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.

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
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? Yes No
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 2006 tax year (see instructions)
43 Amortization of costs that began before your 2006 tax year 43 3,750
44 Total. Add amounts in column (f). See the instructions for where to report 44 3,750

SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES

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

Open to Public Inspection For Calendar year 2006, 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	196,680		196,680	55,636	141,044
QUEST RETREATS	34	234,148		234,148	114,107	120,041
VISION CASTING	1	2,150		2,150	4,948	-2,798
Total		432,978		432,978	174,691	258,287

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 2006 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)
CLOTHING & OTHER PRODUCTS	13,257	7,442	5,815
Total	13,257	7,442	5,815

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2006 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
Development	400		400	
DUES & SUBSCRIPTIONS	535		535	
TRAINING	1,469		1,469	
BANK FEES	888		888	
CREDIT CARD FEES	6,469		6,469	
BOARD MEETING	6		6	
AUTOMOBILE	3,407		3,407	
BUS EXPENSES	22,218	22,218		
REIMBURSEMENTS	366		366	
COMPUTER EXPENSES	5,898		5,898	
CONTRACT LABOR	6,810	6,810		
GIFTS-MINISTRIES	12,550	12,550		
GIFTS-OTHER	59,127		59,127	
OFFICE EXPENSES	10,689		10,689	
STORAGE	695		695	
MEALS & ENTERTAINMENT	4,094		4,094	
SALES TAXES	1,756		1,756	
VIDEO & AUDIO PRODUCTION	1,619	1,619		
WEBSITE	155	155		
LICENSES & PERMITS	223	223		
Total	139,374	43,575	95,799	

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 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 5: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 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 371,305

Exempt Purpose Achievements

BY COMING AWAY WITH JESUS CHRIST FOR FIVE INTENSE DAYS OF GOD SEEKING, SELF-SEARCHING AND SPIRITUAL TRAINING, THE QUEST MINISTRY WORKS TO UNLOCK THE HEARTS OF MEN & WOMEN. 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 ITS FULLEST. OUR DESTINY IS FOUND IN UNLOCKING THE PASSIONATE HEART PLACED IN MEN FROM THE BEGINNING OF TIME. THE EXACT NUMBER OF INDIVIDUALS BENEFITED IS NOT KNOWN SINCE MANY MEN, WOMEN, CHILDREN, FAMILY AND FRIENDS ARE EMPACTED BY THE CHANGED LIVES OF THOSE WHO ATTEND A QUEST.

SCHEDULE OF INVESTMENT SECURITIES

Attachment 6: page 1 - 990 Page 4, Part IV, Line 54

Open to Public Inspection	For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization FELLOWSHIP OF THE SWORD INC	Employer Identification Number 02-0664475	

Description of Investment Security	Cost or FMV	EOY Book Value
DELL INC	Cos	20,995
MOTOROLA	Cos	4,953
Total		25,948

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

Attachment 7: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection	For Calendar year 2006, or tax year period beginning	and ending
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Name of Organization FELLOWSHIP OF THE SWORD INC	Employer Identification Number 02-0664475
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Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
1987 BUS	22,500	12,660	9,840	
1994 FORD VAN	10,980	7,122	3,858	
1995 SETRA BUS	58,000	11,600	46,400	
3 DELL COMPUTERS	1,998	400	1,598	
3 DELL LAPTOPS	4,603	921	3,682	
BUS A-V UPGRADE	295	114	181	
COMPUTER UP GRADE	376	212	164	
COMPUTER	1,796	359	1,437	
DELL COMPUTER	545	109	436	
DELL LAPTOP	1,657	1,318	339	
EQUIPMENT-BOENKER	11,060	1,580	9,480	
FORD PICKUP F-250	35,000	7,000	28,000	
HARD DRIVE	207	168	39	
HONDA ELEMENT	21,899	4,380	17,519	
LASER PRINTER	40	33	7	
LIGHTING EQUIPMENT	4,000	2,906	1,094	
MATTRESSES	13,884	5,384	8,500	
METAL SHELVES	241	162	79	
NIKON DIGITAL CAMERA	303	43	260	
POWER WASHER	399	57	342	
PROJECTOR	4,135	2,789	1,346	
SILVER CREEK BLDGS	188,840	606	188,234	
SILVER CREEK LAND	235,224		235,224	
SOUND EQUIPMENT	14,420	10,229	4,191	
SOUND SYSTEM	3,200	1,801	1,399	
TWO TABLES	137	89	48	
VIDEO CAMERA	442	248	194	
WEBSITE	18,750	11,875	6,875	
Total	654,931	84,165	570,766	

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2006 or tax period beginning _____, and ending _____
---------------------------	--

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

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp	(E) Expense Account & Other Allowances
RICHARD HENDERSON 9510 PARK DRIVE Fort Worth, TX 76179	CEO/FOUNDER 60.00	0	0	0
PAUL PANQUERNE	QUEST ADMINISTRATOR	0	0	0

BOOKS ARE IN CARE OF

Attachment 9 - 990 Page 7, Part VI, Line 91a

For calendar year 2006 or tax period beginning		, and ending	
Name of Organization FELLOWSHIP OF THE SWORD INC		Employer Identification Number 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

Fax Number (817) 427-9509

SCHEDULE OF OTHER REVENUE

Attachment 10: page 1 - 990 Page 8, Part VII, Line 103

Open to Public Inspection	For calendar year 2006 or tax period beginning	, and ending
---------------------------	--	--------------

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

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl code	(d) Amount	
a	MISCELLANEOUS					
		Totals				

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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

Open to Public Inspection	For calendar year 2006 or tax period beginning _____, and ending _____
Name of 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

(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	44,339	10,000	48,000
PAUL J PANQUERNE 5916 ROBIN DRIVE WATAUGA, TX 76148	DIRECTOR OF QUEST MI 60.00	26,660	4,000	30,840

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 2006, or tax year period beginning	and ending
Name of Organization FELLOWSHIP OF THE SWORD INC		Employer Identification Number 02-0664475

Other Income Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

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 2006, or tax year period beginning	and ending
Name of Organization FELLOWSHIP OF THE SWORD INC		Employer Identification Number 02-0664475

(a) Name	(b) 2002	(c) 2003	(d) 2004	(e) 2005	(f) Total	(g) Excess Contributions
G & D BOENKER				5,000	5,000	
W & L BOYD	1,200	3,460	8,360	12,095	25,115	
J & B BROCK				15,500	15,500	
A O'MARY		24,525	200	275	25,000	
S SELLERS			20,110		20,110	
S SLAUGHTER		16,908	20,100	11,750	48,758	22,754
Total	1,200	44,893	48,770	44,620	139,483	22,754

2006 DETAIL STATEMENTS

FELLOWSHIP OF THE SWORD INC
02-0664475

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

INDIVIDUALS.....	409,124
CHURCHES.....	54,025
SCHOLARSHIPS.....	17,987

TOTAL CARRIED TO 990-EO PG 1..... 481,136

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

HEALTH INSURANCE.....	13,593
HOUSING.....	78,840
AUTO ALLOWANCE.....	8,877

TOTAL CARRIED TO 990-EO PG 2..... 101,310

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

BUILDING REPAIRS.....	58
UTILITIES.....	4,883
SECURITY.....	679
CLEANING.....	150

TOTAL CARRIED TO 990-EO PG 2..... 5,770
