

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

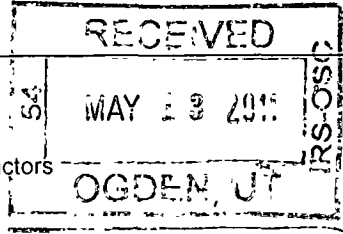
A For the 2010 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WALK-ABOUT-MINISTRY, INC		D Employer identification number 31-1734840
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
	1993 DIPOL COURT		
	City or town	state or country	ZIP + 4
	TITUSVILLE	FL	32780
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input type="checkbox"/> 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) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **191,777**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED JUN 01 2011

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	191,748
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	29
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	191,777
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	7,364
12 Salaries, other compensation, and employee benefits	12	78,861	
13 Professional fees and other payments to independent contractors	13	2,419	
14 Occupancy, rent, utilities, and maintenance	14	28,096	
15 Printing, publications, postage, and shipping	15	2,979	
16 Other expenses (describe in Schedule O)	16	75,238	
17 Total expenses. Add lines 10 through 16	17	194,957	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,180
	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	33,907
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,727



3

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	48,480	22	41,794
23 Land and buildings	105,247	23	100,888
24 Other assets (describe in Schedule O)	2,922	24	2,884
25 Total assets	156,649	25	145,566
26 Total liabilities (describe in Schedule O)	122,742	26	114,839
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,907	27	30,727

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROMOTE SPIRITUAL AWARENESS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>PROMOTING SPIRITUAL AND SOCIAL AWARENESS PROVIDING FINANCIAL AID AND EDUCATION AND TRAINING TO NEEDY FAMILIES IN THE AREA</u>	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	194,957
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)		32	194,957

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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	(e) Expense account and other allowances
STEPHEN A GROSS 1993 DIPOL COURTWAY TITUSVILLE FL 32780	Title P Hr/WK 40 00	10,600		940
LINDA M GROSS 1993 DIPOL COURTWAY TITUSVILLE FL 32780	Title S/T Hr/WK 40 00	21,629		14,743
GEORGE F TAYLOR 1560 BAHAMA DRIVE TITUSVILLE FL 32780	Title VP Hr/WK 20 00	0		
DEBORAH A DONALDSON 2165 HERITAGE DRIVE TITUSVILLE FL 32780	Title D Hr/WK 15 00	0		
DANNY DANIELS JR 1508 LEMA DRIVE TITUSVILLE FL 32780	Title D Hr/WK 15 00	0		
RANDY WILHOIT 2305 HERITAGE DRIVE TITUSVILLE FL 32780	Title D Hr/WK 15 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		X
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 <input type="text" value="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 tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
41	List the states with which a copy of this return is filed <input type="text"/>		
42 a	The organization's books are in care of <input type="text" value="STEPHEN A. GROSS"/> Telephone no <input type="text" value="321-269-1200"/> Located at <input type="text" value="1993 DIPOL COURTWAY"/> City <input type="text" value="TITUSVILLE"/> ST <input type="text" value="FL"/> ZIP + 4 <input type="text" value="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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			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 <input type="text"/>		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 <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

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


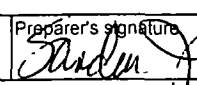
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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 over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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) if other than preparer has signed return.

Sign Here	 Signature of officer	
	STEPHEN A. GROSS Type or print name and title	
Paid Preparer's Use Only	Print/Type preparer's name SANDRA SOUZA	Preparer's signature 
	Firm's name ▶ ALL STAR ACCOUNTING	
	Firm's address ▶ 11 MAIN STREET SUITE 5, TITUSVILLE, FL 32781	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	209,846	211,847	254,493	202,680	191,748	1,070,614
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 Total. Add lines 1 through 3	209,846	211,847	254,493	202,680	191,748	1,070,614
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 Public support. Subtract line 5 from line 4						1,070,614

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	209,846	211,847	254,493	202,680	191,748	1,070,614
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	117	328	29	474
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11 Total support. Add lines 7 through 10						1,071,088
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.96%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.96%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 stop here. 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 10%-facts-and-circumstances test—2009. 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 stop here. 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 Private foundation. 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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0					0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0					0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 Total Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 00%

- 19a 33 1/3% support tests—2010. 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—2009. 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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

WALK-ABOUT-MINISTRY, INC

31-1734840

Form 990-EZ, Part I, Line 16, Other Expenses Travel 25

Form 990-EZ, Part I, Line 16, Other Expenses Amortization 151

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,531

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 6,834

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 300

Form 990-EZ, Part I, Line 16, Other Expenses Interest 4,958

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 10,520

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 7,739

Form 990-EZ, Part I, Line 16, Other Expenses Vehicle expense 5,607

Form 990-EZ, Part I, Line 16, Other Expenses Bank charges 126

Form 990-EZ, Part I, Line 16, Other Expenses Books 832

Form 990-EZ, Part I, Line 16, Other Expenses Community assistance 11,233

Form 990-EZ, Part I, Line 16, Other Expenses Dues & subscriptions 372

Form 990-EZ, Part I, Line 16, Other Expenses Office supplies 2,795

Form 990-EZ, Part I, Line 16, Other Expenses Promotion 2,187

Form 990-EZ, Part I, Line 16, Other Expenses Taxes and licenses 3,813

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 12,598

Form 990-EZ, Part I, Line 16, Other Expenses Storage Rent 2,418

Form 990-EZ, Part I, Line 16, Other Expenses Uniforms 199

Form 990-EZ, Part II, Line 24, Other Assets LOAN RECEIVABLE Beginning of year 823, End of
year 823

Form 990-EZ, Part II, Line 24, Other Assets INTANGIBLE ASSETS-NET Beginning of year 2,099,
End of year 1,948

Form 990-EZ, Part II, Line 24, Other Assets DEPOSITS Beginning of year 0, End of year 113

Form 990-EZ, Part II, Line 26, Liabilities PAYROLL TAXES PAYABLE Beginning of year 0, End
of year 305

Form 4562 Statement - 990EZ

12/31/2010

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2010 Deprec	2010 Accum Deprec
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Depreciation Detail**MACRS deductions for prior years (Line 17)**

9	RIDING MOWER	9/24/2003	F-10	100 00%	898	0	0	449	0	449	7	200DB	HY	878	20	898
13	116 BLDG	8/3/2004	R-5	100 00%	20,267	0	0	0	0	20,267	39	SL/GDS	MM	2,795	520	3,315
14	109 BLDG	8/3/2004	R-5	100 00%	20,762	0	0	0	0	20,762	39	SL/GDS	MM	2,860	532	3,392
10	GENERATOR	9/27/2004	F-10	100 00%	250	0	0	125	0	125	7	200DB	HY	234	11	245
11	TV	11/4/2004	F-11	100 00%	360	0	0	180	0	180	7	200DB	HY	335	16	351
12	WATER HEATER	12/9/2004	F-10	100 00%	315	0	0	158	0	157	7	200DB	HY	293	14	307
16	MUSICAL EQUIP	1/6/2005	F-11	100 00%	350	0	0	0	0	350	7	200DB	HY	272	31	303
17	WASHER/REFRIG	2/2/2005	F-10	100 00%	422	0	0	0	0	422	7	200DB	HY	328	38	366
18	ALARM SYSTEM	4/12/2005	F-11	100 00%	884	0	0	0	0	884	7	200DB	HY	686	79	765
19	SOUND EQUIP	4/29/2005	F-10	100 00%	2,536	0	0	0	0	2,536	7	200DB	HY	1,970	226	2,196
20	SOUND EQUIP	4/20/2006	F-10	100 00%	244	0	0	0	0	244	7	200DB	HY	168	22	190
21	FAX/PRINTER	7/5/2006	F-6	100 00%	315	0	0	0	0	315	5	200DB	HY	260	36	296
22	LAWN EQUIP	10/9/2006	F-10	100 00%	629	0	0	0	0	629	7	200DB	HY	433	56	489
23	CHURCH EQUIP	11/14/2006	F-6	100 00%	252	0	0	0	0	252	5	200DB	HY	208	29	237
24	COPIER	11/20/2006	F-6	100 00%	1,000	0	0	0	0	1,000	5	200DB	HY	827	115	942
27	COMPUTER	4/8/2008	F-5	100 00%	655	0	0	328	0	327	5	200DB	HY	498	63	561
26	1116 BLDG	12/19/2008	R-5	100 00%	62,346	0	0	0	0	62,346	39	SL/GDS	MM	1,666	1,599	3,265
30	IMPROVEMENTS	1/16/2009	R-7	100 00%	9,444	0	0	4,722	0	4,722	15	SL/GDS	HY	4,879	315	5,194
Total MACRS deductions for prior years (Line 17)					121,929	0	0	5,962	0	115,967				19,590	3,722	23,312

GDS 5-year property (Line 19b)

32	LAPTOP	7/21/2010	F-5	100 00%	1,905	0	0	953	0	952	5	200DB	HY	0	190	1,143
Total GDS 5-year property (Line 19b)					1,905	0	0	953	0	952				0	190	1,143

GDS 15-year property (Line 19e)

31	A/C	4/26/2010	R-7	100 00%	570	0	0	285	0	285	15	SL/GDS	HY	0	9	294
Total GDS 15-year property (Line 19e)					570	0	0	285	0	285				0	9	294

Subtotal Depreciation

124,404	0	0	7,200	0	117,204	19,590	3,921	24,749
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Listed Property**Listed property with more than 50% business use (Line 25 and 26)**

15	TOYOTA	6/9/2004	V-5	100 00%	22,810	0	0	10,610	0	12,200	5	200DB	HY	20,141	1,675	21,816
8	VAN	7/9/2003	V-5	100 00%	320	0	0	160	0	160	5	200DB	HY	320	0	320
Total listed prop with > 50% business use					23,130	0	0	10,770	0	12,360				20,461	1,675	22,136

Subtotal Listed Property

23,130	0	0	10,770	0	12,360	20,461	1,675	22,136
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Total Amortization (Line 44)

28	LOAN COSTS	12/8/2008	Z-9	100 00%	600	0	0	0	0	600	15	SL	FM	43	40	83
29	CLOSING COSTS	12/8/2008	Z-9	100 00%	1,662	0	0	0	0	1,662	15	SL	FM	120	111	231
Total Total Amortization (Line 44)					2,262	0	0	0	0	2,262				163	151	314

Total Depreciation and Amortization

149,796	0	0	17,970	0	131,826	40,214	5,747	47,199
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Form 4562 Reconciliation

Annual depreciation and amortization	5,747
Special allowance except listed property (Line 14) - current year assets	1,238
Special allowance - listed property (Line 25) - current year assets	0

Form 4562 Statement - 990EZ

12/31/2010

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum Deprec , 179, Bonus	2010 Deprec	2010 Accum Deprec
	Section 179 deduction claimed (includes prior year disallowed)													696		
	Section 179 deduction carried forward to future year													696		
	Section 179 deduction (Line 12)															0
	Less amortization included in total annual depreciation and amortization (Line 44)															151
	Form 4562 , Line 22															6,834

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 WALK-ABOUT-MINISTRY, INC	Business or activity to which this form relates 990EZ	Identifying number 31-1734840
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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 instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,905
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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	500,000
6		
(a) Description of property	(b) Cost (business 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	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	696
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	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)	14	1,238
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 2010	17	3,722
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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (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		952	5	HY	200DB	190
c 7-year property						
d 10-year property						
e 15-year property		285	15	HY	S/L	9
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	
				MM	S/L	

Section C - Assets Placed in Service During 2010 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	1,675
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	6,834
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, 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? Yes No **24b** If "Yes," is the evidence written? Yes 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 depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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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	1,675	
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27 Property used 50% or less in a qualified business use

	%	S/L -

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28** 1,675

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29** 0

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)

	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
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42 Amortization of costs that begins during your 2010 tax year (see instructions)

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43 Amortization of costs that began before your 2010 tax year **43** 151

44 Total. Add amounts in column (f) See the instructions for where to report **44** 151