Form **990**

Return of Organization Exempt From Income Tax

| 20

20**05**

Open to Public Inspection

Department of the Treasury

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

inter	nai Reven	iue Service	1	ne orga	nization may have	to use a copy o	i uns return t	U SaliSiy Si	tate reporting	g requirements.		inspec	Hon
Α	For the	2005 calenda	ar year, o					, and	dending				
В	Check if	f applicable	Please	C Name	e of organization					D Employer	Identification	number	
Ш	Address	s change	use IRS	Wallbu	uilder Presentatio	ns, Inc				75-162777	9		
П	Name c	hange	label or print or	Numb	ber and street (or P O	box if mail is not o	delivered to stre	eet address)	Room/suit	e E Telephone	number		
П	Initial re	eturn	type.	POI	Box 397								
П	Final ret		See Specific		or town		State or cou	ntry	 ZIP + 4	F Accounting	g method:	Clash [Accrual
片			instruc- tions.	1				,			(specify) ►	7]000 L	
뭐		ed return		Aledo			TX		76008-039	<u>'' </u>			
Ш	Applicat	tion pending			(3) organizations and		•			not applicable to	_		
_					tach a completed Sch	ieaule A (Form 8	190 OF 990-EZ).		1 ''	this a group return		Yes	s X No
<u>G</u>	Website	: > www.	waiibulio	ers.cor	TI				- 1 ''	Yes," enter numbe		<u></u>	
				_			_		1	e all affiliates inclu		Yes	s No
<u> </u>	Organiz	ation type (chec	k only one)		X 501(c)(3)	◀ (insert no)	4947(a)(1) c	or527	- (if	"No," attach a list	See instructions	S.)	
	Check h				gross receipts are nor			e	H(d) Is	this a separate ret	ım filed by an o	rganization	_
	•				S, but if the organization		a return, be		∞	vered by a group r	uling?	Yes	s X No
	sure to fi	ile a complete ret	um Some	states re	equire a complete ret	urn.			l Gr	oup Exemption Nu	ımber ▶		
									M Ch	eck ▶∏ıft	ne organization	is not requi	red
L	Gross r	receipts. Add li	nes 6b, 8	b, 9b, ar	nd 10b to line 12	>		1,296,29	4 to	attach Sch B (For	•	•	
Pa	rt I	Revenue	Expens	ses. ai	nd Changes in	Net Assets	or Fund E			instructions)		
. «	1				, and similar amo			, u.u., u.	7 (000 1.1.0	9444	<i>'</i>		
		Direct publi				unto received	•	1a	1 .	146,760			
	l b				• •	•	•	1b	'	0			
	1 .	•			(grante)			1c		o .			
	4					 1,141,70	 T noncash		5.05	- Income		1	146,760
	2				ncluding governm							رائـ	0
	3	Membershi				ient ices and	COMITACIS (1	IOIII Fait	VII, IIIIE 33	3			0
	4					· ·				4			48
	5								5	16,109			
	1 -	Gross rents						أدعا					10,103
	i							6a 6b					
			-				i	00		6c			0
	7	Other inves			(subtract line 6b	nom me oa)		· · ·		· ·) 60			0
9	} <u>'</u>				of assets other	(A)	Secunties		(B) Othe				
01,000,00	3 ° a	than invento		Sales U			40,161	82	(b) One	0			
å	<u> </u>		-	22515 21	nd sales expense	· ·	0,101			0			
		Gain or (los			•		40,161			0			
					e line 8c, columns		40,101	00		8d			40,161
	9				attach schedule). If		from gamine	 Lebeck be	 .ro				40,101
	_	Gross revei				-	-	, check he	,ic -				
	a		•		ne 1a)	· · · · · · · · · · · · · · · · · · ·		9a		89,114			
	١,		•		er than fundraising			9b		32,703			
					special events (su		from line 0			. 9c			56,411
			•	•	ess returns and a		nom me s	10a					00,411
		Less. cost of				iiowances .		10b		0			
, i					s of inventory (atta	ch echadula) (e	ubtract line 1		ne 10a)	10c			0
	11				/II, line 103)								4,102
1	12				l-d , 2, 3 , 4, 5, 6c, 1						_	1	,263,591
_	13									13			863,534
g.		Managama	NI BOO	Sucret.	è 44, column (B)) (from line 44, colu	 Imp (C)\	•		•	14			291,766
Expenses	15	Fundraising	ı (from li	ne 4/1	(iroqii;iirie 44, coit çolumn∥(D))					15			291,700
\$ 8	16	Paymentell	A ffilibr	23加	ch schedule)		•			16			0
, ш	17				16 and 44, colur							1	,157,499
	-	Fyrase AF	deficitive	nt the s	ear (subtract line	17 from line	12\	•	· · · · ·	18			106,092
Mot Accepto	19	Net assets			es at beginning of	vear (from line	1 <i>4)</i> . 19.73 colum	 nn (Δ\)		19	·		188,653
Š	20				ts or fund balance								, 100,000 0
\$	21				es at end of year (4	.294,745
-	اعا	1101 033013	or runiu L	aiai lut	, σαι σπα στyedi (COLLIDING IIIE	ง เบ, เฮ, dii	u ZU) .		21	I	1.	.404.740

Form 990 (2005)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	If this amount includes foreign grants, check here	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach					* * * * * * * * * * * * * * * * * * * *
	schedule)	24	0		* 12.20 (A)	
25	Compensation of officers, directors, etc	25	148,544	97,779	50,765	
26	Other salaries and wages	26	419,886	419,886	0	
27	Pension plan contributions	27	2,200			
28	Other employee benefits	28	0			
29	Payroll taxes	29	0			
30	Professional fundraising fees	30	5 076	0	5.076	
31	Accounting fees	31	5,976 0	0	5,976	
32	Legal fees	32	27,031	24,599	2,433	
33 34	Supplies	34	13,120	11,014	2,433	
3 4	Telephone	35	21,638	18,892	2,746	
36	Postage and shipping	36	34,812	10,092	34,812	
37	Equipment rental and maintenance	37	04,012		07,012	
38	Printing and publications	38	33,795	33,795	0	
39	Travel	39	15,006	12,755	2,251	* * * * * * * * * * * * * * * * * * * *
40	Conferences, conventions, and meetings	40	0	12,100	2,201	
41	Interest	41	31		31	
42	Depreciation, depletion, etc. (attach schedule)	42	15,534	0	15,534	
43	Other expenses not covered above (itemize):					
а	See Attachment	43a	419,926	244,814	175,112	
b		43b	0	0	0	0
С		43c	0	0	0	0
d		43d	0	0	0	0
е		43e	.0	0	0	0
f		43f	0	0	O O	0
g		43g	0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
	13–15)	44	1,157,499	863,534	291,766	0
Are an	Costs. Check		eported in (B) P	-		Yes XNo

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

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

What is the organization's primary exempt p	ourpose? ▶	Program Service
All organizations must describe their exempt purport clients served, publications issued, etc. Discus	oose achievements in a clear and concise manner. State the number is achievements that are not measurable. (Section 501(c)(3) and (4) ole trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
	aterial was presented approx 350 times including churches, h varying numbers of people attending. Quarterly newsletters d.	
(Grants and allocations \$	1,065,845) If this amount includes foreign grants, check here	774,994
bills are catagorized and upon request, s leaders conference to educate and infor	thousands of bills to identify those related to pro-family issues. These sent to legislators and leaders of organizations. Annual legislators and meaders on ProFamily legislation.	
(Grants and allocations \$	31,740) If this amount includes foreign grants, check here	40,558
various broadcast formats.	builder's Media projects including cable TV, radio, streaming, video, an	
(Grants and allocations \$	29,175) If this amount includes foreign grants, check here	3,780
Americans	l video project of the moral heritage and political history of African	
(Grants and allocations \$	20,000) If this amount includes foreign grants, check here	44,202
e Other program services (attach schedule		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Grants and allocations \$) If this amount includes foreign grants, check here]
f Total of Program Service Expenses (s	hould equal line 44, column (B), Program services)	863,534

Form **990** (2005)

Par	rt IV	Balance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.		escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			109,939	45	175,818
	46	Savings and temporary cash investments			16,944	46	
		•				() palled (pl	
	47 a	Accounts receivable	47a	468		35 6 55	
	b	Less ⁻ allowance for doubtful accounts	47b	0	15,693	47c	468
				. r.			
		Pledges receivable	48a	0			
	I	Less: allowance for doubtful accounts		· · · · · · · · · · · · · · · · · · ·	0	48c	0
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, an			0	_	0
	F4 .	(attach schedule)			0	50	0
ţ	51 a	Other notes and loans receivable (attach	51a	ا			
Assets	h	schedule)			0	51c	0
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments—securities (attach schedule)			1,022,568		1,103,748
		Investments—land, buildings, and			.,,,,,,,,,		.,
	"	equipment. basis	55a	l ol			
	b	Less: accumulated depreciation (attach					
		schedule)	55b	o	0	55c	0
	56	Investments—other (attach schedule)			0	56	0
	57 a	Land, buildings, and equipment. basis	57a	76,073			
	b	Less: accumulated depreciation (attach				1,000	
		schedule)	57b		22,521		13,711
	58	Other assets (describe ► Deposits)	1,000	58	1,000
	50	Total appets (must aqual line 74). Add lines 45 t	h-aah	.50	4 400 665	50	4 004 745
	59 60	Total assets (must equal line 74). Add lines 45 t			1,188,665 0		1,294,745
	61	Accounts payable and accrued expenses Grants payable				61	
	62	Deferred revenue				62	
"	63	Loans from officers, directors, trustees, and key		F			
Ę.		schedule)		•	0		0
Liabili ties	64 a	Tax-exempt bond liabilities (attach schedule)				64a	0
Ë		Mortgages and other notes payable (attach sche	dule)			64b	0
	65	Other liabilities (describe			12	65	0
	66	Total liabilities. Add lines 60 through 65			12	66	0
	Orga	anizations that follow SFAS 117, check here	▶ X	and complete lines			
		67 through 69 and lines 73 and 74.				48	
88	67	Unrestricted			1,188,653		1,294,745
and	68	Temporarily restricted			0	-	
Bal	69	Permanently restricted		·		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check he complete lines 70 through 74.	1616	▶ and			
3	70	•			70		
٥	70 71	Capital stock, trust principal, or current funds . Paid-in or capital surplus, or land, building, and e				71	. <u></u>
ets	72	Retained earnings, endowment, accumulated inc				72	
SS	73	Total net assets or fund balances (add lines 6)				207	
ਬੱ		lines 70 through 72;		g 30 4 1			
2		column (A) must equal line 19; column (B) must	equal	line 21)	1,188,653	73	1,294,745
	74	Total liabilities and net assets/fund balances.			1,188,665		1,294,745

City

Name

City

Name City ST

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ST

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Str

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ZIP

Hr/WK

Hr/WK

Title

Title Hr/WK

Part I	V-A Reconciliation of Revenue per instructions.)	Audited Financial S	tatements with	Revenue per Ret	urn (See the
	Total revenue, gains, and other support pe	r audited financial state	ments .		а	1,263,591
b	Amounts included on line a but not on Part				2000	- ,,
1	Net unrealized gains on investments		b	1		
2	Donated services and use of facilities		-		ag C. Sand	ļ
3	Recoveries of prior year grants		6	3		
4	Other (specify):		_		100	
			h	4 0		
	Add lines b1 through b4				b	C
С	Subtract line b from line a				С	1,263,591
d	Amounts included on Part I, line 12, but no	t on line a:			1.00	
1	Investment expenses not included on Part	I, line 6b	<u>d</u>	1		
2	Other (specify):					
			<u>L</u> d	2 0	Jan 3	
					d	0
е	Total revenue (Part I, line 12). Add lines c				<u> </u>	1,263,591
Part I	V-B Reconciliation of Expenses per	r Audited Financial S	Statements wit	h Expenses per R	eturn	<u> </u>
а	Total expenses and losses per audited fina				а	1,157,499
b	Amounts included on line a but not on Part	I, line 17:			3.5	
1				1		
2	Prior year adjustments reported on Part I, I	ıne 20	<u> b</u>	2		
3	Losses reported on Part I, line 20 .		<u> b</u>	3		
4	Other (specify):				A	
			<u></u>	4 0		
	Add lines b1 through b4				<u>b</u>	C
С	Subtract line b from line a				С	1,157,499
d	Amounts included on Part I, line 17, but no		1	. 1		
1	Investment expenses not included on Part	I, line 6b	<u> d</u>	1		
2	Other (specify):					
						_
	Add lines d1 and d2				d	0
е	Total expenses (Part I, line 17). Add lines				θ	1,157,499
Part V						
	trustee, or key employee at any time					uctions)
	(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid,	(D) Contributions to emp benefit plans & deferre	•	(E) Expense account
	(A) Name and address	week devoted to position	enter -0)	compensation plans		and other allowances
Name	Charles D. Barton Str P. O. Box 397	Title President		·		
	Aledo ST TX zip 76008	Hr/WK 40	84,180	1	1,004	15,493
	Cheryl Barton Str P. O. Box 397	Title Sec/Treas				·
	Aledo ST TX zip 76008	Hr/WK 20	13,598		0	l
	Rose Barton Str 1483 Chapman Ct	Title Board Director				·
	Aledo ST TX zip 76008	Hr/WK	l o		0	l
	Jeff Fisher Str Rt 4 Box 376A	Title Board Director				
	Canton ST TX zip 75103	Hr/WK	l 0		0	l c
	Richard Watson Str P. O. Box 249	Title Board Director				
	Gorman ST TX ZIP 76454	Hr/WK	l 0		0	، ا
	Stephen McDowell str P. O. Box 6759	Title Board Director				`
	Charlottsville ST VA ZIP 22906	Hr/WK	l 0		0	۱ ،
Name		Title	 			
City		Hr/WK				
Name	•	Title	-			
		1	ī			

		_
Part	V-B	
	V	

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

	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name	Str				
City	ST ZIP				
Name	Str				
City	ST ZIP				
Name	Str			ĺ	
City	ST ZIP				
Name	Str				
City	ST ZIP				<u>. </u>
Name	Str				
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Name	Str				
City	ST ZIP				
Name	Str				
City	ST ZIP				
Name	Str		,		
City	ST ZIP				

Part	VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			A 1 \$
	description of each activity	76		Χ
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach		10.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a statement	79		X
80 a				
	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Y
h	If "Yes," enter the name of the organization ▶	00a		$\hat{}$
b	and check whether it isexempt ornonexempt	.		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)			. :
b	Did the organization file Form 1120-POL for this year?	81b		Х

	validation Presentations, inc		37	rage I
art	Other Information (continued)	1	Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	82a		×
L	or at substantially less than fair rental value?	024		
L	as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the			100 0
	organization received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members	- ## C		
	Section 162(e) lobbying and political expenditures		7.00	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f	n I can	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	di tedap
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to			
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on			
	line 12		-	
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	¥	, .	
b	Gross income from other sources. (Do not net amounts due or paid to other		, ,	
00	sources against amounts due or received from them.) At any time during the year did the experiencies over a 50% or greater interest in a tayable corporation or			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections	\$2,500 53:55		
	301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
-	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	\$2		, ,
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	***************************************		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	ŀ		
	a statement explaining each transaction	89b		Х
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>N</u>	Ά		
	List the states with which a copy of this return is filed ► TX			
b	Number of employees employed in the pay period that includes March 12, 2005 (See			
	instructions.)			
91 a	The books are in care of ► Name Company office Telephone no. ► 817-441	-6044		
	Located at ► 426 Circle Drive City Aledo ST TX ZIP + 4 ► 76008			
E	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	045		X
	account)?	91b		
	If "Yes," enter the name of the foreign country See the instructions for executions and filing requirements for Form TD F 90-22.1. Report of Foreign Rank			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		Х
	If "Yes," enter the name of the foreign country	_ 5.6	<u> </u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			. ▶[
	and enter the amount of tax-exempt interest received or accrued during the tax year			

Page 8

Note: E	Enter gross amounts unless otherwise	Unrelated busin		Excluded by sect	on 512, 513, or 514	(E)
ındıcate	ed	(A)	(B)	(C)	(D)	Related or exempt function
	Program service revenue	Business code	Amount	Exclusion code	Amount	ıncome
a. b					 	
					 	
					 	
e e		<u></u>				
-	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments	522110	48			
	Dividends and interest from securities	523100	16,109		ļ	
	Net rental income or (loss) from real estate			A SHOW SHOW	i tar (E.J., Africa)	Los Minis
	debt-financed property	ļ- 		<u> </u>		
	not debt-financed property				 	}
	Net rental income or (loss) from personal property Other investment income				 	l
	Gain or (loss) from sales of assets other than inventory	523100	40,161	 	 -	
	Net income or (loss) from special events	323100	56,411			
	Gross profit or (loss) from sales of inventory				 	1
	Other revenue a Royalties					1,915
b <u>l</u>	Reimbursements/refunds/other					2,187
c_						
d _						
е_						
	Subtotal (add columns (B), (D), and (E))	网络 是 是 。	112,729	× ×	<u>]</u> (
	Total (add line 104, columns (B), (D), and (E))	amount on line 40. F	34 I		· •	116,831
	ine 105 plus line 1d, Part I, should equal the a				ha inaturations	1
Part V	· · · · · · · · · · · · · · · · · · ·					
Line No	 Explain how each activity for which income is of the organization's exempt purposes (other 				to the accomplis	nment
	of the organization's exempt purposes (other	than by providing full	da for addit purpo	363).	 	
	N/A				·	
		 	_ 			
Part IX	Information Regarding Taxable Su	ubsidiaries and [Disregarded E	ntities (See th	ne instructions.)
	(A)	(B)	.	(C)	(D)	(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership inte		e of activities	Total income	End-of-year assets
N/A	pararerens, or are oggreeou errary	- Carrier and a state of	%			
			%		C	C
			%			C
			%			C
Part X	Information Regarding Transfers	Associated with	Personal Ber	nefit Contracts	(See the instr	uctions.)
(a) Did	the organization, during the year, receive any funds, dire	ectly or indirectly, to pay	premiums on a per	rsonal benefit contra	ict? .	Yes X No
	the organization, during the year, pay premiu		•			Yes X No
	"Yes" to (b), file Form 8870 and Form 4720		cony, on a pero	onal Bonoik con	araot.	ما النا ١٥٥ السا
	Under penalties of penury, I declare that I have examin		ccompanying sched	ules and statements	and to the hest of m	/ knowledge
	and belief, it strug correct, and complete Declaration	of preparer (other than of	ficer) is based on all	I information of which	preparer has any kn	owledge
Please				Ī	5-12-010	1
Sign	Signature of officer			Date	J/204	
Here		sident		24.0		
	Type or print name and title	ALLAC TO				
	Preparer's A A CAL	Date	, ,	Check if	Preparer's SSN or	PTIN (See Gen Inst. W
Paid	signature Sinda Mon	el 5	111/06	self-	455-	24-223
Preparer'	rims name (or yours	N215		EIN	<u> </u>	
Use Only	ii seit-eiiibioved).	NE , FT WOR	デル ナトコ		> 017-2	00 - 3559
•	address, and ZIP + 4 / O/ SUMMIT A	VE +/ NIME		6/02 Phone no	, <i>p</i>	<i>10 • 41</i> .37

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

2005

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Wallbuilder Presentations, Inc 75-1627779 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances 0 0 0 0 0 n n n Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service 0 0 0 Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation 0 0 Total number of other contractors receiving over \$50,000 for other services

Part	Ш	Statements About Activities (See page 2 of the instructions.)		Yes	N
1	Dui	ring the year, has the organization attempted to influence national, state, or local legislation, including any	1		T
	atte	empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid		l	1
	or ı	ncurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,	1	l	
	Par	rt VI-A, or line i of Part VI-B)	1		<u> </u>
	Org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			1
		anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
	the	lobbying activities.			
2	Dui	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
	with	h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority	٠		
	owi	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	trai	nsactions)			
а		le, exchange, or leasing of property?	2a	—	ĻX
þ		nding of money or other extension of credit?	2b	<u> </u>	X
С		rnishing of goods, services, or facilities?	2c	 , , 	╀
d	Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V form 990	2d	<u>X</u>	╄
					١.
е	Tra	insfer of any part of its income or assets?	2e	├—	Į×
3 a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			l
	you	u determine that recipients qualify to receive payments)	3a		<u> X</u>
b	Do	you have a section 403(b) annuity plan for your employees?	3b	X	
С	Du	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did	I you maintain any separate account for participating donors where donors have the right to provide advice			
		the use or distribution of funds?	4a		x
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Part	IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The o	rgan	ization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	\sqcap	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ħ	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's			
	_	name, city, and state ► City ST Country			
10	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section			
		170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)			
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and groups	ss		
		receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/39	%		
		of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses			
	_	acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A			
13	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization and the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than foundation managers) and supports organization for the feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other than feet of controlled by any disqualified persons (other th			
		described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Che the box that describes the type of supporting organization: Type 1 Type 2 Type 3	eck		
	-				-
	-	Provide the following information about the supported organizations. (See page 6 of the instructions.)	numb		-
		(a) Name(s) of supported organization(s) (b) Line from	above		
	-	nom	25510		-
	-				-
		· · · · · · · · · · · · · · · · · · ·			-
14		An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)			

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (a) 2004 (b) 2003 (c) 2002 (d) 2001 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do 1,272,046 716,564 3,740,582 not include unusual grants See line 28) 817,841 934,131 16 Membership fees received 495 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 0 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 23,536 32,481 54,983 122,675 11,675 19 Net income from unrelated business activities not included in line 18 -102,013 -168,630 137,337 -59,831 -144,123 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 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 0 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <u>55,0</u>16 40,594 124.879 29,269 822,140 887,596 659,938 3,820,001 1,450,327 23 Total of lines 15 through 22 3,820,001 1,450,327 822,140 659,938 887,596 Line 23 minus line 17 24 8.221 8.876 14,503 25 Enter 1% of line 23 26a 76,400 26 Organizations described on lines 10 or 11: а Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b 3,820,001 c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c d Add: Amounts from column (e) for lines: 22 124,879 26b 78,924 26d 3,741,077 e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0 (2002) 0 (2001) 0 b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 0 (2002) 0 (2001) 0 (2004)

 c
 Add: Amounts from column (e) for lines:
 15
 0
 16
 0

 17
 0
 20
 0
 21
 0

 d Add Line 27a total
 0
 and line 27b total
 0
 . . .

 27d e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27g g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 0.00% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2005 Wallbuilder Presentations, Inc. 75-1627779 Page 4 Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes other governing instrument, or in a resolution of its governing body? 29 ----30

	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
	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.)		
			òx
			*
	Does the organization maintain the following.	, T	*
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		**
	Does the organization discriminate by race in any way with respect to:	3 24	
а	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
С	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
	Una official to 2	205	

f	Use of facilities?		33f	
g	Athletic programs?		33g	
h	Other extracurricular activities?		33h	
	·			

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34 a Does the organization receive any financial aid or assistance from a governmental agency?
 - b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.

31

32

33

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

	rt VI-A Lobbying Expenditures by (To be completed ONLY by	_		9 of the instru	uctions.)	-	
Chec	tk ▶a ☐ if the organization belongs to an af			ecked "a" and "lin	nited contro	l" provi	sions apply.
	Limits on Lob	bying Expenditures " means amounts paid or in	Remarks *	/A	(a) Affiliated totals	group	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public	opinion (grassroots lobbying	g) N/	<i>A</i> 36			
37	Total lobbying expenditures to influence a legisl	lative body (direct lobbying)		37			
38	Total lobbying expenditures (add lines 36 and 3	7)		38		0	
39	Other exempt purpose expenditures .			39			
40	Total exempt purpose expenditures (add lines 3	88 and 39)		40		0	
41	Lobbying nontaxable amount. Enter the amount	t from the following table-					*
	If the amount on line 40 is—	The lobbying nontaxabl	e amount is				
	Not over \$500,000 .	20% of the amount on line					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the		\	Pro Inches	an a	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the				0	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000			
	Over \$17,000,000	\$1,000,000 .			St. St.		
42	Grassroots nontaxable amount (enter 25% of lir		•	42	<u> </u>	0	
43	Subtract line 42 from line 36 Enter -0- if line 42		•	43	 	0	
44	Subtract line 41 from line 38 Enter -0- if line 41	is more than line 38		. 44		0	
	Caution: If there is an amount on either line 43	or line 44, you must file Fo	rm 4720.	5-3			
	4-Yea	r Averaging Period U	Inder Section 5	01(h)			
	(Some organizations that made a	a section 501(h) election do	not have to comple	te all of the five o	olumns belo	ow.	
	See the instru	ctions for lines 45 through 5	0 on page 11 of the	instructions.)			
		Lobi	oying Expenditu	res During 4-Yo	ear Avera	ging F	Period
	Calendar year (or	(a)	(b)	(c)	(d)		(e)
	fiscal year beginning in)	2005	2004	2003	2002	2	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))	123				.	
47	Total lobbying expenditures .					· · · · · ·	
40	Consensate mentavable amount						
40	Grassroots nontaxable amount			2-01 VI 164			· · · ·
49	Grassroots ceiling amount (150% of line 48(e))	A PART OF THE	16-11-61				
					ļ		
50	Grassroots lobbying expenditures	a atina a Dublia Obasiti	<u> </u>		<u> </u>		
Pa	t VI-B Lobbying Activity by Nonel (For reporting only by organize	•) (See page 1:	1 of the in	etruci	tions \
	(For reporting only by organiz	zations that did not cor	ilpiele Fait VI-A) (See page 1	I OI LITE II	Suuc	(10115. <i>)</i>
Durir	ng the year, did the organization attempt to influer	nce national, state or local l	egislation, including	any	Yes	No	Amount
atten	npt to influence public opinion on a legislative ma	tter or referendum, through	the use of:				
а	Volunteers		•				
b	Paid staff or management (Include compensation	on in expenses reported on	lines c through h.)	•			
С	Media advertisements		•		<u> </u>		
d	Mailings to members, legislators, or the public		•			ļ	
е	Publications, or published or broadcast stateme			•	<u> </u>		
f	Grants to other organizations for lobbying purpo			•			
g	Direct contact with legislators, their staffs, gove	=			·	<u> </u>	
h	Rallies, demonstrations, seminars, conventions	• • • • • •	y other means		31.000		

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

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations (See page 12 of the instructions.)

					7		_					
51					ng with any other organization described in se 27, relating to political organizations?	ection						
а				noncharitable exempt organizat			Yes	No				
a	(i) (organization to a	nononantable exempt organizat		51a(i)		X				
	• • •	Other assets				a(ii)		Х				
b		ransactions:		•								
	(i) S	Sales or exchanges of	f assets with a no	ncharitable exempt organization		b(i)		Х				
	(ii) F	Purchases of assets f	rom a nonchantat	ole exempt organization		b(ii)		X				
	(iii) F	Rental of facilities, eqi	uipment, or other	assets		b(iii)		_X_				
	(iv) F	Reimbursement arran	gements			b(iv)		X				
		oans or loan guarant.				b(v)		X				
				o or fundraising solicitations	-	b(vi)	\vdash	X				
C		-	_	other assets, or paid employees	_	С	l	X				
đ	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:											
	-		Tanangement, sn									
	a) e no	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and shan	ng arrang	ement	s				
4	31.0	, and an area of					,					
						•						
		-										
				-		_						
				•								
			<u> </u>									
52 a b	describ		of the Code (other	ed with, or related to, one or mor r than section 501(c)(3)) or in sec		Yes	X	No				
		(a)		(b)	(c)							
		Name of organization	1	Type of organization	Description of relationship							
		 										
						_						
			· · · · · ·									
		· ·			_							
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.... 4562

(Rev January 2006)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

Attach to your tax return.

(Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172

Attachment Sequence No. 67

Business or activity to which this form relates Identifying number Name(s) shown on return Wallbuilder Presentations, Inc. 75-1627779 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 105,000 1 Maximum amount See the instructions for a higher limit for certain businesses 2 6,725 2 Total cost of section 179 property placed in service (see instructions). . . 420,000 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 105.000 separately, see instructions . (a) Description of property (b) Cost (business use only) (c) Elected cost 6 6.725 6,725 See Attached Schedule 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 6.725 6.725 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562. . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. 12 ▶ 13 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions). 15 Property subject to section 168(f)(1) election. 15 0 16 Other depreciation (including ACRS) 16 36 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2005 . . . 17 8.773 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (d) Recovery (b) Month and (c) Basis for (g) Method Depreciation (a) Classification of property year placed depreciation period Convention deduction in service (business/investment) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property 20-year property S/L q 25-year property 25 yrs. MM S/L h Residential rental 27.5 yrs. 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM S/L MM property Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. Summary (see instructions) Part IV 21 21 Listed property. Enter amount from line 28 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 8,809 23 For assets shown above and placed in service during the current year, enter the portion

of the basis attributable to section 263A costs

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I	Line 8 (990) - Gain/loss from sale of assets other than inventory
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	Cost, other	basis and expenses					ner basis	field only)	Donated	value	0	0	0	0	0	0	0	0	0	0	0									
	SS	es	40,161	0	0		Cost or other basis	(Enter one field only		Cost	0	0	0	0	0	0	0	0	0	0	0									
	Score	sales							Gross sales	price	2,270	25,268	906	7,046	2,107	348	1,737	74	472	160	373									
	Totals:		Public Securities	Non-Public Securities	Other sales				Date	sold	11/11/2005	11/11/2005	11/11/2005	11/11/2005	12/22/2005	11/11/2005	11/11/2005	12/20/2005	12/22/2005	12/22/2005	12/23/2005									
			Publ	Non-Publi					Acquisition	method	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash								İ	
									Date	acquired	1/31/2004	1/31/2004 Cash	1/31/2004	1/31/2004 Cash	1/31/2004 Cash	12/1/2005 Cash	12/1/2005 Cash	1/1/2004	0101/2004 Cash	1/1/2004	1/1/2004		_							
										Purchaser																				
							Check If	purchaser	isa	pusiness	×	×	×	×	×	×	×	×	×	×	×									
						Check If	gaın/loss ıs	from sale of	non public	securities																				
						Check if	gain/loss is	from sale	of public	securities	×	×	×	×	×	×	×	×	×	×	×									
_										Description	592 3 sh Hrtford Midcap Fd CL A	7890.21sh Hrtford Cap Appr Fd A	8860.07sh Hrtford Equity Inc Fd	10710.64 sh Hrtford Div & Grwth /	3054.18 sh Cap Inc Bldr Fd A	592 32 sh Hrtford Midcap Fd A	7890.21 sh Hrtford Cap Appr Fd	327.87 sh Grwth Fd of Amer CI B	328 6 sh Cap Wrld Grth & Inc CL	231.23 sh Cap Inc Bidr Fd CL B	460 41 sh invest Co of Amer CL E							•		
										Index	1 5	2 7	3 8	4	5 3			8	9 3	10 2	11 4	12	13	14	15	16	17	18	19	20

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
ne 1a - Direct public support		
Contributions	1,141,707 1	5,053
Membership dues and assessments (contributions from the public)	2	
Commercial co-venture	3	
Special events contributions (Line 9 - Special Events) .	4	
	5	
	6	
	7	
	8	
	9	
Total	1,141,707 10	5,053
ne 1b - Indirect public support		

1 75-1627779 ATTACHMENT II FORM 990 - YEAR 2005

Programs	M&G	Total
•		10,185.20
•		9,927.84
38,131.46		38,131.46
3,780.17		3,780.17
44,201.87		44,201.87
40,194.47		40,194.47
2,455.92		2,455.92
18,439.83		18,439.83
	15.00	15.00
	26,634.07	26,634.07
	107,380.11	107,380.11
486.62	446.70	933.32
14,888.12		14,888.12
	6,125.26	6,125.26
	4,364.10	4,364.10
	131.70	131.70
	20,818.31	20,818.31
43,379.00		43,379.00
364.00	609.63	973.63
5,716.62	8,587.50	14,304.12
12,662.66		12,662.66
244,813.78	175,112.38	419,926.16
	10,185.20 9,927.84 38,131.46 3,780.17 44,201.87 40,194.47 2,455.92 18,439.83 486.62 14,888.12 43,379.00 364.00 5,716.62 12,662.66	10,185.20 9,927.84 38,131.46 3,780.17 44,201.87 40,194.47 2,455.92 18,439.83 15.00 26,634.07 107,380.11 486.62 446.70 14,888.12 6,125.26 4,364.10 131.70 20,818.31 43,379.00 364.00 609.63 5,716.62 8,587.50 12,662.66

Line 9 (990) - Special events and activities

1 Special event name	Event A Gala	Event B	Event C	All others	Totals
1 Special event hame	Gaia				
1a Number of special events	<u> </u>				
2 Gross receipts	89,114			2	89,114
3 Less contributions				3	0
4 Gross revenue	89,114	0	0	0 4	89,114
5 Less direct expenses	32,703			5	32,703
6 Net income or (loss)	56,411	0	0	0 6	56,411

Line 47 (990) - Accounts receivable

		Accounts re	ceivable	Allowance for doubtful accounts				
		Beginning	End	Beginning	End			
1 Accounts Rec	1 [15,695	468	0	0			
2	2 [
3	3 [
4	4 [
5	5							
6	6							
7	7							
8	8 [
9	9 [
10	10							
11 Total accounts receivable .	. 11	15,695	468	0	0			

Line 54	(990)	- Investments	-	Securities
---------	-------	---------------	---	-------------------

		ck one box below to indicate how securities are reported:				
		•				
	ш	End of year market value (FMV)				
					0 1,022,568	
			Number	Value	Beginning	Ending
	l	•	of shares/	at time of	balance	balance
			face value	donation	book value	book value
		Securities at end of year			Cost	Cost
	1	Edward Jones			1,022,568	1,103,748
	2				0	0
	3				0	0
	4		-	-	0	0
	5				0	C
	6			1	0	0
	7				0	
	8		*	 	0	
	9				0	O C
ı	10				0	
	11		***	 	0	
	12			 	0	0
i	13			· · · · · · · · · · · · · · · · · · ·	<u> </u>	Ö
	14				0	
	15				0	0
	16				0	0
				 	0	
	17			ļ		
	18			ļ	0	
	19				0	0

Line 55 (990) - Investments land, buildings, and equipment Land (net of any amortization) Land (net of any amortization) Beginning Land 0 4 5 6 **Buildings and equipment** Buildings and equipment Accumulated depreciation Beginning Beginning 76,073 7 Office furniture & equipment 62,362 69,349 46,885 12 13 16 17 Total buildings and equipment 17 69,349 76,073 46,885 62,362 18 Buildings and equipment (less accumulated depreciation) 22,464 13,711 19 Total land, buildings and equipment 19 22.464 13,711 Accumulated Category or Item Cost/Other Basis Depreciation **Book Value** 10

Line 57 (990) - Land, buildings, and equipment Land (net of any amortization) Land (net of any amortization) Beginning 4 5 **Buildings and equipment Buildings and equipment** Accumulated depreciation Beginning Beginning End End 7 Various(Summary) 69,349 46,828 -----15 16 69,349 46,828 0 22,521 0 18 Buildings and equipment (less accumulated depreciation) . 18 ō 19 Total land, buildings and equipment 19 22,521 Accumulated Category or Item Cost/Other Basis Depreciation **Book Value**

Line 58 (990) - Other assets	1,000	1,000
	Beginning	End
1 Deposits	1,000	1,000
2		
3		
4		
5		
6		
7		
8		
9		
10		

Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2	2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1 Administrative fees, sales refunds		29,269	40,594	55,016	0	124,879
2						0
3						0
•						0
5						0
3					· ·	0
,						0
}						0
9						0
0						0
Total of Other Income		29.269	40.594	55.016	O	124.879

Form 4562 Statement	nt - 990						Wallbuilder Presentations, Inc	esentations	s, Inc	75	75-1627779		
Item Description of No Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Recovery Penod	Method	Conv	Pnor Accum Deprec , 179, Bonus	2005 Deprec.	2005 Accum Deprec.
Section 179 Deductions Before Limitations (Line	Before Lir	nitatio	ons (Line	8) and	Special Allo	Allowance (Line 14)	e 14)						
Non-listed property elected 179 deduction (Line 6) C018 EMac Computer 2/22/2005 F-5 OEQ01Projector 9/8/2005 F-11 C019 Dell Computer 11/15/2005 F-5 C020 Laptop-Gabe Allen 12/28/2005 F-5	79 deduction 2/22/2005 9/8/2005 11/15/2005 12/28/2005	(Line 6 F-5 F-11 F-5 F-5	100 00% 100.00% 100 00% 100.00%	1,543 2,219 1,412 1,551	1,543 2,219 1,412 1,551								
Non-listed property elected 179 deduction (Line 6)	ted 179 deduc	tion (Lin		6,725	6,725								
Total Elected 179 deduction (Line 8) Depreciation Detail	uction (Line 8)	_		6,725	6,725								
ACRS and other depreciation (Line 16) CS003 Software	(Line 16) 7/18/2003	Ξ	100 00%	108	0	0	108	ო	S	Σ	51	36	87
Total ACRS and other depreciation (Line 16)	lepreciation (Lı	ne 16)	, ,	108	0	0	108				51	36	87
MACRS deductions for prior years (Line 17)	years (Line 17	ر ب	900	400	c	c	,	٢	0		2 476		40
_	3/15/2000	F-13	100 00%	3,849 3,849	00	00	3,849	2 ~	SUGDS SL/GDS	ΣΣΣ	3,476 3,465	160	4,195 3,625
C005 Computer	6/1/2000	다. 1.5	100 00%	1,004	00	00	1,004	υ r	SL/GDS	ΣZ	904	92	996
COOS Computer	11/1/2000	Ξ 4.	100 00%	7,545	00	0	7,545	ۍ ~	SL/GDS	ΣΣ	4,842 6,270	1,076	5,918 7,545
C007 Lap Top Computer	1/1/2001	F-5	100 00%	1,225	0	0	1,225	ဌ	SU/GDS	Σ	086	245	1,225
OEQ0(Fax Machine	1/1/2001	π π φ φ	100.00%	130	00	0 0	130 330	សស	SL/GDS	Z Z	20 82	76 96	108 266
C008 Lap Top Computer	5/1/2001	F 5	100.00%	2,269	0	0	2,269	က	SUGDS	Σ	1,626	454	2,080
OEQOCComputer power adapt	7/1/2001	<u>T</u> :	100 00%	125	00	0 0	125	~	SL/GDS	Σ:	63	18	81
OEQUI Power Point Proj OEQUI Color Laser Printer	10/1/2001	<u> </u>	100.00%	3,314	0	0	3,314 2,461	~ ~	SUGDS	Z Z	1,017	473 352	2,090 1,495
C010 CD Burner-David's Cor	8/6/2002	F-5	100.00%	408	0	0	408	ம	SUGDS	Σ Σ	198	8 5	280
C009 Kir's Computer C011 Palm Computer-sched	8/9/2002 8/12/2002	r t	100.00%	1,283	0	0	1,283	വഹ	SUGDS SL/GDS	2 Z 2 Z	621 160	757	8/8 225
$\overline{}$	9/9/2002	9-H	100.00%	6,995	0	0	6,995	വ	SUGDS	Σ	2,648	1,399	4,047
C012 Dell Computer . C13 BBuy Comp-scheduling	12/24/2002	r c	100.00%	1,884	00	0 0	1,884	ന വ	SU/GDS	ΣΣ	770 506	377	1,147
5	3/20/2003	9	100.00%	2,816	0	0	2,816	ı Oı	SL/GDS	Σ	865	563	1,428
OEQ01Printer-DB comp USA	3/21/2003	φų	100.00%	303	00	0 0	303	n u	SI/GDS	ΣΣ	93 45	<u>.</u> 8	<u>7</u> 2
OEQ01Office Equipment	3/31/2003		100.00%	228	0	0	228	^	SL/GDS	Σ	57	33 83	8 3
C014 Sony CD Driver	4/1/2003	F-5	100.00%	150	0	0	150	S.	SL/GDS	Σ	53	30	83
C015 Computer	4/14/2003	ת הי	100.00%	610 610	0 0	00	610	n n	SL/GDS	Σ Σ Σ Σ	203 103	15 2 2 2 2	325
	5/20/2003	7 Y	100.00%	1.067	0	0	1.067	o ro	SL/GDS	ΣΣ	337	213	550
_	7/10/2003	11.	100.00%	244	0 0	00	244	۲,	SU/GDS	Σ:	25	35	8 5
CO18 Lap 10p Computer	10/16/2003	ç	00.001	824	-	>	824	n	SUGUS	Σ	7 <u>8</u> 1	69	/cs
Total MACRS deductions for prior years (Line 17)	ıs for prıor yea	rs (Line		54,035	0	0	54,035				31,659	8,773	40,432
Subtotal			, ,	54,143	0	0	54,143			' '	31,710	8,809	40,519
			ı	54,143	0	0	54,143				31,710	8,809	40,519

	2005	Accum.	Danrac
	2005	Deprec	
75-1627779	Pnor Accum	Code Deprec,	170 Bonis
22	Conv	Code	
s, Inc	Method		
resentations	Recovery	Penod	
Wallbuilder Presentations, Inc	Recovery	Basis	
	Cost or Sec. 179 Special Recovery Recovery Method Conv Pnor Accum	Other Deduction Allowance	
	Sec. 179	Deduction	
	Cost or	Other	Racio
	Bus. Use	%	
	Asset	Code	
ent - 990	Date Placed Asset Bus. Use (In Service Code	
Form 4562 Statement	Description of	Property	
Form	Item	Š	

Item No	Description of Property	Date Placed Asset Bus. Use In Service Code %	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Recovery Method Conv Pnor Accum Penod Code Deprec , 179, Bonus	Method	Code	Pnor Accum Deprec , 179, Bonus	2005 Deprec	2005 Accum. Deprec
Form	Form 4562 Reconciliation	iliation						:						
	Annual depreciation and amortization	and amortize	ation										8,809	
3,	Special allowance except listed property (Line 14)	except listed p	roperty	(Line 14)									0	
_	Listed property special allowance (Line 25)	cial allowance	; (Line 2	:5)									0	
. ,	Section 179 deduction claimed (includes prior year	ion claimed (ii	ncludes	prior year	disallowed)	_						6,725		
. ,	Section 179 deduction carried forward to future yea	ion carried for	ward to	future year	_							6,725		
•,	Section 179 deduction (Line 12)	ion (Line 12)											0	
	Less amortization included in total annual depreciation and amortization (Line 44)	cluded in tota	al annue	al depreciat	ion and an	nortization (1	Line 44)	•					0	
_	Form 4562 , Line 22	12			!								8,809	