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Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

- B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
BIGHOUSE TEXAS INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1300 E 13th Street
City or town, state or country, and ZIP + 4
Deer Park, TX 77536

D Employer identification number
20-1031852
E Telephone number
(281) 930-1300
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method Cash Accrual
Other (specify)

I Website: www.bighousetx.org
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

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

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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 98,863

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 98,821
3	Membership dues and assessments
4	Investment income 42
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>
6a	Gross revenue (not including \$ of contributions reported on line 1) 0
6b	Less direct expenses other than fundraising expenses 0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 0
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe)
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 98,863
Expenses	
10	Grants and similar amounts paid (attach schedule)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits 47,010
13	Professional fees and other payments to independent contractors 1,068
14	Occupancy, rent, utilities, and maintenance 1,472
15	Printing, publications, postage, and shipping 5,208
16	Other expenses (describe) 39,156
17	Total expenses (add lines 10 through 16) 95,740
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 3,123
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 57,857
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) 60,980

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	57,857	60,980
23	Land and buildings		
24	Other assets (describe)		
25	Total assets	57,857	60,980
26	Total liabilities (describe)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,857	60,980

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Religious work camp		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. 28 BIGHOUSE TEXAS, Inc ("BIG HOUSE") is a religious work camp for Jr High Youth (completed 6-8th grades) who work to repair and repaint needful churches and social agencies. BIG HOUSE is an acronym, which stands for Believing in God and Helping Others Understand through Service Everywhere. Most churches that will benefit from the work camps are housed in older, historic buildings with aging congregations who cannot afford to pay someone to maintain the buildings or do the necessary repairs themselves. In 1996, a couple of youth directors got together and brought their Jr High youth to do a mission work camp in Athens, Texas. There were only 25 people in this camp, but together they worked on Mt Selman United Methodist Church. This became a special project of the United Methodist Church, and it has continued to grow, as volunteers have come together to make it what it is every year. In 2008, there were 11 camps held throughout Texas. In these camps, there were 973 participants from 77 churches, who gave approximately 13,622 hours of volunteer time. The work camps involve religious, educational, and charitable activities. Charitable projects done by BIG HOUSE work camps include, but are not limited to the following, painting churches, building wheelchair ramps, doing landscaping, repairing handrails, preparing meals, stocking food at a food pantry, and otherwise assisting church members. The work camps also emphasize spiritual growth, and educational opportunities. The children participate in daily devotionals and worship services. Each morning before anything else has begun, the youth and adults meet for a morning devotion to get the day started. They have a lunch devotional at the worksite, sometimes shared with the client. There is an evening worship service for all involved. Educating these youth on the principle of responsibility is another component of the work camps. Responsibility is not just to their home church, but to the church as a whole, and to their community not just at home, but to the world. The lessons learned at these camps is helping to develop servant leaders, and grow them in a way that they will better their world. (Grants \$ 74,643)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a 1,826
29 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	32 74,643

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Additional Data

Software ID:
Software Version:
EIN: 20-1031852
Name: BIGHOUSE TEXAS INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Meg Edmondson 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Pat Thompson 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Meredith Searcy 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Becky Hand 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Jason Huffman 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Alice Skinner 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Bryan Skinner 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Susy McAdams 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Greg Gammon 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Whitney Schoening 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Stacy Buntin 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Carla Blythe 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
John Stephenson 1300 E 13th Street Deer Park, TX 77536	Board Member 1 00	0		
Christie Burnette 1300 E 13th Street Deer Park, TX 77536	Treasurer 1 00	0		
Leslie Buffum 1300 E 13th Street Deer Park, TX 77536	Secretary 1 00	0		
Allan Kohutek 1300 E 13th Street Deer Park, TX 77536	Vice President 1 00	0		
Karen Brown 1300 E 13th Street Deer Park, TX 77536	President 1 00	0		
Sharma Castillo 1300 E 13th Street Deer Park, TX 77536	Coordinator 20 00	11,060		
Kristen Cleveland 1300 E 13th Street Deer Park, TX 77536	Executive Direc 40 00	30,489		

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

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
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		No
35	<i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ _____	37a		
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<i>501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	<i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The books are in care of ▶ <u>Krsten Cleveland</u> Telephone no ▶ <u>(281) 930-1300</u> 1300 E 13th Street Located at ▶ <u>Deer Park, TX</u> ZIP + 4 ▶ <u>77536</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____			
44	Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-01-12

Krsten Cleveland, Executive Direc
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Jody Blazek Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Blazek & Vetterling, 2900 Wesleyan Suite 200, Houston, TX 770275132

Preparer's PTIN (See Gen Inst X): _____

EIN: _____ Phone no: (713) 439-5739

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
BIGHOUSE TEXAS INC

Employer identification number

20-1031852

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	96,402	63,790	98,775	94,472	98,821	452,260
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total Add lines 1-5	96,402	63,790	98,775	94,472	98,821	452,260
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						452,260

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	96,402	63,790	98,775	94,472	98,821	452,260
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	883	1,208	1,208	646	42	3,987
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
c Add lines 10a and 10b	883	1,208	1,208	646	42	3,987
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total Support (Add lines 9, 10c, 11 and 12)						456,247
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99 130 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	99 090 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 870 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 910 %

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

TY 2008 Explanation of Non UBI

Name: BIGHOUSE TEXAS INC

EIN: 20-1031852

Software ID: 08000091

Software Version: 2008v2.7

Explanation: Registration fees are charged in connection with the work camps as described in Part III.

TY 2008 Grants and Similar Amounts Paid Schedule

Name: BIGHOUSE TEXAS INC

EIN: 20-1031852

Software ID: 08000091

Software Version: 2008v2.7

Item No.	1
Class of Activity	Host Church donation
Donee's Name	First United Methodist Church Trinity
Donee's Address	131 South Elm Street Trinity, TX 75862
Amount (FMV)	120
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Host Church donation
Donee's Name	First UMC Jacksonville
Donee's Address	416 South Bonner Street Jacksonville, TX 75766
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Host Church donation
Donee's Name	Deer Park United Methodist Church
Donee's Address	1300 East 13th Street Deer Park, TX 77536
Amount (FMV)	164
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Host Church donation
Donee's Name	First UMC DeSoto
Donee's Address	310 Roaring Springs Drive DeSoto, TX 75115
Amount (FMV)	220
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Host Church donation
Donee's Name	First UMC East Bernard
Donee's Address	421 Pietzsch Street East Bernard, TX 77435
Amount (FMV)	168
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	Host Church donation
Donee's Name	Prosper United Methodist Church
Donee's Address	205 South Church Street Prosper, TX 75078
Amount (FMV)	110
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Host Church donation
Donee's Name	First United Methodist Church Alvin
Donee's Address	611 West South Street Alvin, TX 77511
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Host Church donation
Donee's Name	First United Methodist Church Fairfield
Donee's Address	201 N Mount Street Fairfield, TX 75840
Amount (FMV)	126
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Host Church donation
Donee's Name	First United Methodist Church Cleveland
Donee's Address	100 N William Barnett Ave Cleveland, TX 77327
Amount (FMV)	182
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Host Church donation
Donee's Name	First United Methodist Church Columbus
Donee's Address	122 Creek Bend Lane Columbus, TX 78934
Amount (FMV)	134
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	Host Church donation
Donee's Name	First United Methodist Church Palestine
Donee's Address	422 South Magnolia Street Palestine, TX 75801
Amount (FMV)	152
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Expenses Schedule

Name: BIGHOUSE TEXAS INC

EIN: 20-1031852

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
Travel	5,803
Office Expenses	4,851
Camp supplies	6,645
Camp program & materials	17,641
Advertising and Promotion	194