## Form **990**

## **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

A	For	the 2004 calen	dar year, o	or tax year beginning	, 20	04, and	ending			,	
В		k if applicable		C Name of organization				D Emp	oloyer Ide	ntification Number	
		Address change	Please use IRS label	THE POWER TEAM,	INC.			7.5	-279	4383	
	H	Name change	or print or type		ox if mail is not delivered to stree	et addr) F	Room/suite	E Tele	phone nu	mber	
	-	nitial return	See specific	P.O. BOX 816404				(9	72)	484-8333	
		final return	instruc- tions.	City, town or country	<del></del>	State ZIP	code + 4		ounting hod:	X Cash	Accrual
	-	Amended return	]	DALLAS		TX 7	5381-6404		Other (s		
	$\vdash$	Application pending	• Section	on 501(c)(3) organizations	<del></del>		H and I are not appli	cable to s			
	ш.	ppeper.eg	charit	table trusts must attach a	completed Schedule A	μ,	H (a) Is this a grou				X No
			•	1 990 or 990-EZ).			H (b) If 'Yes,' ente	-			ر کے
G	Web	site: > thep	owerte	am.com			H (C) Are all affilia	ates includ	led?	Yes	No
J		anization type					(If 'No,' atta			ctions )	
	<u> </u>	ck only one)		<del></del>	sert no ) 4947(a)(1) or	527	H (d) Is this a sep	arate retur	n filed by	an	
K			-	nization's gross receipts ar	-		organization		-	_	X No
	⊅∠ɔ, rece	,000 The organ erved a Form 99	nization ne 90 Packad	eed not file a return with the in the mail, it should file	e IRS, but if the organiza a return without financial	tion data	I Group Ex	emption	Numbe	<del></del>	<del></del>
		ne states requi					M Check ►	_		ation is not require	ed b
ī	Gros	s receipts Add	lines 6b,	8b, 9b, and 10b to line 12	<b>▶</b> 974,191.		to attach Sc		-	), 990-EZ, or 990-P	
Pa				ses, and Changes in		Balan	ices (See Instru	ictions)			
	1			ints, and similar amounts r	<del></del>			<u> </u>	A ***		
	á	Direct public	support			1 a	876	,023.			
	t	ndirect public	support			11	<del></del>				
		Government	contributio	ns (grants)		10			Sec.		
	C	Total (add lines la through 1c) (c	ash \$	nonce	ash \$		<u> </u>		1 d	876	,023.
	2			ue including government fe	es and contracts (from P	art VII, I	ine 93)		2		,022.
	3	Membership (	dues and a	assessments					3		
	4	Interest on sa	avings and	temporary cash investmen	nts				4		29.
ļ	5	Dividends and	d interest	from securities					5		
	6 a	Gross rents				6 a	·		14.5		
	b	Less rental e	expenses			61					
	c	Net rental inc	ome or (lo	oss) (subtract line 6b from	line 6a)				6c		
R	7	Other investm	nent incom	ne (describe				_)	7		
REVEZUE	82	Gross amour	166	sets other	(A) Securities		(B) Othe	r			
E N		F. 1	Description of the same of	··· 1\/\		8 a	1				
U E	b	Less cost or	other basi	is and sales Apenses		81					
	C	Gain or (1006) (a	ttagin sch <b>2</b> du	3) 2005 3		80	:				
	c	Net gain or (I	oss) (com	bine line 8c 😸 umns (A) a			-		8 d	· · · · · · · · · · · · · · · · · · ·	
	9	Special even	769E	Mes (anach schedule) If	any amount is from gam	i <b>ng,</b> ched	ck here	╛	23		
	a	Gross evenu	e (not incl	tiding \$	of contribution	IS 1	J				
		reported on li	•			9 a	<del>+</del>				
				other than fundraising expe		91	<u> </u>		1 11		
				om special events (subtrac	•	1	1		9 c	<del></del>	
				y, less returns and allowar	ices	10 a	<del></del>	,117.			
		Less cost of				10 t	<del></del>	<u>,434.</u>	3		_
			•	les of inventory (attach schedule)	(subtract line 10b from line 10a	1)	See L-10	Stmt	10 c		,317.
	11			art VII, line 103)					111		
	12			s 1d, 2, 3, 4, 5, 6c, 7, 8d,	9c, 10c, and 11)				12		<u>,757.</u>
E	13			tine 44, column (B))	<b></b>				13		,585.
WAWZAWW	14	-	-	ral (from line 44, column (0	٥))				14	395,	,901.
200	15			14, column (D))					15		<u> </u>
S E	16			attach schedule)					16		-100
	17			nes 16 and 44, column (A)					17		486.
Ą	18			he year (subtract line 17 fr	·				18		,729.
N S	19			nces at beginning of year (		)			19	-847,	
N S E T S	20	=		ssets or fund balances (att	·				20		<u>, 331.</u>
_ 5	21	Net assets or	fund bala	nces at end of year (comb	ine lines 18, 19, and 20)				21	-142,	.191.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part IT 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.

	<u></u>	F				<del>,</del>
Ĺ	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)	Ţ				
	(cash \$				er carriere en	mate described (1945)
	non cash \$	22				
23		23				
		24				
24	, , ,		100 100			Company of the Compan
25	Compensation of officers, directors, etc	25	128,183.	0.	128,183.	0.
26	Other salaries and wages	26	85,755.	85,755.	0.	0.
27	Pension plan contributions	_27	0.	0.	_0.	0.
28	Other employee benefits .	28	0.1	0.	0.	0.
29	Payroll taxes	29	7,164.	2,866.	4,298.	0.
	-	30	0.	0.	0.	0.
30	Professional fundraising fees					
31	Accounting fees	31	0.	0.	0.	0.
32	Legal fees	_ 32	0.	0.	0.	0.
33	Supplies	33	2,107.	0.	2,107.	0.
34	Telephone	34	10,784.	8,627.	2,157.	0.
	•					
35	Postage and shipping	35	16,656.	13,325.	3,331.	0.
36	Occupancy	36	22,146.	4,429.	17,717.	0.
37	Equipment rental and maintenance	37	0.	0.	0.	0.
38	Printing and publications	38	0.	0.	0.	0.
39	Travel	39	9,827.	9,827.	0.	0.
40	Conferences, conventions, and meetings	40				
	, , , , , , , , , , , , , , , , , , , ,	<b>—</b>				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	0.	0.	0.	0.
43	Other expenses not covered above (itemize)	ļ į				
a	Advertising	43a	47,388.	37,910.	9,478.	0.
	Bank service charges	43b	6,242.	0.	6,242.	0.
		43 c	418,177.	397,268.		0.
	Contract Labor				20,909.	
C	Insurance	43 d	3,303.	0.	3,303.	0.
	See Other Expenses Stmt	43 e	223,754.	25,578.	198,176.	0.
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	981,486.	585,585.	395,901.	0.
	t Costs. Check If you are following	<u> </u>		303,303.1	3,37,301.	
	any joint costs from a combined education				_	► Yes X No
	es, enter (i) the aggregate amount of these	•	· · · · · · · · · · · · · · · · · · ·		mount allocated to Prog	
\$_		located	to Management and ge	neral \$	, and (iv) the	e amount allocated
	undraising \$					
<u>Par</u>	t III Statement of Program Serv	<u>∕ice A</u>	<u>ccomplishments</u>			
Wha	t is the organization's primary exempt purp	ose?	EVANGELISM			Program Service Expenses
All o	rganizations must describe their exempt p	urpose	achievements in a clear	and concise manner	State the number of	(Required for 501(c)(3) and
clien	rganizations must describe their exempt p its served, publications issued, etc. Discus ons and 4947(a)(1) nonexempt charitable t	s achie	vements that are not me	easurable (Section 501	(c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
	· · · · · · · · · · · · · · · · · · ·				ils to others)	optional for others )
ā	THE POWER TEAM, INC. ENDE					
	THE GOSPEL OF JESUS CHRIS	<u>T. P</u>	ARTICIPANTS ARE	MOTIVATED AND	ENCOURAGED	
	TO LIVE VIRTUOSLY AND RIGHT	CEOUS	LY BY FOLLOWING	THE TEACHINGS O	F JESUS CHRIST	
			(Grants and	l allocations \$	0.)	585,585.
	)					
•	~					
			(Grants and	allocations \$	)	
(	;			_		
			(Grants and	allocations \$	)	·
(	<sup>1</sup>					
		<b>-</b> - <b>-</b>	(Grante and	allocations \$		
	Others		<del></del>		<del></del>	
	Other program services		<del></del>	allocations \$	)	=======================================
f	Total of Program Service Expenses (sho	uld equ	ial line 44, column (B), l	Program services)	<b>&gt;</b>	585,585.

Page 3

Part IV Balance Sheets (See Instructions)

No	e: W	'here required, attached schedules and amounts within blumn should be for end-of-year amounts only	the description	(A) Beginning of year		<b>(B)</b> End of year
		Cash – non-interest-bearing		126,306.	45	99,825.
	1	Savings and temporary cash investments	Ť		46	
		cavings and temperary each investments	Ī		222	<del></del>
	47	a Accounts receivable	47a			
		b Less allowance for doubtful accounts	47b		47 c	
			***	<del> </del>	<b>8</b> 5.	<del></del>
	48	a Pledges receivable	48 a			
		b Less allowance for doubtful accounts	48 b		48 c	
	49	Grants receivable			49	
A	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	y		50	
S	51	a Other notes & loans receivable (attach sch)	51 a		W.70	
A S S E T S		b Less allowance for doubtful accounts	51 b		51 c	
-		Inventories for sale or use	1	<del></del>	52	
		Prepaid expenses and deferred charges	<del> </del>		53	<del></del>
		Investments – securities (attach schedule)	► Cost FMV		54	<del></del>
		a Investments - land, buildings, & equipment basis	55 a		17.4	<del></del>
		b Less: accumulated depreciation				
	'	(attach schedule)	55b		55 c	
	56	Investments - other (attach schedule)			56	
	57	a Land, buildings, and equipment basis	57a 12,000.		2.5	
	ı	b Less accumulated depreciation				
	•	(attach schedule) L-57 Stmt	<b>57b</b> 0.	12,000.	57 c	12,000.
	58	Other assets (describe -	)		58	
	59	Total assets (add lines 45 through 58) (must equal li	ne 74)	138,306.	59	111,825.
	60	Accounts payable and accrued expenses		728,331.	60	16,957.
L	61	Grants payable			61	
A B	62		<u></u>		62	
L	63		schedule)		63	
I T		a Tax-exempt bond liabilities (attach schedule)	<u> </u>		64a	
ABILITIES		b Mortgages and other notes payable (attach schedule)	ļ		64ь	
5		Other liabilities (describe - See Line 65 Str	<u>mt</u> )	257,768.	65	237,059.
	66	Total liabilities (add lines 60 through 65)		986,099.	66	254,016.
N E	Organ	· —	nd complete lines 67			
'	67	through 69 and lines 73 and 74			,	
Ş	67 69	Unrestricted Temporarily restricted	<u> -</u>		67	
<b>⊈WWEH-W</b>	68 69	Permanently restricted	-		68 69	
		nizations that do not follow SFAS 117, check here	X and complete lines	<del></del>		
Q R	Jigai	70 through 74	ET and complete mies			
עטבס	70	Capital stock, trust principal, or current funds			70	
Ď	71	Paid-in or capital surplus, or land, building, and equil	pment fund		71	
B	72	Retained earnings, endowment, accumulated income	· -	-847,793.	72	-142,191.
田へこくとしか田	73	Total net assets or fund balances (add lines 67 throi 72, column (A) must equal line 19, column (B) must	ugh 69 <b>or</b> lines 70 through		73	-142,191.
Ŝ	74	Total liabilities and net assets/fund balances (add lii	<b></b>	138,306.	74	111,825.

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.

BAA

Par	Financ	ciliation of Reve cial Statements w eturn (See instruc	vith	Revenue	car	Financial per Retur	Statements with		
a	Total revenue, gains, per audited financial	and other support statements	a	N/A	а	Total expenses and financial statements		a	N/A
b	Amounts include not on line 12, Fo				b	Amounts included or on line 17, Form 990			
(1)	Net unrealized gains on investments	S			(1	) Donated serv- ices and use of facilities	3		
(2)	Donated serv- ices and use of facilities	\$			(2	Prior year adjust- ments reported on line 20, Form 990	3		
(3)	Recoveries of prior year grants	\$				) Losses reported on line 20, Form 990 \$	3		
(4)	Other (specify)		(1) (1) (1) (2) (1) (2) (2) (3)	44	(4)	) Other (specify)			
С	Add amounts on lines		b		С	Add amounts on lines (1)	through (4)	b	
d	Amounts include Form 990 but not	d on line 12,		e projety v	d	Amounts included or Form 990 but not on	n line 17, line <b>a:</b>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(1)	Investment expenses not included on line 6b, Form 990	S			(1)	Investment expenses not included on line 6b, Form 990 \$	;		
(2)	Other (specify)				(2)	Other (specify)			
	Add amounts on	\$ lines (1) and (2)	d			Add amounts on line	es (1) and (2)	d	
e	Total revenue pe 990 (line <b>c</b> plus i	r line 12, Form line <b>d</b> )	e		е	Total expenses per 990 (line c plus line	line 17, Form d)	е	
Part	V. List of C	Officers, Director	s, T	rustees, and Key E	mple	oyees (List each on	e even if not compe	าsat	ed; see instructions)
	<b>(A)</b> Name	and address		B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef- plans and deferre compensation	t	(E) Expense account and other allowances
680	d Keene 9 Beckworth								
	no, TX 7502 Terrell	24	<u>E</u>	resident	40	68,900.		0.	0.
403	6 Bonita Dr no, TX 7502			Sec/Treasurer	40	59,283.		0.	0.
									,
					_				
						<del></del>			
 									_
75	than \$100,000 \$10,000 was p	, director, trustee, or from your organization rovided by the related schedule — see instri	n an Lorga		jate c ns, of	ompensation of more which more than		<b>-</b> [	Yes 🗵 No

Form <b>990</b> (2004) THE POWER TEAM, INC.	75-279438	3	F	⊃age <b>5</b>
Part VI Other Information (See instructions )			Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76	i kila û	X
77 Were any changes made in the organizing or governing documents but not reported to the IF	RS?	77		X
If 'Yes,' attach a conformed copy of the changes		<u> </u>	275¥	Ex.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar covered by this return?	78 a		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		78 b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the		Ì	Wd.	
year? If 'Yes,' attach a statement		79		X
80 a is the organization related (other than by association with a statewide or nationwide organizamembership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization.	ation) through common ganization?	80 a	Par Santa	40% x X_
b If 'Yes,' enter the name of the organization ▶			17	
	exempt or nonexempt			1
81 a Enter direct and indirect political expenditures. See line 81 instructions	81a 0.	٠		\8 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
b Did the organization file Form 1120-POL for this year?		81 b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge or at	82 a	12	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as	1 1			70
revenue in Part I or as an expense in Part II (See instructions in Part III)	[_82b]			2.32
83a Did the organization comply with the public inspection requirements for returns and exemption	• •	83 a	X	<del> </del>
b Did the organization comply with the disclosure requirements relating to quid pro quo contrib 84a Did the organization solicit any contributions or gifts that were not tax deductible?	utions	83b 84a	X	<del>                                     </del>
		04 a		X Aggree
b If 'Yes,' did the organization include with every solicitation an express statement that such content tax deductible?	ontributions or gifts were	84b	77° B.	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members	<b>?</b>	85 a		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the	ne organization received a		Sint 3	100
waiver for proxy tax owed for the prior year	1 1			
c Dues, assessments, and similar amounts from members	85 c			A A
d Section 162(e) lobbying and political expenditures	85 d		25	100
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e			* '
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f			5 1 2
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g		
h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reas dues allocable to nondeductible lobbying and political expenditures for the following tax year?	sonable estimate of	85 h		
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on	1 1			300
line 12	86 a			A Property
b Gross receipts, included on line 12, for public use of club facilities	86 b		4.4	3: 3
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a		Sec. 2	\$ 4m.
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	ļ		7.40
At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7	corporation or partnership.		€ *# ± J#	, ,,,,,,,,,
If 'Yes,' complete Part IX		88	3	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year u section 4911 ► 0. ; section 4912 ► 0. , section				
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ess benefit transaction 'Yes,' attach a statement	89 b		Х
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	he			0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization	<b>-</b>			0.
90 a List the states with which a copy of this return is filed ► TEXAS				<u>-</u> :
b Number of employees employed in the pay period that includes March 12, 2004 (See instruct	· · · · · · · · · · · · · · · · · · ·	90 Б	L	6
91 The books are in care of ► Todd M Keene Telephone in		<b>-</b>		
Located at • 14215 Proton Road Farmers Branch Texas  92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check	·~	<u>-36</u>	<u>' - e -</u>	<b>-</b> 7-7
and enter the amount of tax-exempt interest received or accrued during the tax year	► 92			Ш
and since the amount of the prompt interest received of decided during the tax year				

<del>,</del>		Unrelate	d business incom	ie	Excluded by se	ection 512, 513, or 514	(E)
<b>Note:</b> Ente otherwise	er gross amounts unless Indicated	(A) Business code	(B) Amount		(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
	ogram service revenue SSEMBLY INCOME						84,022.
b							
c							
d							
e							
f Me	dicare/Medicaid payments						
<b>g</b> Fee	s & contracts from government agencies					· · · · · · · · · · · · · · · · · · ·	
	mbership dues and assessments						
	erest on savings & temporary cash invmnts						
<b>96</b> Div	vidends & interest from securities						
	` ′	W. L. C. P. A. A.		Carlotte	TEAT SOME OF		
	bt-financed property						
	t debt-financed property	·					
	rental income or (loss) from pers prop						
	ner investment income						<del></del>
	In or (loss) from sales of assets ler than inventory						
	income or (loss) from special events						<del></del>
	ss profit or (loss) from sales of inventory						-1,317.
		41-37 m (2.48)	11 To 11 To 12 To	77 JV		ANA (下、注意)(では) はは	SOUTH SOUTH IN THE CE
b	<del></del>						
c							
d							
e							
							82,705.
	tal (add line 104, columns (B), (D), a					<b>-</b>	82,705.
	105 plus line 1d, Part I, should equa				<del></del>		
Part VIII	Relationship of Activities to	the Acco	mplishment o	f Exe	mpt Purpos	es (See instructions)	<u></u>
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	income is re ses (other tha	ported in column in by providing fu	(E) of finds for	Part VII contribution of the such purposes	ited importantly to the a	accomplishment
93a	THE POWER TEAM INC. IS	S AN ORGA	ANIZATION O	F WOF	RLD CLASS	ATHELETES	
	WHO HOLD ASSEMBLIES IN	N CHURCHE	S AND SCHO	OLS F	ALL ACROSS	AMERICA.	
	THE PARTICIPANTS COMBI	INED DISE	LAY OF PHY	SICAI	STRENGTH	AND	
	See Relationship of Activities to the	Accomplish	nent of Exempt P	urpose	s Statement		
Part IX	Information Regarding Tax					S (See instructions )	N/A
	(A)	(B)		(C)		(D)	(E)
	, address, and EIN of corporation, rtnership, or disregarded entity	Percentage ownership in			ctivities	Total income	End-of-year assets
			g g				
			9				
			96				
·	<del></del>		9				
Part X	Information Regarding Tra	<u>nsfers Ass</u>	ociated with I	erso	nal Benefit (	Contracts (See instru	ctions)
a Did th	e organization, during the year, receive any fu	nds, directly or ir	idirectly, to pay premi	ums on a	personal benefit c	ontract <sup>7</sup>	Yes X No
<b>b</b> Did t	he organization, during the year, pay	premiums, d	irectly or indirectl	y, on a	personal bene-	fit contract?	Yes 🛛 No
Note:	If 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> For						·
D:	Under penalties of perury 1 decire that I have true, correct, and complete. Declaration of pre	re examined this reparer (other than	eturn, including accom officer) is based on all	panying s informati	schedules and stater ion of which prepare	nents, and to the best of my kr r has any knowledge	owledge and belief, it is
Please Sian	Signature of afficial		<del></del>			Date /	
						Date /	
			<u></u> .				
						<del></del>	CON - DTM (C)
					3/1/	Check if C	eparer's SSN or PTIN (See eneral Instruction W)

#### 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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

Employer identification number

OMB No 1545-0047

Department of the Treasury Internat Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

75-2794383 POWER TEAM, THE INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one. If there are none, enter 'None.') (d) Contributions (a) Name and address of each (b) Title and average (c) Compensation (e) Expense to employee benefit employee paid more than \$50,000 hours per week account and other plans and deferred compensation devoted to position allowances None\_\_\_\_\_ Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See 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 Jamie Morrison 4609 Stonecrest Terrace, St Joseph MO 64506 RELIGIOUS PRESENTATIONS 66,000. Total number of others receiving over \$50,000 for professional services

Schedule A (Form 990 or 990-EZ) 200	4 THE POWER TEAM, INC.	75-2794383	Pε	age
Part III > Statements About	Activities (See instructions )		Yes	No
to influence public opinion on a loor incurred in connection with the		expenses paid0.		
(Must equal amounts on line 38, Organizations that made an electorganizations checking 'Yes' must lobbying activities	Part VI-A, or line i of Part VI-B.) tion under section 501(h) by filing Form 5768 must com it complete Part VI-B AND attach a statement giving a c	aplete Part VI-A Other detailed description of the		X
substantial contributors, trustees taxable organization with which a	ation, either directly or indirectly, engaged in any of the directors, officers, creators, key employees, or membering such person is affiliated as an officer, director, trust or question is 'Yes,' attach a detailed statement explaining.	ers of their families, or with any tee, majority owner, or principal		
a Sale, exchange, or leasing of pro	perty?	22	a	X
<b>b</b> Lending of money or other extens	sion of credit?	21	<u> </u>	X
c Furnishing of goods, services, or	facilities?	20	=	X
<b>d</b> Payment of compensation (or pa	yment or reimbursement of expenses if more than \$1,00	00)?	L E	Χ
e Transfer of any part of its income	or assets?	26	2	Χ
3a Do you make grants for scholarsh	nips, fellowships, student loans, etc? (If 'Yes,' attach an			v
<b>b</b> Do you have a section 403(b) and	e that recipients qualify to receive payments) nuity plan for your employees?	3a	<del></del>	$\frac{X}{X}$
• • • • • • • • • • • • • • • • • • • •	count for participating donors where donors have the ri	ight to provide advice		Х
<b>b</b> Do you provide credit counseling,	debt management, credit repair, or debt negotiation se	ervices? 4b	)	Χ
Reason for Non-Pri	vate Foundation Status (See instructions.)			
5 X A church, convention of church 6 A school Section 170(b)(1)(A 7 A hospital or a cooperative hi 8 A Federal, state, or local gov	ation because it is (Please check only <b>ONE</b> applicable behavior of churches Section 170(b)(1)(A)(ii A)(ii) (Also complete Part V) ospital service organization Section 170(b)(1)(A)(iii) ernment or governmental unit. Section 170(b)(1)(A)(v) tion operated in conjunction with a hospital Section 170(b) (1)(A)(III) (III)	)	, city,	
	the benefit of a college or university owned or operated schedule in Part IV-A)	by a governmental unit Section 170(b)	(1)(A)(iv)	)
11 a An organization that normally Section 170(b)(1)(A)(vi) (Als	receives a substantial part of its support from a govern o complete the <b>Support Schedule</b> in Part IV-A.)	nmental unit or from the general public		
11 b A community trust Section 1	70(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in	n Part IV-A)		
from activities related to its c	receives (1) more than 33-1/3% of its support from co haritable, etc, functions — subject to certain exceptions e and unrelated business taxable income (less section 975 See section 509(a)(2). (Also complete the <b>Support</b>	, and <b>(2) no more than 33-1/3%</b> of its su 511 tax) from businesses acquired by the	pport '	i
An organization that is not condescribed in: (1) lines 5 throusection 509(a)(3))	introlled by any disqualified persons (other than foundating gh 12 above, or <b>(2)</b> section 501(c)(4), (5), or (6), if they	tion managers) and supports organization managers) and supports organization meet the test of section 509(a)(2) (See	ns e	
Pri	ovide the following information about the supported orga	anizations (See instructions)		
	(a) Name(s) of supported organization(s)		m above	
	nd operated to test for public safety. Section 509(a)(4)			
BAA	TEFA0402 07/27/04	Schedule A (Form 990 or Form 9	190-EZ) 2	2004

Par	t IV-A Support Schedule (	Complete only if you o	checked a box on line	10, 11, or 12.) <i>L</i>	lse cash method of	accou	unting. N/A
Note	: You may use the worksheet in th	e instructions for conv	verting from the accru	al to the cash me	ethod of accounting		<del></del>
	ndar year (or fiscal year nning in)	<b>(a)</b> 2003	<b>(b)</b> 2002	<b>(c)</b> 2001	<b>(d)</b> 2000		<b>(e)</b> Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)						
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						
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						
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	9					
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						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25_	Enter 1% of line 23	40 44 5	001 6			T ==	
26 b	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts fi return. Enter the total of all these excess a	name of and amount contr or 2000 through 2003 excee	er 2% of amount in co ibuted by each person (othe ded the amount shown in li	er than a governmenta	al unit or publicly	26 a 26 b	
c	Total support for section 509(a)(1)	) test <sup>.</sup> Enter line 24, c	column (e)		•	26 c	
d	Add Amounts from column (e) fo			19			ALL VIEW
_	D. I.I	22	<del></del>	26 b			<del> </del>
	Public support (line 26c minus line Public support percentage (line 2	•	ed by line 26c (denom	inator))	•	26 e	<del> </del>
	Organizations described on line		ed by line 200 (denon	inatory)		1 201	
	For amounts included in lines 15, name of, and total amounts received such amounts for each year	16, and 17 that were yed in each year from	, each 'disqualified pe	rson <b>' Do not file</b>	this list with your	return.	Enter the sum of
	(2003)						
	For any amount included in line 1 show the name of, and amount re \$5,000 (Include in the list organiz computing the difference between (the excess amounts) for each ye	ceived for each year, zations described in lii the amount received ar	that was more than the nes 5 through 11, as wand the larger amount	ne larger of (1) the well as individuals in (1) in (1)	te amount on line 2 s ) <b>Do not file this l</b> t or <b>(2),</b> enter the su	5 for th ist with m of th	ne year or <b>(2)</b> n your return. After nese differences
	(2003)	(2002)	(2001)		(2000)		
c	(2003) Add Amounts from column (e) for 17 Add Line 27a total	r lines <sup>,</sup> 15	<del></del>	16	<del></del>	1 '	ı
	17	20		21		27 c	
C	Add Line 27a total	ar	nd line 27b total			27 d	
	Public support (line 27c total minutate) support for continue E00(a) (2		rom line 22 L · · · ·	م امحدا	•	_2/e	
	Total support for section 509(a)(2					- Pe	يصبعات الطفارة باست
	Public support percentage (line 2 Investment income percentage (l		- ·				
<b>2</b> 8	Unusual Grants: For an organizatist for your records to show, for enature of the grant Do not file thi	ach vear, the name o	f the contributor, the o	date and amount	of the grant, and a	brief d	gn 2003, prepare a escription of the

	(To be completed ONL) by schools that checked the box on line of it? art (4)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		Ser de la
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1.1	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
		- <b> </b>		
32	Does the organization maintain the following:			4.4.8.
ā	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
C	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
(	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	- 48	1 E&-
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	a Students' rights or privileges?	33 a		
Ŀ	b Admissions policies?	33 b		
c	Employment of faculty or administrative staff?	33 c		
C	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
f	f Use of facilities?	33 f		
ç	g Athletic programs?	33 g		
ł	h Other extracurricular activities?	33 h		. هو الشهر وي
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		**	
		-		* 7
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
t	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	* *	*** *** ***	•
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If the content of	35		

## Lobbying Expenditures by Electing Public Charities (See Instructions.)

		(10 00 00mpiotod emiliar by	oligible oligonimeetich til		,			
Chec	ck ► a	if the organization belong	s to an affiliated group	Check ► b	ıf you	check	ed 'a' and 'limited contr	ol' provisions apply
		Limits on L	obbying Expenditures' means amounts paid of				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total Ic	obbying expenditures to influer	ice public opinion (grassr	roots lobbying)		36		0.
37	Total lo	obbying expenditures to influer	ice a legislative body (dir	rect lobbying)		37		
38	Total lo	obbying expenditures (add line	s 36 and 37)			38		0.
39	Other exempt purpose expenditures 39							
40	Total exempt purpose expenditures (add lines 38 and 39)							0.
41	Lobbyır	ng nontaxable amount. Enter t	he amount from the follow	wing table –				
	If the a	mount on line 40 is –	The lobbying nont	taxable amount is	s —			
	Not ove	er \$500,000	20% of the amount	it on line 40				
	Over \$50	0,000 but not over \$1,000,000	\$100,000 plus 15% of t	the excess over \$500,0	000	<b>1</b>		
	Over \$1,0	000,000 but not over \$1,500,000	\$175,000 plus 10% of t	the excess over \$1,000	),000 -	41		0.
	Over \$1,5	500,000 but not over \$17,000,000	\$225,000 plus 5% of the	ne excess over \$1,500,	000		and the second	
	Over \$	17,000,000	\$1,000,000			1000		
42	Grassro	oots nontaxable amount (enter	25% of line 41)			42		0.
43	Subtrac	ct line 42 from line 36 Enter -	0- if line 42 is more than	line 36		43		0.
44	Subtrac	ct line 41 from line 38 Enter -	0- if line 41 is more than	line 38		44		0.
	Caution	n: If there is an amount on eiti	ner line 43 or line 44, you	u must file Form 4	<i>4720</i>	$V_{i}^{(g)}$		

4 -Year Averaging Period Under Section 501(h)

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

		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2004	<b>(b)</b> 2003	(c) 2002	<b>(d)</b> 2001	<b>(e)</b> Total				
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
50	Grassroots lobbying expenditures									

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)
  - If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		******
· ·	' `	
	Yes	Yes No

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

<b>51</b> Did th	e reporting organization o	lirectly or inc	directly engage in any of the following	with any other organization described	ın section	501(c	)
			rganizations) or in section 527, relation a noncharitable exempt organization			Yes	No
a rrans (i)Ca	· · · · · · · · · · · · · · · · · · ·	yanızalıon id	a nonchantable exempt organization	101	51 a (i)		X
• • • • • • • • • • • • • • • • • • • •	ther assets				a (ii)		X
	transactions						
(i) S	ales or exchanges of asse	ets with a no	encharitable exempt organization		b (i)		Χ_
(ii)Pi	urchases of assets from a	noncharitat	ble exempt organization		b (ii)		X
(iii)R	ental of facilities, equipme	ent, or other	assets		b (iii)		_X
(iv)R	eimbursement arrangeme	nts			b (iv)		<u>X</u>
• •	oans or loan guarantees				b (v)		X
, ,			p or fundraising solicitations		b (vi)		X
c Sharir	ng of facilities, equipment	, mailing list	ts, other assets, or paid employees	mn (h) should always show the fair ma	rket value	of	X
the go	oods, other assets, or serv	vices given t	by the reporting organization of the organization of the organization of the good	mn (b) should always show the fair ma ganization received less than fair mark ds, other assets, or services received	et value in	1	
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arrai	ngement	:S
		<u>.</u>		<u> </u>			
	organization directly or in the in section 501(c) of t s,' complete the following		liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► ∏ Ye	s X	No
Dil 163	(a)	Scriedure	(b)	(c)			
	Name of organization		Type of organization	Description of relation	iship		
					·········		
					<del></del>		
					· · · ·		
· · · -							

Form 990, Page 1, Part I, Line 10 Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
Product Revenue	14,117.	15,434.	-1,317.
Total	14,117.	15,434.	

Form 990, Page 2, Part II, Line 43

#### **Other Expenses Stmt**

Other expenses not covered above (itemize).	<b>(A)</b> Total	<b>(B)</b> Program services	(C) Management and general	<b>(D)</b> Fundraising
Meals	2,410.	2,410.	0.	0.
Media Expense for Crusades	13,546.	12,191.	_1,355.	0.
Miscellaneous	671.	0.	671.	0.
Mission & moving expense	2,225.	2,225.	0.	0.
Promotional items	4,564.	4,564.	0.	0.
Ch 11 Admin - Bankruptcy fees	5,000.	0.	5,000.	0.
Ch 11 Admin - Professional & legal	191,150.	0.	191,150.	0.
Uniforms	4,188.	4,188.	0.	0.
Total	223,754.	25,578.	198,176.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

# (a) (b) (c) Book Value Equipment Fixtures, and Furniture 12,000. 0. 12,000.

Total 12,000. 0. 12,000.

Form 990, Page 3, Part IV, Line 65

#### **Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year	
Payroll Liabilities	257,768.	237,059.	
Total	257.768.	237.059.	

# Form 990, Page 6, Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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)				
	PRESENTATIONS OF THE GOSPEL IS INTENDED TO MOTIVATE CHILDREN TO STAY IN SCHOOL. THE ATHELETES EMPASIZE THE REWARDS OF HIGH ACADEMIC ACHIEVEMENTS, SAYING NO TO DRUGS AND ALCOHOL, AT THE SAME TIME TEACHING MORAL AND RIGHTEOUS EXISTENCE BY FOLLOWING THE TEACHINGS OF CHRIST.				
102	SALES OF RELIGIOUS MUSIC, PRINTED MATERIALS, AND T-SHIRTS CONTRIBUTES TO THE ORGANIZATION'S STATED EXEMPT PURPOSE OF INFORMING THE YOUTHS ABOUT THE DANGERS OF DRUGS AND ALCOHOL, AND THE IMPORTANCE OF STAYING IN SCHOOL.				

### Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Chapter 11 reorganization adjustment of liabilities	728,331.
<del></del>	

Total <u>728, 331.</u>