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Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the

OMB-100 1545-115

Open to Public Inspection

end of the year may use this form Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2007 calendar year, or tax year beginning 20 OS B Check if applicable Please D Embloyer identification number C Name of organization use (RS Address change label or Name change print or Number and street (or PO box, if mail is not delivered to street address) Room/suite E Telephone number Initial return type. <u>(817) 71</u>4 Termination Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-10 Application pending Number . Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ☑ If the organization I Website: ▶ \_DODE is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) J Organization type (check only one)— 2 501(c) (3) (Insert no) 4947(a)(1) or 527 K Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.) 16281 1 Contributions, gifts, grants, and similar amounts received . . . . 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income . . . . . . 5a Gross amount from sale of assets other than inventory 63 c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) Special events and activities (attach schedule). If any amount is from gaming, check here \_\_\_ of contributions a Gross revenue (not including \$ \_\_\_\_\_ reported on line 1) Less: direct expenses other than fundraising expenses . 6с Net income or (loss) from special events and activities. Subtract line 6b from line 6a Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a 8 8 Other revenue (describe ► Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 Grants and similar amounts paid (attach schedule) See Part III. Une 28 10 11 11 Benefits paid to or for members . . . . . . . . . 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to incentance power pow 13 14 Occupancy, rent, utilities, and maintenance 14 Ś 15 15 Printing, publications, postage, and shipping Other expenses (describe ► \_\_\_\_\_ THOU VO /4 16 16 Total expenses. Add lines 10 throug 17 17 18 18 Assets 19 end-of-year figure reported on prior year's return). . . . . Net 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets-If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 60 of the instructions.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings , . . . . . 23 24 24 Other assets (describe ▶ \_ 25 26 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21) 4 27

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

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Cat No 106421

Form 990-EZ (2007)

Pa	rt III * Statement of Program Service Accomplishments (See page 60 of the instructions.)	Expe	ıses							
What is the organization's primary exempt purpose? TOUSE FUNDS to help support number (Require and (4										
Des	4947(a)									
des	cribe the services provided, the number of persons benefited, or other relevant information for each program title.	nal for	others	s) ———						
28	monthly donations of tood and supplies									
	to help support twelve nuns									
		2 1								
!	(Grants \$ ) If this amount includes foreign grants, check here	1 14	2	1_						
<b>29</b> .										
				_						
1	(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 29a			$\mathcal{O}_{-}$						
30 .										
	(Grants \$ ) If this amount includes foreign grants, check here			$\cap$						
-	Other program services (attach schedule)			<u> </u>						
	(Grants \$ ) If this amount includes foreign grants, check here		7	$\overline{}$						
	Total program service expenses. Add lines 28a through 31a	10	<u> 7</u>	$\stackrel{\leftarrow}{\neg}$						
	rt IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the	e instru	ctions.	1						
	(B) Title and average (C) Compensation (D) Contributions to	(E)	Expens	ie						
	(A) Name and address hours per week (If not paid, employee benefit plans & devoted to position enter -0) deferred compensation		ount an							
$\overline{z}$	ennie Mayer President									
4	125 Zer Mart Ct. Colly V. NoTX 76034 1 HOUR O		0							
	Carrie Weaver First V. Pres.	0								
ىي	SOL Cindy Lane FT. Worth U 76135 1 HOUR		0_							
	Columbia Reid Second V. Pres		<u> </u>							
18	12 Wine Ward Lane Action to 76013   MOUR		, 							
نو ـ	Nancy Dalton Treasurer 0	0	)							
	13 rends Find ST. Ft. WOMD TX 76107 1 HOUR	<del></del>								
Pa	rt V Other Information (Note the statement requirement in General Instruction V.)		Yes	No						
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X						
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"									
•	attach a conformed copy of the changes	34		X						
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not		l	l						
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.									
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			<b>V</b> .						
	proxy tax requirements?	35a		X						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		人						
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	36		×						
) <b>7</b> -	statement	36								
	Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a	37b		X						
	Did the organization file Form 1120-POL for this year?	10.0								
жa	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		_X						
<b>L</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount			_ <del>- `</del>						
D	involved		1							
39	501(c)(7) organizations. Enter:	7								
	Initiation fees and capital contributions included on line 9	}								
	Gross receipts, included on line 9, for public use of club facilities	<u>                                     </u>	1							

Page	3
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	rt V	Other Information (Note the statement require	rement in General Instru	uction V.) (Cont	inuea)		
	section	c)(3) organizations. Enter amount of tax imposed on to the section 4911 ▶; section 4912 ▶	O , section 4	955 🕨		[Vec	N.
þ	<i>501(c)</i> year c	)(3) and (4) organizations Did the organization engage in or did it become aware of an excess benefit transaction	any section 4958 excess b from a prior year? If "Yes,"	enefit transaction " attach an explar	during the nation 40	Yes b	No
	the ye	amount of tax imposed on organization managers of ear under sections 4912, 4955, and 4958		ing . ►			
		amount of tax on line 40c reimbursed by the organi		. >			
ę	transa	ganizations. At any time during the tax year, was the action?		prohibited tax sl	helter 40	e	X
41	List th	ne states with which a copy of this return is filed.	1EXUS		0.7.7	~ =	<del>- 5</del> 1.
42a	The b	books are in care of ► Hancy Palted at ► 3613 Lands End F	troath tou	Telephone r ZIP + 4			
С	over a account "Yes See the At any of "Yes Section of the Atlant of the	es," enter the name of the foreign country:  he instructions for exceptions and filing requirements y time during the calendar year, did the organization es," enter the name of the foreign country:	s for Form TD F 90-22.1. maintain an office outside	e of the U.S.?	r financial 42		No X
Plea Sign Here	ise	Under penalties of penury, declare that I have examined this ret and belief, it is true, correct and complete. Declaration of prep	turn, including accompanying sch arer (other than officer) is based	nedules and statemer	nts, and to the best of which preparer has	my know any know	rledge ledge,
Paid		Preparer's signature	Date	Check if self-	Preparer's SSN or PTIN	(See Gen I	Inst X)
Prepa Jse (	arer's	Firm's name (or yours		EIN	<b>&gt;</b>		
JSE (	וווכ	if self-employed), address, and ZIP + 4		Phone no	<b>&gt;</b> /		

## 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.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	1 ( )		Employer identifica	tion number
Auxiliani ID Discalced	1 Carmelite	luns	175: 190	19314
Part I Compensation of the Five High				and Trustees
(See page 1 of the instructions. I	ist each one. If there ar	e none, enter "I	None.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DODE				
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor			of service	(c) Compensation
<u>none</u>			~_~~	
***************************************				
			_	
Total number of others receiving over \$50,000 for professional services		-		
Part II-B Compensation of the Five High	est Paid Independent C	ontractors for	Other Services	
(List each contractor who perform			nces, whether inc	dividuals or
firms. If there are none, enter "No		<del></del>		<del>.</del>
(a) Name and address of each independent contractor	paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
UDUE -				
				<del></del>
Total number of other contractors recovers	·	· · · · · · · · · · · · · · · · · · ·		
Total number of other contractors receiving over				

Pai	Part III Statements About Activities (See page 2 of the instruc	ctions.)	Yes	No
1	During the year, has the organization attempted to influence national, statempt to influence public opinion on a legislative matter or referendum? or incurred in connection with the lobbying activities ▶ \$	If "Yes," enter the total expenses paid (Must equal amounts on line 38,		X
	Organizations that made an election under section 501(h) by filing Form organizations checking "Yes" must complete Part VI-B AND attach a state the lobbying activities.			
2	2 During the year, has the organization, either directly or indirectly, engaged substantial contributors, trustees, directors, officers, creators, key employ with any taxable organization with which any such person is affiliated as owner, or principal beneficiary? (If the answer to any question is "Yes," atta transactions)	yees, or members of their families, or s an officer, director, trustee, majority		
а	a Sale, exchange, or leasing of property?	<u>2a</u>		X
b	<b>b</b> Lending of money or other extension of credit?	<u>2</u> b		X
С	c Furnishing of goods, services, or facilities?	2c		X
d	d Payment of compensation (or payment or reimbursement of expenses if m	nore than \$1,000)?2d		X
е	e Transfer of any part of its income or assets?	<u>2e</u>		×
3a	3a Did the organization make grants for scholarships, fellowships, student loans of how the organization determines that recipients qualify to receive paym			Χ
b	b Did the organization have a section 403(b) annuity plan for its employees?	3b		<u>X</u>
С	c Did the organization receive or hold an easement for conservation purposes, space, the environment, historic land areas or historic structures? If "Yes," a			入
d	d Did the organization provide credit counseling, debt management, credit rep	pair, or debt negotiation services? . 3d		X
4a	4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4f and 4g	lines 4b through 4g. If "No," complete		X
b	<b>b</b> Did the organization make any taxable distributions under section 4966?			<u>,X</u>
С	c Did the organization make a distribution to a donor, donor advisor, or related	d person?		<u>X</u>
d	d Enter the total number of donor advised funds owned at the end of the tax y	/ear ▶	_	D
е	e Enter the aggregate value of assets held in all donor advised funds owned	d at the end of the tax year		0
f	f Enter the total number of separate funds or accounts owned at the end of funds included on line 4d) where donors have the right to provide advice amounts in such funds or accounts	· · ·		0
9	g Enter the aggregate value of assets held in all funds or accounts included o	on line 4f at the end of the tax year		Ö

Pa	rt I	7	Reason f	or Non-Private	Foundation S	<b>Status</b> (See pages 4	through 8 o	f the instruct	ions.)	
l ce	rtify	that t	he organiza	tion is not a priva	te foundation bed	cause it is: (Please check	c only ONE ap	plicable box)		
5		A cl	nurch, conve	ention of churches	s, or association of	of churches Section 170	O(b)(1)(A)(ı)			
6		A so	chool Section	on 170(b)(1)(A)(ıı). (	Also complete Pa	art V.)				
7		A ho	ospital or a	cooperative hospii	tal service organi	zation Section 170(b)(1)	(A)(III).			
8		A fe	deral, state,	, or local governm	ent or governmer	ntal unit. Section 170(b)(	1)(A)(v).			
9						nction with a hospital Se		(A)(III). Enter the	e hospital's name, city,	
10			-	operated for the bo	_	or university owned or o	perated by a go	overnmental uni	t Section 170(b)(1)(A)(iv)	
11a	Ø			that normally rece Also complete the		part of its support from a ule in Part IV-A)	governmental	unit or from the	e general public Section	
11b		A co	ommunity tri	ust. Section 170(b	)(1)(A)(vi). (Also co	omplete the Support Sc	<b>hedule</b> in Part	IV-A)		
12		An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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						jualified persons (other hat describes the type o			nd otherwise meets the	
		_	Type I	☐ Type II		III-Functionally Integrate		Type III-Othe	r	
			Provide t	he following info	rmation about th	ne supported organizat	i <b>ons.</b> (See pag	e 8 of the instr	uctions)	
(a) Name(s) of supported organization(s)			organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support		
		_					Yes	No		
Tota	ıl	<u> </u>	<u></u>		· · · ·	<u> </u>	<u> </u>	<u>.</u> . •		
4.4	П	An c	raanization	organized and on	aratad to tast for	nublic safety Section 5	(00/a)/A) /Saa	nage 8 of the "	ostrustions )	

ed (Do 28.)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 200	03 (6	e) Total
28.) .						-
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Do not						
assets			<u> </u>			
<u> </u>						
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	a Enter 2% of me of and amour		• • •		26a	
	zation) whose tot				}	
_	ith your return. E	-	_		26b	
t Enter li	ne 24, column (e	e)		<b>&gt;</b>	26c	
es: 18		19				
22		26b	<del></del>	▶	26d	
id total)		•		<b>&gt;</b>	26e	
(numera	ator) divided by	line 26c (denom	ninator))	. >	26f	%
to show Enter th	or amounts inclu- the name of, and e sum of such ar	total amounts remounts for each	eceived in each year	year from, eac	ch "disqualifi	ed person,"
I for each ed in lines eived and	Ü	ore than the larger well as individuals it described in (1)	of (1) the amou b) <b>Do not file th</b> i or (2), enter th	unt on line 25 fo is list with you e sum of these	or the year or r return. After differences	r (2) \$5,000 r computing (the excess
∋s: 15 20		16 21		•	27c	
					27d	
ne 27d to	otal)			▶	27e	
	mount from line	23, column (e)	. ▶ 27f		]	
(numera	ator) divided by	line 27f (denom	inator)) .	▶	27g	%
					27h	%
	es: 15 20 ne 27d to st. Enter a e (numera e 18, colu	es: 15 and line 27b totallots.  It. Enter amount from line e (numerator) divided by e 18, column (e) (numerator) discontinuous in described in line 10, 11,	es: 15 16	65)	65)	20

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Par	Private School Questionnaire (See page 9 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, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	other governing instrument, or in a resolution of its governing body?			
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
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	24		
	that makes the policy known to all parts of the general community it serves?	31		
	The state of the s	1	ľ	
			İ	
			ł	
32	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	}	İ
a h	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.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	-	
b	Admissions policies?	33ь		
С	Employment of faculty or administrative staff?	33c		<del></del>
d	Scholarships or other financial assistance?	33d	_	
e	Educational policies?	33e	-	
f	Use of facilities?	33f	-	
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		<del></del>
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
				l
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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 "No," attach an explanation

Par	t VI-A Lobbying Expenditures by El (To be completed ONLY by an					e instruct	ions.	)
Chec	k ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck ▶ b 🗌 if	you checked '	'a" an	d "limited co	ntrol"	provisions apply
	Limits on Lobbyi	-				(a) Affiliated gi totals	oup	(b) To be completed for all electing
	(The term "expenditures" mea	····		<del></del>	26			organizations
36	Total lobbying expenditures to influence public				36 37	<del></del>		
37	Total lobbying expenditures to influence a legis				38			
38	Total lobbying expenditures (add lines 36 and		39					
39	Other exempt purpose expenditures				40			
40	Total exempt purpose expenditures (add lines				40			<del> </del>
41	Lobbying nontaxable amount. Enter the amount		•					
		obbying nontaxa		1				
		of the amount on		i i	- 1			
		000 plus 15% of the		l l	41			
		000 plus 10% of th			<del></del>			ļ.—
		000 plus 5% of the		1	1			
		0,000			42			
42	Grassroots nontaxable amount (enter 25% of li				43	<del></del>		
43	Subtract line 42 from line 36. Enter -0- if line 4			• • •	44			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than iir	ne 38	• • • •	77			<u> </u>
	Caution: If there is an amount on either line 43	or line 44. vou r	nust file Form 47	20.				
						<del></del>		
	(Some organizations that made a section See the instructions for	eraging Perion on 501(h) election or lines 45 throug	do not have to	complete all	of the	five colum	ins be	elow
		Lob	bying Expenditu	res During	4-Yea	ar Averagiı	ng Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004		Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))						-	
47	Total lobbying expenditures				į			
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))		<u>-</u>			-		
EΩ	Creare eta labbigna avnandituras				:			
50	Grassroots lobbying expenditures	dina Bublic C	haritiaa	<u>L</u>				<u> </u>
Pai	t VI-B Lobbying Activity by Nonelect (For reporting only by organization)			Part VI-A) (	See	page 14	of the	e instructions.)
	ng the year, did the organization attempt to influ		_		ıng a	ny Yes	No	Amount
atter	npt to influence public opinion on a legislative n	natter or referend	um, through the	use of:		-		
а	Volunteers							
b	Paid staff or management (Include compensation	on in expenses r	eported on lines	c through h.	)			
C								
d	Mailings to members, legislators, or the public							
е	Publications, or published or broadcast statem	ents				·		
f	Grants to other organizations for lobbying purp					.		
g	Direct contact with legislators, their staffs, government	ernment officials,	or a legislative b	ody		.		
h	Rallies, demonstrations, seminars, conventions					·	L	<u> </u>
i	Total lobbying expenditures (Add lines c through	gh <b>h.</b> )				. L		L
	If "Yes" to any of the above, also attach a stat			المساه كم من		aatr		

Par	t VI			ransters to and transa e page 14 of the instruction	ictions and Helationsnip ins.)	s With Non	chari	table
51			•		e following with any other organion 527, relating to political organic		ed in s	ection
а		` ,		to a noncharitable exempt org			Yes	No
_		Cash				51a(i)		
	• • •	Other assets .				a(ii)		
ь	Oth	er transactions						
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	ation	b(i)_	<u> </u>	
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization .		b(ii)		
	(iii)	Rental of facilities	s, equipment, or oth	ner assets		b(iii)	1	
	(iv)					b(iv)		
	(v)	Loans or loan gua	arantees			b(v)		
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations		b(vi)	ļ	
C	Sha	ring of facilities, ec	quipment, mailing li	sts, other assets, or paid emplo	oyees			
d	goo	ds, other assets, o	r services given by	the reporting organization. If	e. Column (b) should always show the organization received less the ds, other assets, or services recei	nan fair market		
(a		(b)		(c)	(d)		-	
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transaction	ons, and sharing ar	rangem	ents
						· · · · · · · · · · · · · · · · · · ·		
					<u> </u>			
				· · · · · · · · · · · · · · · · · · ·				
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-						· · · · · · · · · · · · · · · · · · ·		
			L					
	des	cribed in section 50	,	other than section 501(c)(3)) or	ne or more tax-exempt organizin section 527?	. —	s [	] No
		(a) Name of organiz						
								-
				<u> </u>		<del></del>		