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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

For	caler	ndar year 2009, or tax year beginning		, 2009, and ending , 20					
G	heck	all that apply Initial return		Initial return	of a former	Final retu	Final return		
		Amended retu	irn	Address	change	∏Nan	ne change		
Use	the						A Employer identifi	cation number	
	label	ommer minimornation,					20-2584509		
	ierwi print	Number and street (or PO box number		1			B Telephone number (see instructions)		
	r typ	e. 10909 COUNTRY CLC	B NE				(505) 856-7982		
	Spe						C If exempt application is pending, check here ▶		
		ons. ALBUQUERQUE NM 871					D 1. Foreign organiz 2. Foreign organization		
$\overline{}$			(c)(3) exempt private foundation				test, check here ar	id attach computation 🕨 📙	
		on 4947(a)(1) nonexempt charitable trust		Other taxable private foundation E If private foundation status terminated under section			section		
			Accountin		Cash	Accrual	507(b)(1)(A), chec		
•	ar (fr	om Part II, col (c), line 16)	Other (specify) art I, column (d) must be on cash basis)				F if the foundation is in a 60-month termination under section		
▶ \$	- Taran		art I, colun	nn (d) must be	on cash bas	SIS)	507(b)(1)(B), chec		
Pa	1 1	Analysis of Revenue and Expenses (The total of amounts in columns (b),	1 ' '	evenue and	(b) Net investment		(c) Adjusted net	(d) Disbursements for charitable	
		(c), & (d) may not necessarily equal the		enses per	` '	ome	ıncome	purposes	
_		amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received	ļ	oooks				(cash basis only)	
	1	(attach schedule)	ļ	11,000					
	2	Check ► L to attach Sch B		9		9	9		
	3	Interest on savings and temp cash investments	ļ	9			9		
	4 -	Dividends and interest from securities	ļ	 -		•			
		Gross rents , Net rental	DI	OFN IF			······································	·	
R	6 7	(ncome pr (loss)	-DE	UEIVE] [
E		l Net gain/(loss) from sale of assets not on line 10 Gross sales price for	*						
V E	7	all assets on line 6a Capital gain net income (from Part IV, line 2)	AU AU	6 I G 2010		0			
N	8	Net short-term capital gain	4	E010	2		0		
U	9	Income modifications	NG	DENI D			0		
Е	_	Gross sales less		TEIN H					
	b	rtns & allowances							
	c	goods sold L	†		***************************************				
	11	Other income (attach schedule)					.,	······································	
	12	Total. Add lines 1 through 11		11,009		9	9		
0	13	Compensation of officers, directors, trustees, etc		15,000			-		
P	14	Other employee salaries and wages		•					
R	15	Pension plans, employee benefits		_					
A	16 a	Legal fees (attach schedule)						-	
i	b	Accounting fees (attach schedule) #1		641					
N G		Other professional fees (attach schedule)							
. 0.	17	Interest							
0 A D	18	Taxes (attach schedule) (see instruction # 2		1,148					
	19	Depreciation (attach sch) and depletion							
e M n I	20	Occupancy	<u></u>						
N	21	Travel, conferences, and meetings							
, E	22	Printing and publications	ļ						
X	23	Other expenses (attach schedule) #3	ļ	170					
E	24	Total operating and administrative	1						
N		expenses. Add lines 13 through 23		16,959		0	0	0	
E	25	Contributions, gifts, grants paid		16.056	ļ 				
<u>s</u>	26	Total exp & disbursements Add lines 24 and 25	5	16,959	ļ	0	0	0	
)		Subtract line 26 from line 12. Excess of revenue over expenses and disbursements.		-5,950					
	b	Net investment income (if neg , enter -0-)			9			
	c	Adjusted net Income (if neg , enter -0-)					9		

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

Form **990-PF** (2009)

Do	rt II	Attached schedules and amounts in the Balance Sheets description column should be for	Beginning of year	End o	of year
70	12 6 11	end-of-year amounts only (See inst)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing .			
	2	Savings and temporary cash investments .	26,686	20,736	20,736
	3	Accounts receivable▶			
		Less allowance for doubtful accts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accts ▶			
	5	Grants receivable .			
AS	6 7	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) Other notes and loans receivable (attach schedule)			
S		Less allowance for doubtful accounts			- · · · · ·
S E	8 9	Inventories for sale or use Prepaid expenses and deferred charges			
T S	_	Investments U.S. and state govt obligations (attach sch)		<u> </u>	
_	i	Investments corporate stock (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
		Investments corporate stock (attach schedule)			
	11	Investments — land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments mortgage loans .			
	13	Investments other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation			
	45	Less accumulated depreciation (attach schedule)		,	
	15 16	Other assets (describe Total assets (to be completed by all filers see the			
	16	Instructions Also, see page 1, item I)	26,686	20,736	20,736
Ĺ	17	Accounts payable and accrued expenses	20,000	20,730	20,730
1	18	Grants payable			
A B I	19	Deferred revenue			
Ł	20	Loans from officers, directors, trustees, and other disqualified persons			
L	21	Mortgages and other notes payable (attach schedule)			
ı	22	Other liabilities (describe ►)			
E S	23	Total liabilities (add lines 17 through 22)	0	0	
<u> </u>		Foundations that follow SFAS 117, check here			
_		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted .			
ŦΝ	25	Temporarily restricted			
ABAL.	26	Permanently restricted			1
SΒ		Foundations that do not follow SFAS 117, ck. here ▶ 🂢			
ĔΩ		and complete lines 27 through 31.			
T A S N	27	Capital stock, trust principal, or current funds	26,686	20,736	
		Paid-in or capital surplus, or land, bldg, and equipment fund			
O É R S	29	Retained earnings, accumulated income, endowment, or other funds			
·· э	30	Total net assets or fund balances (see the instructions)	26,686	20,736	
	31	Total liabilities and net assets/fund balances (see the inst)	26,686	20,736	
Pa	rt III	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	net assets or fund balances at beginning of year Part II, colun	nn (a), line 30 (must agre	e with	
	end-	of-year figure reported on prior year's return)		1	26,686
2	Ente	r amount from Part I, line 27a .		2	-5,950
3	Othe	r increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3		4	20,736
5		eases not included in line 2 (itemize)▶	-	5	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	30 6	20,736

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Pa	rt IV Capital Gains a	and Losses for Tax on Inv	vestment Inco	me				
		e kınd(s) of property sold (e.g , reuse, or common stock, 200 shs M		(b) How acquired	(c) Date acquired	(d) Date sold		
	2-Story brick waterior	use, of confinion stock, 200 shs iv	11.0 00)	D Donation	(mo , day, yr)	(mo , day, yr)		
<u>1a</u>								
								
								
e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		n or (loss) f) minus (g)		
а								
b								
_c								
_d				···				
e_			<u> </u>					
	Complete only for assets show	wing gain in column (h) and owne	7 · · · · · · · · · · · · · · · · · · ·			(h) gain minus		
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ess of col (i) ol (j), if any	, ,,	col (k), but not less than -0-) or Losses (from col (h))		
a						· · · · · · · · · · · · · · · · · · ·		
b			<u> </u>					
_ <u>c</u>								
d				··· · · · ·				
<u>e</u>	<u></u>		<u></u>	. ¬				
2	Capital gain net income or (ne		also enter in Part I enter -0- in Part		2	0		
		(loss) as defined in sections 1222 e 8, column (c) (see the instruction		¬				
	If (loss), enter -0- in Part I, lin				3	0		
		nder Section 4940(e) for			-			
(For	optional use by domestic priv	rate foundations subject to the sec	ction 4940(a) tax o	n net investment inc	ome)			
If se	ction 4940(d)(2) applies, leave	e this part blank						
		section 4942 tax on the distributab qualify under section 4940(e) Do i			od?	Yes X No		
1		t in each column for each year, se			entries			
<u> </u>	(a)	(b)	e the mandenona	(c)	Title 5	(d)		
	Base period years Calendar year (or tax year beg in)	Adjusted qualifying distribu	itions	Net value of ncharitable-use assets		Distribution ratio (col (b) divided by col (c))		
	2008		1101	ichantable bac baseta	(601 (6)	divided by cor (c))		
	2007							
	2006							
	2005							
	2004							
2	Total of line 1, column (d)		•		2	0.00000		
3	3	the 5-year base period divide		by 5, or by the num	ber			
	of years the foundation has b	peen in existence if less than 5 year	ırs		3	0.000000		
4	Enter the net value of noncha	aritable-use assets for 2009 from	Part X, line 5		4	15,455		
5	Multiply line 4 by line 3				5			
6	Enter 1% of net investment in	ncome (1% of Part I, line 27b)	• •	• •	6			
_	Add been 5 and 0				,			
7	Add lines 5 and 6				7			
8	Enter qualifying distributions				8			
	If line 8 is equal to or greater instructions	than line 7, check the box in Part	VI, line 1b, and co	omplete that part usi	ng a 1% tax rate Se	e the Part VI		

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definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 0 (2) On foundation managers 0 (1) On the foundation e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either · By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that Χ conflict with the state law remain in the governing instrument? Χ Did the foundation have at least \$5,000 in assets at any time during the yr? If "Yes," complete Part II, col (c), & Part XV 7 8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ► NM b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or

designate) of each state as required by General Instruction G? If "No," attach explanation #4 8b Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(i)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete

Part XIV Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their names and addresses

Χ

Χ

Χ

Χ

Χ

Χ

Form	990-PF(2009) CHARIS MINISTRIES, INC 20-2584509		Pa	age 5
Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	T		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008? .	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ► NA			
14	The books are in care of ▶See attachment #6 Telephone no ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the year			_
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)	}		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2009?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20 , 20 , 20 ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement see the instructions)	2b		Х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

	990-PF (2009)CHARIS MINISTRIES,			·		Pag	e 6
	VII-B Statements Regarding Acti		Form 4720 May Be	Required (continued	<u>d)</u>		
5 a	During the year did the foundation pay or incu	r any amount to			•		
	(1) Carry on propaganda, or otherwise attem	pt to influence legislation	on (section 4945(e))?	∐ Yes 🏻 l	No OF		
	(2) Influence the outcome of any specific pub	lic election (see section	n 4955), or to carry				
	on, directly or indirectly, any voter registra	ation drive?		Yes XI	No O		
	(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	│ Yes 🏻 I	No O		
	(4) Provide a grant to an organization other th	nan a charitable, etc., c	organization described				
	in section 509(a)(1), (2), or (3), or section		-	∏ Yes ဩ n	No l		
	(5) Provide for any purpose other than religio			٠,٠٠٠ ال			
	educational purposes, or for the prevention		•	∏ Yes 汉 I	N O		
b	If any answer is "Yes" to 5a(1)-(5), did any of	•			•		
D	Regulations section 53 4945 or in a current no				5b	1 1	Х
			•	ictions).		+	
	Organizations relying on a current notice regar	-		•	\sqcup	1	
С	If the answer is "Yes" to question 5a(4), does t		emplion from the tax	NT / N		1	
	because it maintained expenditure responsibili	-		N/A UYes U	No P		
	If "Yes," attach the statement required by Regu						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums							
	on a personal benefit contract?			☐ Yes 🏻 I	No		
b	Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal benefit	contract?	6b		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the found	ation a party to a prohi	bited tax shelter transact	lon?	No or		
b	If yes, did the foundation receive any proceeds	s or have any net incor	me attributable to the tran	nsaction? .	7b		Χ
Pai	t VIII Information About Officers,	Directors, Truste	es, Foundation Ma	nagers, Highly Pa	id Emplo	yees,	
	and Contractors	•	•		•	•	
1	List all officers, directors, trustees, foundati	on managers and the	ir compensation (see th	ne Instructions).		-	
		(b) Title, and avg	(c) Compensation	(d) Contributions to	(e) Expen	se accou	nt.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred comp		lowances	
Sec	attachment #7	develou to position		and delened comp			
			•				
	<u> </u>						
2	Compensation of five highest-paid employe	ees (other than those	Included on line 1 se	ee the Instructions).			
	If none, enter "NONE."						
		(b) Title, and avg		(d) Contributions to			
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen	se accou Iowances	
	more than \$50,000	devoted to position		compensation	Other a	iowances	•
101	VE			•			

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see the instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services ▶ Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number Expenses of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1See attachment #8 See attachment #9 3 See attachment #10 See attachment #11 Summary of Program-Related Investments (see the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 2 All other program-related investments. See the instructions 3

Total. Add lines 1 through 3

▶

orm 990-PF (2009) CHARIS	MINISTRIES	TNC	20-2	5845	ina
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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	
	see the instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities .	1a	
b	Average of monthly cash balances .	1b	36,455
c	Fair market value of all other assets (see the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	36,455
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	36,455
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	the instructions)	4	21,000
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	15,455
6	Minimum investment return. Enter 5% of line 5	6	773
Par	TXI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here $lackbox X$ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5 2a	_}	
b	Income tax for 2009 (This does not include the tax from Part VI) . 2b	_	
С	Add lines 2a and 2b .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
n	+ VII Avalifying Distributions (
Par	t XII Qualifying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes .	2	
3	Amounts set aside for specific charitable projects that satisfy the		_
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		·
	Enter 1% of Part I, line 27b (see the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the foundat	ion
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII	Undistributed Income (see	ne instructions)						
			(a)	(b)	(c)	(d)			
1	Distribi	utable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009			
	line 7		······································			0			
2		buted income, if any, as of the end of 2009							
		amount for 2008 only							
		•							
		r prior years 20, 20, 20							
3		distributions carryover, if any, to 2009							
	From 2								
	From 2								
•	From 2								
	f From 2								
	From 2								
	f Total o	of lines 3a through e	0			***************************************			
4	Qualifyi	ng distributions for 2009 from Part XII,							
	line 4								
•	a Applie	d to 2008, but not more than line 2a							
ı	Applied	to undistributed income of prior years							
	(Election	n required see the instructions)							
(Treated	d as distributions out of corpus							
	(Election	on required see the instructions)							
(d Applie	d to 2009 distributable amount							
	B Remaini	ng amount distributed out of corpus							
5	Excess	distributions carryover applied to 2009			· · · · · · · · · · · · · · · · · · ·				
		ount appears in column (d), the same							
		must be shown in column (a))							
6	Enter the net total of each column as								
Ū		ted below:							
		Add lines 3f, 4c, and 4e Subtract line 5							
		ears' undistributed income Subtract							
	•	from line 2b							
		e amount of prior years' undistributed							
		for which a notice of deficiency has been							
		or on which the section 4942(a) tax has							
		eviously assessed							
(ct line 6c from line 6b Taxable							
		it see the instructions							
(ributed income for 2008 Subtract							
	line 4a	from line 2a Taxable amount							
		e instructions ,							
•	f Undist	ributed income for 2009 Subtract							
		d and 5 from line 1 This amount							
	must b	e distributed in 2010 .			***************************************				
7	Amour	nts treated as distributions out of							
	corpus	to satisfy requirements imposed							
	by sec	tion 170(b)(1)(F) or 4942(g)(3) (see							
	the ins	tructions)							
8	Excess	distributions carryover from 2004							
	not ap	plied on line 5 or line 7 (see the							
	ınstruc		_						
9		s distributions carryover to 2010.							
		ct lines 7 and 8 from line 6a							
10	Analvs	ıs of line 9							
	•	s from 2005							
		s from 2006							
		s from 2007							
		s from 2008							
		s from 2009	1						
,		,	1	ł <u></u>	<u> </u>				

Par	t XIV Private Operating Found	lations (see instruc	ctions and Part VII-A	, question 9)			
1a	If the foundation has received a ruling or	determination letter	that it is a private op	erating			
	foundation, and the ruling is effective for	2009, enter the date	of the ruling	▶ 04-16	5-2008		
b	Check box to indicate whether the found	lation is a private ope	erating foundation de	escribed in section	X 4942(J)(3) or	4942(1)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	-0/(-/	10 1-0/(-)	
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total	
	investment return from Part X for each	9	20	(0) 2007	(4) 2000	20	
h	year listed 85% of line 2a	8	17			29	
			1 /			25	
	Qualifying distributions from Part XII, line 4 for each year listed					0	
d	Amounts included in line 2c not used directly for active conduct exempt act					0	
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0	
3	Complete 3a, b, or c for the alternative test relied upon						
а	"Assets" alternative test enter						
	(1) Value of all assets .					0	
	(2) Value of assets qualifying under		-	-			
	section 4942(j)(3)(B)(i)					0	
b	"Endowment" alternative test enter 2/3 of min investment return shown in Part X, line 6 for each year listed	515	1,156			1,671	
С	"Support" alternative test enter		•			·	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)	11 000	11 000			22.000	
	(5)), or royalties)	11,000	11,000			22,000	
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3) (B)(III)					0	
	(3) Largest amount of support from an						
	exempt organization					0	
	(4) Gross investment income	9	20			29	
Par	t XV Supplementary Informat	ion (Complete t	his part only if	the foundation	had \$5,000 or n	nore in assets	
	at any time during the ye	ear see the i	instructions.)				
1	Information Regarding Foundation Ma	nagers:	· · · · · · · · · · · · · · · · · · ·			•	
а	List any managers of the foundation who	have contributed m	ore than 2% of the to	otal contributions re	ceived by the foundat	on before the	
	close of any tax year (but only if they have				,-		
	None		40,000) (000 00	5011011 001 (4)(2))			
b	List any managers of the foundation who	own 10% or more o	f the stock of a corn	oration (or an equa	ly large portion of the	Ownorehin	
	of a partnership or other entity) of which			·	ny large portion of the	Ownership	
	None	ine loundation has a	1078 OF Greater litter	631			
		ront Cift Loon Sol	halarahin eta Bras				
2	Information Regarding Contribution, G						
	Check here ▶ ☐ If the foundation only		•	-	•		
	requests for funds If the foundation make	es giπs, grants, etc ((see the instructions)	to individuals or or	ganizations under oth	ier conditions,	
	complete items 2a, b, c, and d						
а	The name, address, and telephone number	oer of the person to v	whom applications s	hould be addressed	1		
b	The form in which applications should be	submitted and infor	mation and material	s they should includ	le		
c	Any submission deadlines				····		
d	Any restrictions or limitations on awards,	such as by geograpi	hical areas, charitable	e fields, kinds of ins	titutions, or other fact	ors	

	art XV Supplementary Information				
3	Grants and Contributions Paid Dur	ing the Year or Ap		or Future Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year	or substantial contributor			
	Total		<u> </u>	▶ 3a	0
3	Approved for future payment				
	Tetal	• • • • • • • • • • • • • • • • • • • •		► 3h	

Form 990-PF (2009)

1 Program service a b c d e	s unless otherwise indicated e revenue		business income (b) Amount	(c) Excl code	(d) Amount	(e) Related or exempt function income (See the
a b c d e f		Business		(c) Excl	(d)	Related or exempt function income (See the
a b c d e f		I .		1 - 1	/ III our I	
b						instructions)
c d e f						
d e f						_
e						
f						
g Fees & contr						
2 Membership du	acts from government agencies es and assessments					
3 Interest on savings	and temporary cash investments		9			
4 Dividends and i	nterest from securities					
5 Net rental incom	ne or (loss) from real estate					
a Debt-finance	ed property					
b Not debt-fine	anced property					
6 Net rental income o	or (loss) from personal property .			ļ l		
7 Other investmer	nt income			 		
	sales of assets other than inventory					
-	loss) from special events					
	loss) from sales of inventory					
	a					
						<u>-</u>
				<u> </u>		
d						
e						
	olumns (b), (d), and (e)		9	<u> </u>	0	0
	12, columns (b), (d), and (e)				. 13	9
·····	ne 13 instructions to verify calculat					
_	elationship of Activities to					
	lain below how each activity for w omplishment of the foundation's e					

Form **990-PF** (2009)

JVA

Forn	1 990-F	PF (2009) CHAR	IS MINIS	TRIES, INC	20-258	84509				Pag	ge 13
Pa	rt XV	Information F Exempt Orga		ansfers To and Tr	ransactio	ns and	Relatio	nships W	ith Noncha	ritable	
1	Did th	ne organization directly	or indirectly eng	age in any of the followi	ng with any	other org	anization o	described in	section	Yes	No
	501(c	e) of the Code (other the	an section 501(c))(3) organizations) or in	section 527	, relating t	to political	organization	ıs?		<u> </u>
а	Trans	fers from the reporting	foundation to a	noncharitable exempt or	rganization	of					ŀ
	(1)	Cash							1a(1)		X
	(2)	Other assets							1a(2)		X
b	Other	transactions									
	(1) 5	Sales of assets to a non	charitable exem	pt organization					. 1b(1	,]	X
	(2) F	ourchases of assets from	m a noncharitabl	e exempt organization					1b(2		X
	(3) Rental of facilities, equipment, or other assets								1b(3		X
(4) Reimbursement arrangements								1b(4		X	
	• •	oans or loan guarantee							1b(5		X
	٠,,	-		or fundraising solicitation	ons				1b(6	_	X
С			•	other assets, or paid em					10		$\frac{1}{X}$
٦			•	mplete the following sch		umn (h) c	hould alw	ave chow the		uo of the	
(a) L	ine no	(b) Amount involved	(c) Name of no	ncharitable exempt orga	anization (d) Descript	ion of transf	ers, transaction	ns, and sharing arr	angement:	5
2 a	Is the	foundation directly or i	ndirectly affiliate	d with, or related to, one	e or more ta	x-exempt	organizati	ons describe	ed ın		
		` , ,		n 501(c)(3)) or in section	n 527?					∕es ∑	No
b	If "Ye	s," complete the follow		(L) T /		· · · 1·		(a) Danie			
		(a) Name of organizat		(b) Type of org					on of relationsh		
S - 0	true, cói	renalties of perjury, I declare rrect, and complete Declare nature of officer or trust	ation of preparer (ot	ed this return, including acco	ompanying sch ry) is based on	nedules and all informations of the second s	statements, tion of which	PRESII	any knowledge	e and belie	ef, it is
G ₹	, <u>Jigi</u>	Tatalo of officer of trust			Date			- 1100	Preparer's ider	ntifvina	
HE	Pald Pre- par- er's	Preparer's signature	lary Lois	Hulsonan	8-6-2	2010	Check if self-empl	loyed▶□	number (see S	ignature	∍ ın
R	Use	Firm's name (or yours	EIN ▶								

Phone no

(505) 296-0177

Only

JVA

Firm's name (or yours if self-employed),

address, and ZIP code

NM 87111

5200 EUBANK NE

Albuquerque,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

CHARIS MINISTRIES, 20-2584509 Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific. literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)CHARIS MINISTRIES, INC 20-25845 Page 1 of 1 of Part I

Name of organization
CHARIS MINISTRIES, INC 20-2584509

Part I Contributors (see instructions)

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1	CORB HANKEY 200 HUNTERS GLEN COURT Atlanta, GA 30328	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

SCHEDULE OF ACCOUNTING FEES

Attachment 1: page 1 - 990	-PF Page 1, P	art I, Line	16b		
Open to Public					
Inspection For calendar year 2009, or tax	period beginning	, and	ending	- Aldication Number	
Name of Organization CHARTS MINISTRIES INC		Employer Identification Number			
		Net Investment			
Accounting Category	Amount	Income	Net Income	Charity	
CHARIS MINISTRIES, INC Accounting Category H and R Block Premium	Amount	Net Investment Income	Adjusted Net Income	Disbursements for	
Total	641		<u> </u>	<u></u>	

SCHEDULE OF TAXES PAID

Attachment 2: page 1 - 990-	PF Page 1,	Part I, Line	18					
Open to Public				· · · · · · · · · · · · · · · · · · ·				
Inspection For calendar year 2009, or tax p	period beginning	, and ending .						
Name of Organization		Employer Identification Number						
	1	Net Investment						
Category	Amount		-					
CHARIS MINISTRIES, INC Category EMPLOYERS PAYROLL TAXES	Amount 1,148	Net Investment Income	Adjusted Net Income					
Total	1,148	-						
Total	1,130	L	<u>.</u>					

OTHER EXPENSES SCHEDULE

Attachment 3: page 1 990-PF Page 1, Part I, Line 23 Open to Public Inspection For calendar year 2009, or tax period beginning , and ending Name of Organization **Employer Identification Number** CHARIS MINISTRIES, INC 20-2584509 Revenue and Net Investment Adjusted Disbursements for Description of Activity Expenses Income Net Income Charity Education 170 170 Total

EXPLANATION OF FAILURE TO FURNISH STATE ATTORNEY GENERAL WITH. COPY OF 990-PF

Attachment 4: page 1 - 990-PF Page 4, Part VII-A, Line 8b

Open to Public Inspection For calendar year 2009, or tax period beginning , and ending .

Name of Organization Employer Identification Number 20-2584509

Explanation

Charis Ministries is in the process of complying with the requirements of the state of New Mexico

SCHEDULE OF SUBSTANTIAL CONTRIBUTORS

Attachment 5: page 1 - 990-PF Page 4, Part VII-A, Line 10 Open to Public For calendar year 2009, or tax period beginning Inspection , and ending Name of Organization **Employer Identification Number** CHARIS MINISTRIES, INC 20-2584509 Name of Contributor Address of Contributor 200 HUNTERS GLEN COURT, ATLANTA, GA CORB HANKEY

JVA

BOOKS ARE IN CARE OF

Attachment	: 6 - <u>990-PF</u> Pag	ge 5, Part VII-	A, Line 14	
Open to Public				
Inspection	For calendar year 2009, or	tax period beginning	, and ending	<u> </u>
Name of Organizat	ion NISTRIES, INC			Employer Identification Number 20-2584509
Part VII-A - Line 14				
Individual Name			TERRY M ADAMS	
or Business Name				
Dusiness Name				
Street Address			10909 COUNTRY	CLUB NE
U S Address				
Zıp code	87111	City ALBUQUERQUE	St	ate <u>NM</u>
or Foreign Address				
City				
Province or	State			
Country				
Postal code				
Phone Num	nber			(505) 856-7982
Fax Numbe	or .			

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-PF Page 6, Part VIII Open to Public Inspection For calendar year 2009, or tax period beginning , and ending Name of Organization **Employer Identification Number** CHARIS MINISTRIES, INC 20-2584509 (A) Name and Address (B) Title and Average (C) Compensation (If (D) Cont to Employee (E) Expense Account Hrs per Week not pald, enter 0) Ben Plans & Def Comp & Other Allowances TERRY M ADAMS PRESIDENT 10909 COUNTRY CLUB NE ALBUQUERQUE, NM 87111 0 12,500 0 CHRISTINA V ADAMS TRUSTEE 10909 COUNTRY CLUB NE ALBUQUERQUE, NM 87111 2,500 0 0

Attachment	8:	page	1	_	990-PF	Page	<u>7,</u>	Part	IX-A,	Line 1		
Open to Public												
Inspection	For c	alendar y	year 2	:009,	or tax period	d beginnl	ng	_	,	and ending		
Name of Organization	on										Employer Identification Num	ber
CHARIS MIN	IST	RIES,	11	IC_							20-2584509	
							Char	itable Activ	ity			
OTT T 110												

TEACHING

Attachment 9: page 1 - 990-PF Page 7, Part IX-A, Line 2

Open to Public Inspection For calendar year 2009, or tax period beginning , and ending .

Name of Organization CHARIS MINISTRIES, INC Employer Identification Number 20-2584509

Charitable Activity

MENTORING AND COUNSELING

Attachment 10: page 1 - 990-PF Page 7, Part IX-A, Line 3

Open to Public Inspection For calendar year 2009, or tax period beginning , and ending .

Name of Organization CHARIS MINISTRIES, INC Employer Identification Number 20-2584509

Charitable Activity

LIFE COACHING

Attachment 11: page 1 - 990-PF Page 7, Part IX-A, Line 4

Open to Public Inspection For calendar year 2009, or tax period beginning , and ending .

Name of Organization Employer Identification Number 20-2584509

Charitable Activity

PRESCRIPTIVE DISCIPLESHIP

L0819F

2009 DETAIL STATEMENTS

CHARIS MINISTRIES, INC 20-2584509	Page 1
STATEMENT #1 ~ Interest (990-PF PG 1 Line 3(b))	
Bank of America9	
TOTAL CARRIED TO 990-PF PG 1 Line 3(b)	9
STATEMENT #2 - Cash held for char. activities (990-PF PG 8 Line 4)	
Cash for current administrative expenses 21,000	
TOTAL CARRIED TO 990-PF PG 8 Line 4	1,000

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service			
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box .			. ▶ 🛛
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	2 of th	s form).	
Do not complete Part II unless you have already been granted an automatic 3-month extension on a pre-	lously	filed Form 88	68
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation required to file Form 990-T and requesting an automatic 6-month extension check this both Part I only	x and o	complete	▶ 🗍
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to retax returns	quest a	n extension o	f time to file income
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870 consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits	n 8868), group	electronically returns, or a	composite or
Type or Name of Exempt Organization	E	mployer iden	tification number
print CHARIS MINISTRIES, INC	,)-25845	
File by the Number, street, and room or suite no. If a P.O. box, see instructions.			
due date for 10909 COUNTRY CLUB NE			
return. See City, town or post office, state, and ZIP code For a foreign address, see instructions.			
instructions. ALBUQUERQUE NM 87111			
Check type of return to be filed (file a separate application for each return)			
Form 990 Form 990-T (corporation)			Form 4720
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)			Form 5227
Form 990-EZ Form 990-T (trust other than above)			Form 6069
☑ Form 990-PF ☐ Form 1041-A		i	Form 8870
 The books are in the care of ▶ See attachment #1 Telephone No ▶ FAX No ▶ If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 			if the p
for the whole group, check this box			If this is . ▶ and attach
a list with the names and EINs of all members the extension will cover	^	• • • • • •	. and attach
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of tir	ne		
until AUGUST 15 , 20 10 , to file the exempt organization return for the organization named at		ne extension i	S
for the organization's return for			_
▶ X calendar year 20 0 9 or			
tax year beginning , 20 , and ending		20	
2 If this tax year is for less than 12 months, check reason Initial return Final return	_	ange in acco	unting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	1		
less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
payments made Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
System). See instructions.	3c	\$	0
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO an	d Form	8879-EO	
for payment instructions			
			10

BOOKS ARE IN CARE OF

Attachment	: 1 - 990-PF Page 5, Part VII-	A, Line 14	
Open to Public			
Inspection	For calendar year 2009, or tax period beginning	, and ending .	_
Name of Organizati CHARIS MIN	NISTRIES, INC	Employer Identification Number 20-2584509	
Part VII-A - Line 14			
Individual Name or Business Name:		TERRY M ADAMS	
Street Address		10909 COUNTRY CLUB NE	
U S Address:			
Zip code or	87111 Cnty ALBUQUERQUE	State <u>NM</u>	
Foreign Address			
City	· · · · · · · · · · · · · · · · · · ·		
Province or	State		
Country .			
Postal code			
Phone Num	ber ,, ,, ,, ., ., ., ., ., ., ., .,		2
Fax Number			-