

**Return of Organization Exempt From Income Tax**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization WALK-ABOUT-MINISTRY, INC.		<b>D</b> Employer identification number 31-1734840
		Number and street (or P O box, if mail is not delivered to street address)		<b>E</b> Telephone number
		Room/suite 1993 DIPOL COURT		<b>F</b> Group Exemption Number ▶
		City, town, or country TITUSVILLE	State FL	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method  Cash  Accrual  
Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one)—  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 203,008

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	202,680
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	328
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	203,008
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	9,097
12		Salaries, other compensation, and employee benefits	12	77,566
13		Professional fees and other payments to independent contractors	13	1,655
14		Occupancy, rent, utilities, and maintenance	14	31,281
15		Printing, publications, postage, and shipping	15	2,817
16		Other expenses (describe ▶ See Attached Statement)	16	107,585
17	<b>Total expenses.</b> Add lines 10 through 16	17	230,001	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-26,993
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	60,900
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	33,907

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	81,449	22 48,480
23 Land and buildings	104,860	23 105,247
24 Other assets (describe ▶ See Attached Statement)	3,148	24 2,922
25 <b>Total assets</b>	189,457	25 156,649
26 <b>Total liabilities</b> (describe ▶ See Attached Statement)	128,557	26 122,742
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	60,900	27 33,907

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ STEPHEN A. GROSS Telephone no ▶ 321-269-1200 Located at ▶ 1993 DIPOL COURTWAY City, TITUSVILLE ST, FL ZIP + 4 ▶ 32780		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving o

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

▶ *Stephen A Gross*  
Signature of officer

▶ Stephen A Gross PRES  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ *Stendin JS*

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALL STAR ACCOUNTING  
11 MAIN STREET SUITE 5, TITUS

May the IRS discuss this return with the preparer shown above? See

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

WALK-ABOUT-MINISTRY, INC.

Employer identification number

31-1734840

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ....
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	165,894	209,846	211,847	254,493	202,680	1,044,760
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	165,894	209,846	211,847	254,493	202,680	1,044,760
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						1,044,760

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	165,894	209,846	211,847	254,493	202,680	1,044,760
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .				117	328	445
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						1,045,205

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.96%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.99%
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

107,585

1	Travel	1	117
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	151
5	Conferences, conventions, and meetings	5	1,290
6	Depreciation	6	9,057
7	Depletion	7	
8	Equipment rental and maintenance	8	400
9	Interest	9	9,979
10	Supplies	10	15,208
11	Telephone	11	7,562
12	Unrelated business income taxes	12	
13	Vehicle expense	13	7,767
14	Bank charges	14	80
15	Books	15	660
16	Community assistance	16	17,378
17	Dues & subscriptions	17	465
18	Office supplies	18	3,937
19	Promotion	19	2,123
20	Taxes and licenses	20	3,960
21	Insurance	21	13,863
22	Repairs & maintenance	22	13,588
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	



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

3,148

2,922

Description		Beginning	End
1	LOAN RECEIVABLE	380	823
2	INTANGIBLE ASSETS-NET	2,250	2,099
3	PAYROLL TAXES RECEIVABLE	518	
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

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

128,557

122,742

Description		Beginning	End
1			
2	NOTES PAYABLE	128,557	122,742
3			
4			
5			
6			
7			
8			
9			
10			

**Assets by Classification - 990EZ**

12/31/2009 WALK-ABOUT-MINISTRY, INC 31-1734840

Item No	Description of Property *** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2009 Deprec	2009 Accum Deprec
<b>5-yr Computers (not listed)</b>															
27	COMPUTER	4/8/2008	F-5	100 00%	655		328		327	5	200DB	HY	393	105	498
Total 5-yr Computers and peripherals (not listed proper					655		328		327				393	105	498
<b>5-yr Office mach (data handling)</b>															
1	PRINTER	8/1/2000	F-6	100 00%	515		515			5	200DB	HY	515		515
3	COPIER	9/14/2001	F-6	100 00%	550		550			5	200DB	HY	550		550
4	PRINTER	4/4/2002	F-6	100 00%	636			191	445	5	200DB	HY	635		635
5	COMPUTER	4/29/2002	F-6	100 00%	1,036			311	725	5	200DB	HY	1,036		1,036
21	FAX/PRINTER	7/5/2006	F-6	100.00%	315				315	5	200DB	HY	224	36	260
23	CHURCH EQUIP	11/14/2006	F-6	100 00%	252				252	5	200DB	HY	179	29	208
24	COPIER	11/20/2006	F-6	100.00%	1,000				1,000	5	200DB	HY	712	115	827
Total 5-yr Office machinery (data-handling equipment, e					4,304		1,065		502				3,851	180	4,031
<b>7-yr Genl purp tools, mach, equip</b>															
6	MOWER	7/23/2002	F-10	100 00%	351		105		246	7	200DB	HY	340	11	351
7	FREEZER	9/18/2002	F-10	100 00%	279		84		195	7	200DB	HY	269	9	278
9	RIDING MOWER	9/24/2003	F-10	100 00%	898		449		449	7	200DB	HY	838	40	878
10	GENERATOR	9/27/2004	F-10	100.00%	250		125		125	7	200DB	HY	223	11	234
12	WATER HEATER	12/9/2004	F-10	100 00%	315		158		157	7	200DB	HY	279	14	293
17	WASHER/REFRIG	2/2/2005	F-10	100 00%	422				422	7	200DB	HY	290	38	328
19	SOUND EQUIP	4/29/2005	F-10	100 00%	2,536				2,536	7	200DB	HY	1,744	226	1,970
20	SOUND EQUIP	4/20/2006	F-10	100 00%	244				244	7	200DB	HY	138	30	168
22	LAWN EQUIP	10/9/2006	F-10	100 00%	629				629	7	200DB	HY	354	79	433
25	RANGE	1/8/2007	F-10	100 00%	146		146			7	200DB	HY	146		146
Total 7-yr General purpose tools, machinery, and equip					6,070		146		921				4,621	458	5,079
<b>7-yr Office furn, fixtures, equip</b>															
2	OFFICE FURNITURE	7/1/2000	F-11	100 00%	606		606			7	200DB	HY	606		606
11	TV	11/4/2004	F-11	100 00%	360		180		180	7	200DB	HY	319	16	335
16	MUSICAL EQUIP	1/6/2005	F-11	100 00%	350				350	7	200DB	HY	241	31	272
18	ALARM SYSTEM	4/12/2005	F-11	100 00%	884				884	7	200DB	HY	607	79	686
Total 7-yr Office furniture, fixtures and equipment					2,200		606		180				1,773	126	1,899
<b>15-yr Qual leasehold improvement prop</b>															
30	IMPROVEMENTS	1/16/2009	R-7	100 00%	9,444		4,722		4,722	15	SL/GDS	HY		157	4,879
Total 15-yr Qual LH improv					9,444		4,722		4,722					157	4,879
<b>39-yr Nonresidential real estate</b>															
13	116 BLDG	8/3/2004	R-5	100 00%	20,267				20,267	39	SL/GDS	MM	2,275	520	2,795
14	109 BLDG	8/3/2004	R-5	100 00%	20,762				20,762	39	SL/GDS	MM	2,328	532	2,860
26	1116 BLDG	12/19/2008	R-5	100 00%	62,346				62,346	39	SL/GDS	MM	67	1,599	1,666
Total 39-yr Nonresidential and commercial real estate					103,375				103,375				4,670	2,651	7,321
<b>5-yr Pass veh (excl some trks/vans)</b>															
8	VAN	7/9/2003	V-5	100 00%	320		160		160	5	200DB	HY	319	1	320
15	TOYOTA	6/9/2004	V-5	100 00%	22,810		10,610		12,200	5	200DB	HY	19,484	657	20,141
Total 5-yr Passenger vehicles (excluding certain trucks					23,130		10,770		12,360				19,803	658	20,461

**Amort - 197 - Intangible costs**

28	LOAN COSTS	12/8/2008	Z-9	100 00%	600	600	15	SL	FM	3	40	43
29	CLOSING COSTS	12/8/2008	Z-9	100 00%	1,662	1,662	15	SL	FM	9	111	120
Total Amortization - 197 - Intangibles (goodwill, etc )					<u>2,262</u>	<u>2,262</u>				<u>12</u>	<u>151</u>	<u>163</u>
SubTotals					151,440	1,817	17,423			35,123	4,486	44,331
Less Assets Sold												
Ending Totals					<u>151,440</u>	<u>1,817</u>	<u>17,423</u>			<u>35,123</u>	<u>4,486</u>	<u>44,331</u>

**BOARD OF DIRECTORS**  
**Walk-About-Ministry, Inc. .**

NAME	POSITION	TIME DEVOTED	ANNUAL SALARY
Rev. Stephen A. Gross 1593 Dipol Ctway Titusville FL 32780	President	100	\$ 11,400
George F. Taylor 1593 Dipol Ctway Titusville FL 32780	Vice President	15	\$0
Linda M. Gross 1593 Dipol Ctway Titusville FL 32780	Secretary/Treasurer	100	\$ 24,044
Deborah A. Donaldson 2165 Heritage Drive Titusville FL 32780	Director	15	\$0
Rev. Danny Daniels, Jr. 1508 Lema Drive Titusville FL 32780	Director	15	\$0
Randy Wilhoft 2305 Heritage Drive Titusville FL 32780	Director	15	\$0

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>WALK-ABOUT-MINISTRY, INC</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>31-1734840</b>
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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 . . . . .	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions). . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	250,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562. . . . .	<b>10</b>	696
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	696

*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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	4,722
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

### 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 2009 . . . . .	<b>17</b>	3,520
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 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		4,722	15	HY	S/L	157
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

#### Section C - Assets Placed in Service During 2009 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 . . . . .	<b>21</b>	658
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 . . . . .	<b>22</b>	9,057
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**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 the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for dep- reciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed 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:									
TOYOTA	6/9/2004	100.00%	22,810	12,200	5	200DB - HY	657		
VAN	7/9/2003	100.00%	320	160	5	200DB - HY	1		
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	658	
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)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		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	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 2009 tax year (see instructions):						
43 Amortization of costs that began before your 2009 tax year . . . . .					43	151
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44	151