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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

101	r cale	ngar	year 2009, or ta	ix year beginnin	9	, 2009	, and ending			
G	Che	ck all	that apply	Initial return	Init	al Return of a former p	ublic charity		Fin	al return
				Amended ret	urn	Address	change Nar	_	change	
ι	Use th	e [A	Employer identification num	mber
	RS lab				LSTIA	N SUPPORT FUND		L_	20-5825746	
Otherwise, C/O JAMES H. KENT print 1600 ORECON STREET				В	Telephone number (see the	instructions)				
or type. See Specific MUSCATINE, IA 52761			<u> </u>	563-264-4226						
	e spec truction		AODOMITINE,	111 32 701				C	If exemption application is	· -
				IVI C	-t FO:	1/-1/2)		D	1 Foreign organizations, che	<u> </u>
Н	- Cr	_	type of organiza			(c)(3) exempt private for	orivate foundation		2 Foreign organizations mee here and attach computation	on
	<u>_</u>		et value of all asset	nonexempt cha	I Acc	counting method: X C		Ε	If private foundation statu	s was terminated
•			rt II, column (c), line]	Other (specify)	asii	_	under section 507(b)(1)(A	
	► S		9	,529.	(Part I	column (d) must be or		F	If the foundation is in a 60 under section 507(b)(1)(B	
Pa	ert i	A	nalysis of Re		11, 4,	<u> </u>				
10 . IV	<u> </u>	_ E)	(pénses (The	total of amount	s ın	(a) Revenue and expenses per books	(b) Net investme	nt	(c) Adjusted net income	(d) Disbursements for charitable
		co	lūmns (b), (c), a	and (d) may not mounts in colum	neces-	onponded per decine				purposes
			ee the instruction		11 (a)					(cash basis only)
_		1		grants, etc, received	(att sch)	250,000.	A 1100 C 12			
93 93	İ	2		oundn is not req to a			. u i i i i i i i i i i i i i i i i i i		+ (, < < + 52	
3		3	Interest on sav	rings and tempor	rary	369.	36	9.		
4		4	Dividends and inter			305.		<i>.</i>		h
4		•	Gross rents	Took Hom Good Helos			DEGE	_		
2	İ	b	Net rental income or (loss)				MECEIVEL)		And the state of t
	<u>R</u>		Net gain/(loss) from	sale of assets not o	n line 10		***************************************	·····		• •
b	E	b	Gross sales price for assets on line 6a	or all		· co	MAY A 5 Som	- }	ió!	
ENU	Ě	7		ome (from Part IV, I	ne 2)	[]	O & EUIO			
	N	8	Net short term					··· 	2	hiram - armarını içali
	Ĕ	9 10 a	Income modific	cations 1			Z-DEN, U	ښښ		
ξ		iva	Gross sales less returns and allowances				The state of the s	, sáp		
		b	Less Cost of goods sold							
/		С	Gross profit/(loss)	(att sch)			nainum anumumum a	******* :		haranni ininiationa mana
	ļ			(attach schedule).					
										::- · · ·
			Total. Add line:		····	250,369.	36	9.	0.	
		13		fficers, directors, trus	tees, etc	0.				
		14	Other employee sal	•	£.4.					
	_	15 16 a	Legal fees (attach s	employee bene	HIIS					
	8		Accounting fees (at		St 1	60.				
	M		Other prof fees (att	•	St 2	7,000.	50	0.		
Q	N	17	Interest	, 5,				-		
PE	S	18	Taxes (attach schedule)(s	see instr.) See S	Stm 3	4.				
R	RA	19	Depreciation (a	attach						
Ţ	T	20	sch) and deple	tion						
N G	¥ E	20 21	Occupancy Travel confere	ences, and meet	ınas					
A	E	22	Printing and pu		ii iga					
N D	E X P	23	Other expenses	s (attach schedu						
	E N			See Statem	ent 4	51.				
	Š	24	Total operating	and administra	tive	7 115				
	S	25		Tines 13 through , grants paid Par		7,115. 250,700.	50	0.		250,700.
						250,700.	<u> </u>			
		26	Add lines 24 ar	s and disbursem nd 25	enis.	257,815.	50	0.	0.	250,700.
	T		Subtract line 26							
		a	Excess of reve	nue over expens	ses	-7,446.		:		
		L	and disbursem		- 0)	-1,440.	:	0.		
				ome (if negative, ente e (if negative, enter	-		- 3	٠.	0.	
BA	A F					Notice, see the instruc		TEE	A0504L 02/02/10	Form 990-PF (2009)
_,,	~ - • \									

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

See Statement 5

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

4

5

6

9,530.

9,529.

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)					(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	N/A			D — Donation		
<u></u> b					-	
					-	
d	·					
<u>-</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale		(h) Gain or (e) plus (f) m	
a	<u> </u>					
b	<u> </u>					
c	<u> </u>					
d	<u> </u>					
e						
	· · · · · · · · · · · · · · · · · · ·	ng gain in column (h) and owned by the			(I) Gains (Colu	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an	(i) y t	gain minus column (k han -0-) or Losses (fr	
a						
b						
d	<u> </u>				 	
е	1	L			<u> </u>	
3	If gain, also enter in Part I, line in Part I, line 8	oss) as defined in sections 1222(5) ar 8, column (c) (see the instructions)	f (loss), enter -0-	3		
Par	₹ ¥ Qualification Unde	Section 4940(e) for Reduced	Tax on Net Investme	nt Income		
	s,' the foundation does not quali	ion 4942 tax on the distributable amou fy under section 4940(e) Do not comp n each column for each year; see the i	olete this part.		Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets (co	(d) Distribution lumn (b) divided	
	2008	289,196.	62	,449.		4.630915
	2007	194,318.		,951.		2.090542
	2006	,				
	2005					
	2004					
2	Total of line 1, column (d)			2		6.721457
3		e 5-year base period — divide the total has been in existence if less than 5 y		3	_	3.360729
4	Enter the net value of noncharit		line 5	4		44,912.
5	Multiply line 4 by line 3	able-use assets for 2009 from Part X,				
		able-use assets for 2009 from Part X,		5		150,937.
6	Enter 1% of net investment inco			<u>5</u> 6		150,937.
6 7	Enter 1% of net investment inco					150, 937. 150, 937.
7		ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6 Enter qualifying distributions fro	ome (1% of Part I, line 27b)	e 1b, and complete that part	6 7 8	x rate. See the	150, 937.

Form	990-PF (2009) THE EVANGELICAL CHRISTIAN SUPPORT FUND	20-5	825	746		Р	age 4
Par		see t	he ins	struction	ons)		
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.						
	Date of ruling or determination letter (attach copy of letter if necessary see instr.)		l				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	- [1				0.
	check here ► X and enter 1% of Part I, line 27b						
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				:		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				ii en e		
_	foundations only Others enter -0-)		2				0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	ļ	_4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-]	5				0.
6	Credits/Payments:			-	: .		:
a	2009 estimated tax pmts and 2008 overpayment credited to 2009				· · · · · ·		
b	Exempt foreign organizations – tax withheld at source			÷;		÷	:::
c	Tax paid with application for extension of time to file (Form 8868)				ji.		:
C	Backup withholding erroneously withheld				.;; . ·,	. :	_
7	Total credits and payments Add lines 6a through 6d	ļ	_7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax	•	11				
rar	VII-A Statements Regarding Activities					V	N-
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign?	t		ŀ	1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?				1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities	publ	shed				Îla j
c	Did the foundation file Form 1120-POL for this year?				1c		X
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					-	
	(1) On the foundation \$\\ 0\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impost foundation managers • \$ 0.	ea or					:
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			L	2		<u>X</u>
	If 'Yes,' attach a detailed description of the activities				· .}		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art	ıcles			. 4		
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	;		1	3		<u>X</u> _
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		<u>X</u>
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	-	X
	If 'Yes,' attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or				:.]	. 1	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	at con	flict			:	 V
_	with the state law remain in the governing instrument?			-	6	v	_X_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			-	7	X	
88	Enter the states to which the foundation reports or with which it is registered (see the instructions) IA		-	_			:
t	of 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 <i>General Instruction G? If 'No,' attach explanation</i>				8b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' compared to the compared	or 49 olete i	942(j)(Part X	(5) (1V	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses	eir na	mes		10		Х
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Part VII-A Sta	atements Regarding Activities Continued			
11 At any time within the m	during the year, did the foundation, directly or indirectly, own a controlled entity eaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11	x
12 Did the foun August 17, 2	idation acquire a direct or indirect interest in any applicable insurance contract before 2008?		12	x
-	idation comply with the public inspection requirements for its annual returns and exemption ap	plication?	13	X
		no. ► 563-20	53-51	<u></u>
	► 1942 CRANBROOK CROSS MUSCATINE IA ZIP +4 ►	52761		
	7(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		N/A	
	e amount of tax-exempt interest received or accrued during the year	▶ 15		N/A
	atements Regarding Activities for Which Form 4720 May Be Required	-	······· ,	<u> </u>
	720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes No
	rear did the foundation (either directly or indirectly):	7v		
(1) Engage	in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		
disqualit	money from, lend money to, or otherwise extend credit to (or accept it from) a fied person?	Yes X No		
	goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		
(4) Pay con	npensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		: 🔃 🖂
(5) Transfer for the b	r any income or assets to a disqualified person (or make any of either available penefit or use of a disqualified person)?	Yes X No		
foundati	o pay money or property to a government official? (Exception. Check 'No' if the ion agreed to make a grant to or to employ the official for a period after termination rnment service, if terminating within 90 days.)	Yes X No		
b If any answe Regulations	er is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions))?	1 b	N/A
Organization	ns relying on a current notice regarding disaster assistance check here	▶ 🛄		
c Did the foun that were no	idation engage in a prior year in any of the acts described in 1a, other than excepted acts, of corrected before the first day of the tax year beginning in 2009?		1c	X
2 Taxes on far private oper	ilure to distribute income (section 4942) (does not apply for years the foundation was a ating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of and 6e, Part	of tax year 2009, did the foundation have any undistributed income (lines 6d t XIII) for tax year(s) beginning before 2009?	Yes X No		
If 'Yes,' list	the years ► 20 , 20 , 20			
(relating to i	ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 led, answer 'No' and attach statement — see the instructions.)	2) 2) to	2b	N/A
•	ions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
▶ 20	, 20 , 20 , 20_ _			.a.∳
3a Did the foun	idation hold more than a 2% direct or indirect interest in any business t any time during the year?	Yes X No		
b If 'Yes,' did or disqualifie by the Comr	It have excess business holdings in 2009 as a result of (1) any purchase by the foundation ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved missioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or e of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to f the foundation had excess business holdings in 2009)	J. 142 E.J. 115	3b	N/A
4a Did the foun charitable pi	idation invest during the year any amount in a manner that would jeopardize its urposes?		4a	X
jeopardize it	dation make any investment in a prior year (but after December 31, 1969) that could to charitable purpose that had not been removed from jeopardy before the first day of beginning in 2009?		4b	x
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Part VII-B Statements Regarding Activit			uired (continued)	
5a During the year did the foundation pay or incur			· · · · · · · · · · · · · · · · · · ·	4 113
(1) Carry on propaganda, or otherwise attemp	-	n (section 4945(e))?	Yes X] No
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ic election (see section	4955); or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	No			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section]No			
(5) Provide for any purpose other than religious educational purposes, or for the prevention] No			
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b N/A
Organizations relying on a current notice regar	ding disaster assistanc	e check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsing types,' attach the statement required by Requ			N/A Yes]No
6a Did the foundation, during the year, receive an on a personal benefit contract?		• •	Yes X	No
b Did the foundation, during the year, pay premi	ums, directly or indirect	tly, on a personal benefi	t contract?	6b X
7a At any time during the tax year, was the found	ation a party to a prohil	bited tax shelter transac	tion? Yes X	No
b If yes, did the foundation receive any proceeds	s or have any net incom	ne attributable to the tran	nsaction?	7b N/A
Part VIII Information About Officers, D				Employees,
and Contractors	·			
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).	
(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 and deferred compensation	(e) Expense account, other allowances
JAMES H. KENT	President	0.	0.	0.
1600 OREGON STREET	1.00			
MUSCATINE, IA 52761				
IRENE K. KENT	Vice Preside	0.	0.	0.
1600 OREGON STREET MUSCATINE, IA 52761	1.00			
KATHERINE KENT VANDYGRIFF	Secretary	0.	0.	0.
1600 OREGON STREET	1.00			
MUSCATINE, IA 52761	m			
GAGE A. KENT 1600 OREGON STREET	Treasurer	0.	0.	0.
MUSCATINE, IA 52761				
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1- see inst	ructions). If none, ente	r '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 and deferred compensation	(e) Expense account, other allowances
None				
		-		
	<u> </u>			
Total number of other employees paid over \$50,000	TEE AD3061	07/06/00	•	Form 990-PF (2009)

TEEA0307L 07/06/09

Total. Add lines 1 through 3

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0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. I see instructions.)	-oreign fo	oundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities	7 1a	
b Average of monthly cash balances	1b	45,596.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	45,596.
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	0.
3 Subtract line 2 from line 1d	3	45,596.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	684.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	44,912.
6 Minimum investment return. Enter 5% of line 5	6	2,246.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope	rating for	indations
and certain foreign organizations check here ► and do not complete this p	art.)	
1 Minimum investment return from Part X, line 6	1	2,246.
2a Tax on investment income for 2009 from Part VI, line 5	- 1,5	
b Income tax for 2009. (This does not include the tax from Part VI)	1 1	
c Add lines 2a and 2b	7 2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,246.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	2,246.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,246.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	250,700.
b Program-related investments — total from Part IX-B	1b	20077001
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
		
 Amounts set aside for specific charitable projects that satisfy the. 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	250,700.
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 instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	250,700.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	ner the foun	dation

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part 2 line 7	XI, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			2,246.
2 Undistributed income, if any, as of the end of 2009		. 4		
a Enter amount for 2008 only .			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005			Rank Tark	A
c From 2006	707			
d From 2007 189, 6				
e From 2008 475, 7	665,476.			\$ 34 W
f Total of lines 3a through e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4 Qualifying distributions for 2009 from Par XII, line 4. ► \$ 250,700 a Applied to 2008, but not more than line 2			0.	
b Applied to undistributed income of prior y (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount			X 28 32	2,246.
e Remaining amount distributed out of corp	ous 248,454.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	913,930.			
b Prior years' undistributed income. Subtra line 4b from line 2b	act i i i	0.		
c Enter the amount of prior years' undistrible ed income for which a notice of deficience has been issued, or on which the section 4942(a) tax has been previously assesse	cy :	0.		
 d Subtract line 6c from line 6b. Taxable amount — see instructions 		0.		
e Undistributed income for 2008 Subtract line 4a fro line 2a. Taxable amount — see instructions	m		0.	
f Undistributed income for 2009. Subtract 4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 applied on line 5 or line 7 (see instruction	not ns) 0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	913,930.			
10 Analysis of line 9:				
a Excess from 2005		1 企業別は		
b Excess from 2006				
c Excess from 2007 189, 6				
d Excess from 2008 475, 7				
e Excess from 2009 248,4	154.			
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1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling							
is effective for 2009, enter the date of the	ruling				1010(15)		
b Check box to indicate whether the foundar		rating foundation de		4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1.0000	Prior 3 years	4 10 0005	4-5 T - 4 - 1		
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
b 85% of line 2a							
 Qualifying distributions from Part XII, line 4 for each year listed 							
d Amounts included in line 2c not used directly for active conduct of exempt activities							
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 							
3 Complete 3a, b, or c for the alternative test relied upon							
a 'Assets' alternative test – enter:							
(1) Value of all assets.			 				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c 'Support' alternative test - enter·							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income	<u>.</u>						
Part XV Supplementary Information	(Complete this	part only if the	e organization l	had \$5,000 or mo	ore in		
assets at any time during t		istructions.)					
Information Regarding Foundation Manage a List any managers of the foundation who is close of any tax year (but only if they have See Statement 6	nave contributed mo	ore than 2% of the to than \$5,000). (See s	otal contributions re section 507(d)(2).)	eceived by the founda	tion before the		
					·		
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 10	the stock of a corp % or greater intere	oration (or an equa st.	illy large portion of th	e ownership of		
2 Information Regarding Contribution, Gran	d Citt I non Cabat	ambin etc Pro					
Check here I I If the foundation only requests for funds. If the foundation make	nakes contributions	to preselected char	ritable organizations				
a The name, address, and telephone number	or of the person to v	whom applications s	hould be addressed	1.			
a The hame, address, and telephone humble	er of the person to v	with applications s	noute be additioned	.			
See Statement 7							
b The form in which applications should be	submitted and inform	nation and material	s they should include	de:			
See Statement for Line 2a	····-						
c Any submission deadlines							
See Statement for Line 2a							
d Any restrictions or limitations on awards, s	such as by geograph	nical areas, charitab	ole fields, kinds of it	nstitutions, or other fa	actors:		
See Statement for Line 2a							
BAA	TE	EA0310L 07/06/09		F	orm 990-PF (2009)		

Page 11

3 Grants and Contributions Paid During the	rear or Approved for Futu	re rayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year				
See Statement 8				
	1			
		1		
		1 1		
		1		
T-4-1			► 3a	250,70
Total b Approved for future payment	<u> </u>	T :		230,70
a reproved for lattice payment				
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		1 1		
		!]		
		1		
			ļ	
			1	
Total	1		► 3b	

Page 12

Part XVI-A Analysis of Income-Producing Activities

nter gross	amounts unless otherwise indicated.	 	ed business income		section 512, 513, or 514	
1 D		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
	am service revenue		<u> </u>	code		(see the instructions)
		 		 -		
		+	· · · · · · · · · · · · · · · · · · ·	 		
				 		
		 		+		
ř		+		 -		
o Fees	and contracts from government agencies			 		
•	pership dues and assessments			+ +-		- <u>-</u>
	t on savings and temporary cash investments	-		14	369.	-
	ends and interest from securities			 -=- 		-
	ental income or (loss) from real estate.					
	financed property	-				
	ebt-financed property					
	Ital income or (loss) from personal property			1 1-		
	investment income		·	+ +		
	(loss) from sales of assets other than inventory	 				
				 		
	come or (loss) from special events profit or (loss) from sales of inventory			+ +-		
	• • • •	 		1 1::	: 1 1 2	
	revenue:	<u> </u>	· · · · · · · · · · · · · · · · · · ·]		
		+	······································	-		.
				 		
						
	·	+ -		 		
е		1				
10 C		·		· 3	360	
	otal. Add columns (b), (d), and (e)			<u> </u>	369.	369
13 Total	otal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca			<u> </u>	369. 13	369
13 Total. See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	. Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca	lculations.)			13 <u> </u>	o the instructions.)
13 Total See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
i3 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	
13 Total See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify ca Relationship of Activities to the	lculations.)			13 <u> </u>	

Page **13** Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempl Organ	iizations				
desc	he organization directly ribed in section 501(c) o ing to political organizat	of the Code (other th	e in any of the following value and section 501(c)(3) org	with any other janizations) of	r organization r in section 527,	Yes No
a Tran (1)	sfers from the reporting		ncharitable exempt orgar	nization of		1a (1) X 1a (2) X
b Othe	r transactions: Sales of assets to a non	•	•			1 b (1) X
(3) F (4) F	Purchases of assets fror Rental of facilities, equip Reimbursement arrange Loans or loan guarantee	ment, or other assements	, ,			1b (2) X 1b (3) X 1b (4) X 1b (5) X
(6) F c Shar	Performance of services ring of facilities, equipment	or membership or tent, mailing lists, oth	ner assets, or paid empl			1b(6) X 1c X
the c any	goods, other assets, or s transaction or sharing ar	services given by the rangement, show in	e reporting foundation. It n column (d) the value of	f the foundation f the goods, o	b) should always show the factor received less than fair matther assets, or services rece	rket value in ived.
(a) Line no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	(d) [Description of transfers, transactions,	and sharing arrangements
N/A						
				-		
			vith, or related to, one or nan section 501(c)(3)) or	more tax-exi	empt organizations 7?	Yes XNo
D IT YE	es,' complete the following	-	(h) Type of organizat	uon I	(c) Description of	Frelationship
N/A	(a) Name of organizati	011	(b) Type of organizat	10(1	(c) Description of	Telationship
Under pen complete	alties of perjury, I declare that I had Declaration of preparer (other	eve examined this return, indition taxpayer or fiduciary)	cluding accompanying schedules a) is based on all information of v	vhich preparer ha		
S Sign	nature of officer or trustee			Date	Title	i dent
Paid Pre- parer's	Preparer's signature Firm's name (or ERIC	J. THOMSEN	WD LAW OFFICE	Date	Check if	Preparer's Identifying number (See Signature in the instrs) P00752266
Use Only	yours if self- employed), > 2196	N HILL RD	761-9399			(563) 264-1317
BAA						Form 990-PF (2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Employer identification number

Name of the organization THE EVANGELICA	I. CHRISTIAN SUPPORT FUND	Employer identification number
C/O JAMES H. K		20-5825746
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treate	d as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
1 0/11/ 590-1 1	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	ne General Rule or a Special Rule . organization can check boxes for both the General Rule a	and a Special Pulla, See instructions
Note: Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Nule a	rid a Special Nuie. See instructions.
General Rule —		
X For an organization filing Form 990, 99	0-EZ, or 990-PF that received, during the year, \$5,000 or r	more (in money or property) from any one
contributor (Complete Parts I and II.)		
Special Rules –		
509(a)(1)/170(b)(1)(A)(vi) and received	ng Form 990 or 990-EZ, that met the 33-1/3% support test from any one contributor, during the year, a contribution of the or (ii) Form 990-EZ, line 1. Complete Parts I and II.	of the regulations under sections of the greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) org	anization filing Form 990 or 990-EZ, that received from an 1,000 for use <i>exclusively</i> for religious, charitable, scientific	y one contributor, during the year,
prevention of cruelty to children or anii	nals. Complete Parts I, II, and III.	, morary, or educational purposes, or are
For a section 501(c)(7), (8), or (10) org	anization filing Form 990 or 990 EZ, that received from an	y one contributor, during the year,
contributions for use <i>exclusively</i> for relative this box is checked, enter here the total	igious, charitable, etc, purposes, but these contributions d al contributions that were received during the year for an e	id not aggregate to more than \$1,000. If xclusively religious, charitable, etc,
purpose. Do not complete any of the p	arts unless the General Rule applies to this organization be	ecause it received nonexclusively
religious, charitable, etc, contributions	of \$5,000 or more during the year.	► \$
990-PF) but it must answer 'No' on Part IV	ed by the General Rule and/or the Special Rules does not to , line 2 of their Form 990, or check the box on line H of its filing requirements of Schedule B (Form 990, 990-EZ, or 9	Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Red	uction Act Notice, see the Instructions Sche	edule B (Form 990, 990-EZ, or 990-PF) (2009)
for Form 990, 990EZ, or 990-PF.		

	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization VANGELICAL CHRISTIAN SUPPORT FUND	' -	er identification number
			1023140
	Contributors (see instructions)	T (2)	(4)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES H. KENT AND IRENE K. KENT	-	Person X Payroll
	1600 OREGON STREET	\$250,000	Noncash
	MUSCATINE, IA 52761	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

of 1

of **Part II**

Name of organization
THE EVANGELICAL CHRISTIAN SUPPORT FUND

Employer identification number

20-5825746

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

THE EVANGELICAL CHRISTIAN SUPPORT FUND

20-5825746

Part III	Exclusively religious, charitable, organizations aggregating more t	etc, individual contribution	ons to sect	tion 501(c)(7), (8), or (10)	line entry \
	For organizations completing Part III, enter			(a) though (e) and the lonowing	inie endy.)
	contributions of \$1,000 or less for the year	(Enter this information once - s	see instruction		N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
raiti	N/A				
		(e)			
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to transfe	ree
_					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
		(e)			
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
	(e) Transferee's name, address, and ZIP + 4			ationship of transferor to transfe	ree
	Transieree's Haine, audres	s, and zii + 4		attorising of transition to transit	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s. and ZIP + 4	Rels	ationship of transferor to transfe	ree
	Transfered 3 Hame, address	org with Bull 1 T		and the state of t	

2009	Federal Statements	Page 1	
Client EVANGEL	THE EVANGELICAL CHRISTIAN SUPPORT FUND C/O JAMES H. KENT	20-5825746	
4/29/10		04.01PM	
Statement 1 Form 990-PF, Part I, Line Accounting Fees	16b		
ACCOUNTING FEES	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 60. Total \$ 60. \$ 0. \$ 0.	(d) Charitable Purposes 0.	
Statement 2 Form 990-PF, Part I, Line Other Professional Fees	16c		
CONSULTING/ADVISORY	(a) (b) Net (c) Expenses Investment Adjusted Net Income Net Income FEES \$ 7,000. \$ 500. Total \$ 7,000. \$ 500.	(d) Charitable Purposes 0.	
Statement 3 Form 990-PF, Part I, Line Taxes	18		
EXCISE TAXES	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 4. Total \$ 0. \$ 0.	(d) Charitable Purposes 0.	
Statement 4 Form 990-PF, Part I, Line Other Expenses	23		
ENTERTAINMENT	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 51. Total \$ 51. \$ 0. \$ 0.	(d) Charitable Purposes 0.	
Statement 5 Form 990-PF, Part III, Lind Other Decreases	e 5		
ROUNDING	Total $\frac{\$}{\underline{\$}}$	1. 1.	

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2009

Federal Statements

Page 2

Client EVANGEL

THE EVANGELICAL CHRISTIAN SUPPORT FUND C/O JAMES H. KENT

20-5825746

4/29/10

04 01PM

Statement 6 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

JAMES H. KENT IRENE K. KENT

Statement 7 Form 990-PF, Part XV, Line 2a-d Application Submission Information

Name of Grant Program:

Name:

GARY MERCER

Care Of:

1942 CRANBROOK CROSS MUSCATINE, IA 52761

Street Address: City, State, Zip Code:

Telephone:

Form and Content:

LETTER WITH DETAILED REQUEST

Submission Deadlines:

NONE

Restrictions on Awards:

RELIGIOUS ORIENTED

Statement 8 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
GALESBURG RESCUE MISSION 435 EAST THIRD ST GALESBURG, IL 61402	NONE	PUBLIC	GEN'L OPERATING	\$ 15,000.
SPRING VALLEY BIBLE CAMP 2858 180TH STREET MUSCATINE, IA 52761	NONE	PUBLIC	GEN'L OPERATING	10,000.
CORNERSTONE CHURCH 56829 US HIGHWAY 30 AMES, IA 50010	NONE	PUBLIC	GEN'L OPERATING	10,000.
PARKVIEW EVANGELICAL FREE CHURCH 15 FOSTER ROAD IOWA CITY, IA 52245	NONE	PUBLIC	COLLEGE MINISTRY	10,000.
MIRACLES CAN HAPPEN BOYS RANCH 1614 300TH STREET WILTON, IA 52778	NONE	PUBLIC	GEN'L OPERATING	10,000.

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4/29/10

Federal Statements THE EVANGELICAL CHRISTIAN SUPPORT FUND C/O JAMES H. KENT

Page 3

Client EVANGEL

20-5825746 04:01PM

Statement 8 (continued)
Form 990-PF, Part XV, Line 3a
Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
THE COLUMBUS RESCUE MISSION 1471 25TH AVENUE COLUMBUS, NE 68602		PUBLIC	GEN'L OPERATING	\$ 10,000.
VICTORY CENTER RESCUE MISSION 100 6TH AVENUE CLINTON, IA 52733	NONE	PUBLIC	GEN'L OPERATING	10,000.
CHRISTIAN CARE RESCUE MISSION 2209 THIRD AVENUE ROCK ISLAND, IL 61204	NONE	PUBLIC	GEN'L OPERATING	15,000.
PEORIA RESCUE MISSION 2209 THIRD AVENUE PEORIA, IL 61602	NONE	PUBLIC	GEN'L OPERATING	15,000.
SIOUX CITY GOSPEL MISSION 301 WEST 8TH STREET SIOUX CITY, IA 51102	NONE	PUBLIC	GEN'L OPERATING	15,000.
ROCKFORD RESCUE MISSION 715 WEST STATE STREET ROCKFORD, IL 61110	NONE	PUBLIC	GEN'L OPERATING	10,000.
NAVIGATORS-MISSION MOVING PARTNERS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	NONE	PUBLIC	GEN'L OPERATING	6,000.
SHEPHERDS MINISTRIES 1805 15TH AVENUE UNION GROVE, WI 53182	NONE	PUBLIC	GEN'L OPERATING	10,000.
NAVIGATORS - GARY M. GLENNEY P.O. BOX 6000 COLORADO SPRINGS, CO 80934	NONE	PUBLIC	GEN'L OPERATING	10,000.
AMERICAN MISSIONARY FELLOWSHIP 672 CONESTOGA ROAD VILLANOVA, PA 19085	NONE	PUBLIC	GEN'L OPERATING	11,000.
HELP FOR CHRISTIAN NATIONALS P.O. BOX 381006 DUNCANVILLE, TX 75138	NONE	PUBLIC	GEN'L OPERATING	5,000.

Page 4 2009 **Federal Statements** THE EVANGELICAL CHRISTIAN SUPPORT FUND C/O JAMES H. KENT **Client EVANGEL** 20-5825746 4/29/10

04:01PM

Statement 8 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
INTERVARSITY CHRISTIAN FELLOWSHIP 6400 SCHROEDER ROAD MADISON, WI 53707	NONE	PUBLIC	GEN'L OPERATING	\$ 40,000.
BILLY GRAHAM EVANGELISTIC ASSOCIATION 1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201	NONE	PUBLIC	GEN'L OPERATING	1,600.
MOODY BIBLE INSTITUTE 820 NORTH LASALLE BLVD CHICAGO, IL 60610	NONE	PUBLIC	GEN'L OPERATING	2,100.
MIRACLE HILL MINISTRIES P.O. BOX 2546 GREENVILLE, SC 29602	NONE	PUBLIC	GEN'L OPERATING	25,000.
U.S. CENTER FOR WORLD MISSION P.O. BOX 3586 FAYETTEVILLE, AR 72702	NONE	PUBLIC	GEN'L OPERATING	10,000.
			Total	\$ 250,700.