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Short Form

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For t	he 2009 ca	alendar y	rear, or tax year beginning , 2009, and ending			1
В	Check	ıf applicable		C	D En	ployer	identification number
	Addres	ss change	Please use IRS	AGENTS IN ACTION INC	2	0-82	264194
	Name	change	label or print or	P.O. BOX 64895			number
	Initial i	return	type. See	LUBBOCK, TX 79464			
\vdash	Termin	ation	Specific				
\vdash		ded return	Instruc- tions.				emption
\bot		ation penging				mber	
		• Section	501(c)(3 must att	P) organizations and 4947(a)(1) nonexempt charitable trusts ach a completed Schedule A (Form 990 or 990-EZ). G Accounting Other (spe		d. [X	Cash Accrual
			- /-				ganization is not
ı	Webs	site: ► <u>1</u>	1/A		attach	_Sche	edule B (Form 990,
j		<u>xempt statu:</u>					
K	Chec	k ► ∐ıf	the orga	anization is not a section 509(a)(3) supporting organization and its gross receipts an	e norm	ally n	ot more than
				Z or Form 990 return is not required, but if the organization chooses to file a return	, be su	re to	file a complete return.
	ınste	ad of Forn	n 990-Ez			► \$	32,284.
P	art I	Rev	enue,	Expenses, and Changes in Net Assets or Fund Balances (See th	<u>e inst</u>	ructio	
	1	Contribut	tions, gif	ts, grants, and similar amounts received		1	32,284.
	2	Program	service	revenue including government fees and contracts		2	
	3	Members	ship due:	s and assessments		3	
	4	Investme	nt incon	ne		4	
	5a	Gross an	nount fro	m sale of assets other than inventory 5a			
	Ь	Less. cos	st or oth	er basis and sales expenses 5b			
R	С	Gain or (los	ss) from sa	le of assets other than inventory (Subtract In 5b from In 5a)		5c	
Ž	6	Special eve	nts and ac	tivities (complete applicable parts of Schedule G). If any amount is from gaming, check here	- []		
REVENU	а	Gross rev	venue (r	ot including \$ of contributions			
Ë		reported	on line	(a)			
	Ь	Less: dire	ect expe	nses other than fundraising expenses 6b			
				rom special events and activities (Subtract line 6b from line 6a)		6c	
				ventory, less returns and allowances 7a			
		Less. cos		· · · · · · · · · · · · · · · · · · ·			
	1		-	ess) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reven		· · · · · · · · · · · · · · · · · · ·	١ ،	8	
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	—′ _▶	9	32,284.
	10			ir amounts paid (attach schedule). See Statement 1		10	28,850.
	11			or for members	-	11	20,030.
E X P	12		•	empensation, and employee benefits		12	
P	13	Profession	nal feed	and other payments to independent contractorsRECEIVED		13	900.
E N	14			utilities, and maintenance		14	900.
Š	15	•	• .	Ι <u>Μ</u>		15	
S	16			Lab Coo Statement 2 101 MAT 1 700 101	,	16	626.
	17			Add lines 10 through 16	_′ ▶	17	30,376.
	18			U			
Α				[\\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger_\dagger		18	1,908.
N S E E	19	Net asse	ts or tun	d balances at beginning of year (from line 27, column (A)) (must agree with end-of n prior year's return)	-year	19	1,306.
ŦĘ	20			net assets or fund balances (attach explanation)		20	1,300.
Ś	21			d balances at end of year. Combine lines 18 through 20	•	21	3,214.
Ď.	irt II			heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 99			
	44 Y E4	Daic	ince 3				
22	Car	sh saving	s and ir	,			(B) End of year 3,213.
23		nd and bui	•		, 306	. 22 23	3,213.
24		ner assets	•	<u> </u>		24	
25		tal assets	(ucaciil		, 306		3,213.
26		tal liabilitie	e (deco		0	$\overline{}$	3,213.
27			-		, 306		3,213.
_				Paperwork Reduction Act Notice, see separate instructions.	, 500	. 21	Form 990-EZ (2009)
		ucy /	· · · unu i	aportrois inculcion set nonce, see separate monucions.			FUITH 330-EL_(2009)

TEEA0803L 01/30/10

;	990-EZ (2009) AGENTS IN ACTIO	N TNC		20-	8264194 Page 2
Par		rvice Accomplishment	s (See the instructi		Expenses
What	is the organization's primary exempt purpose? See	e Statement 3			Required for section 01(c)(3) and (4) organizations and section 1947(a)(1) trusts, optional
desc	ribe what was achieved in carrying out thribe the services provided, the number of ram title.	persons benefited, or other r	elevant information for e	each 4	947(a)(1) trusts, optional or others.)
28	INTERNATIONAL KW CARES Funds sent to the 501C(3) relief effort.	organization to he	elp in the hurr	icane_IKE_	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		28a
29	Lubbock KW agents and fam Funds paid to local agent		need.		
	(Grants \$) If th	is amount includes foreign gr	ants, check here	<u>-</u>	29a
30	Race for the cure Funds raised for the Amer	cican Cancer Societ			
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a
31	Other program services (attach schedule (Grants \$) If the	 See Statement 4 lis amount includes foreign gradult. 	ants, check here	▶ 🗍 :	31 a
	Total program service expenses (add lin				32
Par	List of Officers, Directors	, Trustees, and Key En (b) Title and average hours	1ployees. List each or (c) Compensation (If	ne even if not comp (d) Contributions to	
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensation	and and other allowances
See	Statement 5		0.		0. 0.
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Pa	t V Other Information (Note the statement requirements in the instrs for Part V.) See St	<u>:ateme</u>	ent	6
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
	each activity .	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37			İ	
	Did the organization file Form 1120-POL for this year?	37 b		Х
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	If 'Yes,' complete Schedule L, Part II and enter the total amount involved [38b]	A		
39	Section 501(c)(7) organizations. Enter:	7		
	Initiation fees and capital contributions included on line 9	A		
	Gross receipts, included on line 9, for public use of club facilities.	A		
40	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0., section 4912 ► 0.			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization]		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
41	List the states with which a copy of this return is filed None			
42	The organization's books are in care of ► MINNIX COMMERCIAL PARTNERS Telephone no ► 806- Located at ► 12302 SLIDE RD LUBBOCK TX ZIP + 4 ► 79424		<u>35</u> _	
i	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.	42b	Yes	No X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country:	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
BAA		_ 45 orm 990	F7 (X X
DAM	1EEA0012L 01/30/10	ייביב ווווני	-CZ '	といいっし

	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and !	onexempt charitab 51.	le trusts must answer	questions	
for p	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C	C, Part I		n opposition to candidates	Yes	No X
47 Did t	he organization engage in lobbying activiti	es? If 'Yes,' complete S	Schedule C, Part II		47	X
	e organization a school as described in se		•	dule E	48	X
	he organization make any transfers to an		related organization?		49a	X
b If 'Ye	es,' was the related organization a section	527 organization?			49 Ь	
50 Com	plete this table for the organization's five to loyees) who each received more than \$10 perceived.	nighest compensated er	nployees (other than o	fficers, directors, trustees a	and key	
empi	loyees) who each received more than \$10	(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expense	
(a	Name and address of each employee paid more than \$100,000	hours per week devoted to position		henefit plans and deferred compensation	account and other allowance	es
None_						
f Tota	I number of other employees paid over \$1	00,000	<u></u>	<u> </u>	.	
	plete this table for the organization's five l pensation from the organization. If there is (a) Name and address of each independent cont	s none, enter 'None.'		(b) Type of service	(c) Compensati	
<u>None_</u>						
						
						
		····				
		- 				
d lota	I number of other independent contractors	each receiving over \$1	חמת חמת	>		
a 10ta	Thamber of other independent contractors	caciffeediving over \$1	00,000			
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer			tements, and to the best of my knowledge	wledge and belief,	t is
 Sign	<u> </u>			tements, and to the best of my know arer has any knowledge		t is
 Sign	Under penalties of perjury, I declare that I have exant true, correct, and complete Declaration of preparer Signature of officer Miranda Willey			15-6		t is
 Sign	Under penalties of perjury, I declare that I have exantine, correct, and complete Declaration of preparer			Date President	- /0	
Sign Here	Under penalties of perjury, I declare that I have exant true, correct, and complete Declaration of preparer Signature of officer Miranda Willey Type or print name and title Preparer's		ompanying schedules and sta all information of which prep	Date President Check if Prepi		
Sign Here Paid Pre-	Under penalties of perjury, I declare that I have exant true, correct, and complete Declaration of preparer Signature of officer Miranda Willey Type or print name and title Preparer's signature	nined this return, including acc (other than officer) is based on	ompanying schedules and sta all information of which preparation	Date President Check if Prepi	- /0	
Sign Here Paid Pre- parer's	Under penalties of perjury, I declare that I have exant true, correct, and complete Declaration of preparer Signature of officer Miranda Willey Type or print name and title Preparer's signature Firm's name (or Easterwood & Co	nined this return, including acc (other than officer) is based on	ompanying schedules and sta all information of which prep	Date President Check if self employed Prep. See	arer's Identifying N	umber
Sign Here Paid Pre- parer's Use	Under penalties of perjury, I declare that I have exantrue, correct, and complete Declaration of preparer Signature of officer Miranda Willey Type or print name and title Preparer's signature Firm's name (or yours if self-employed), 3307 82nd St.	nined this return, including acc (other than officer) is based on	ompanying schedules and sta all information of which prep	Date President Check if self employed Figure Figu	- /o arer's Identifying N instructions 5-2905055	umber
Sign Here Paid Pre- parer's Use Only	Under penalties of perjury, I declare that I have examinating correct, and complete Declaration of preparer Signature of officer Miranda Willey Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Lubbock, TX 794	nined this return, including acc (other than officer) is based on the control of	Date	Date President Check if self employed Frep. (See employed Phone no (806)	- /6 arer's Identifying Nunstructions 5-2905055 793-035	umber
Sign Here Paid Pre- parer's Use Only	Under penalties of perjury, I declare that I have exantrue, correct, and complete Declaration of preparer Signature of officer Miranda Willey Type or print name and title Preparer's signature Firm's name (or yours if self-employed), 3307 82nd St.	nined this return, including acc (other than officer) is based on the control of	Date	Date President Check if self employed Frep. (See employed Phone no (806)	- /o arer's Identifying N instructions 5-2905055	umber

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

AGE	NT	S IN A	CTION	INC								1	26419	4		
Par				blic Charit	y Stat	us (All org	anization	s must	comp	lete th	ıs parl					
The c	rga	nızatıon i	s not a pri	vate foundation	n becau	ise it is. (For	lines 1 thro	ugh 11, d	check or	ily one b	oox.)			_		
1	_	1		on of churche					section	1 70 (b)(1)(A)(i).					
2	\perp	4		in section 17				•								
3	\vdash	4		erative hospita		-			•	- · · · · ·	-					
4		_		n organization	operate	ed in conjunc	tion with a h	iospital d	escribed	d in sect	tion 170	(b)(1)(A)	(iii). Ent	ter the hosp	oital's	
5		An orga	ity, and sta nization op XAXiv) . ((atc. erated for the Complete Part	benefit	of a college	or university	owned	or opera	ited by a	govern	nmental	unit des	cribed in se	ection	
6 7	X	A federa An organin section	al, state, or nization tha on 170(b)(1	· local governi at normally re XAXvi). (Con	ment or ceives a iplete Pa	ı substantıal art II.)	part of its su	ipport fro	m a gov	70(b)(1) /ernmen	(A)(v). ital unit	or from	the gen	eral public	descrit	ped
8	\sqsubseteq	1		described in s					-							
9		from act investme June 30,	ivities relatent income 1975, See	at normally re ted to its exer and unrelate section 509(npt func d busine a)(2). (C	tions — subje ess taxable ir omplete Part	ect to certair icome (less : III.)	n exception 5	ons, and 511 tax)	l (2) no from bu	more th sinesse	an 33-1, s acquir	/3 % of i	its support t	from a	ross
10				ganized and o												
11	Ш	describe	s the type	ganized and o orted organiz of supporting	ations of organiz	lescribed in s zation and co	section 509(a implete lines	a)(1) or s s 11e thro	ection 5 ough 11	09(a)(2) h.). See s	f, or cari ection 5	ry out th 09(a)(3) .	e purposes . Check the	of one box t	e or hat
	\Box		pe I	b	Type II			II — Fund					d [Type III-		
е	L	By check than fou 509(a)(2	ndation ma	ox, I certify the anagers and o	at the or ther tha	ganization is n one or moi	not controll re publicly si	ed direct upported	ly or ind organiz	lirectly bations d	y one c lescribe	r more d in sec	disqualif tion 509	ied person (a)(1) or se	s othe ction	r
f		If the org	ganızatıon is box	received a wr	itten det	ermination fr	om the IRS	that is a	Type I,	Type II	or Type	III supp	orting o	rganization	,	
g		Since Ai	ugust 17, 2	006, has the	organiza	tion accepte	d any gift oi	r contribi	ution fro	m any o	f the fol	llowing p	ersons?	,		
		(i) a p	erson who	directly or in	directly (controls, eith	er alone or	together	with per	sons de	scribed	ın (ıı) aı	nd (III)		Yes	No
				verning body ber of a pers										11g (i)	 -	
			-	lled entity of a		• • • • • • • • • • • • • • • • • • • •		2010						11 g (ii)		
h				ng information										11 g (iii)	<u> </u>	
	(i)) Name of S Organiza	upported	(ii) E!N		(iii) Type of (described above or	organization on lines 1 9 IRC section ructions))	(iv) organizat (i) listed gove	Is the tion in col d in your erning ment?	the organ	ou notify lization in (i) of upport?	organizat (i) organi	Is the lion in col zed in the S ?	(vii) Amour	nt of Sup	port
		<u> </u>	 -		_		***	Yes	No	Yes	No	Yes	No			
														_		
			_			-										
						-						-				<u> </u>
									<u></u>							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 23,033 38,640 61,673. 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 0. 0 4 Total. Add lines 1-through 3 23,033. 38,640 0. 61,673. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 from line 4 61,673. Section B. Total Support Calendar year (or fiscal year beginning in) ► (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 0. 0. 23,033. 38,640 0 61,673. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 0. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10 61,673. 12 Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here **►** X Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

	(Complete only if you check	cked the box on lin	ne 9 of Part I.)				
Sec	tion A. Public Support		•				
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')		,	100	, , ====	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2						
•	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	taxes) from businesses						
11	taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
111213	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)						
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11 12 13 14	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and			, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ □
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 rorganization, check this box and tion C. Computation of Pu	blic Support F	Percentage		fifth tax year as a		▶ □
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11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	blic Support F 09 (line 8, column 2008 Schedule A, I	Percentage (f) divided by line Part III, line 15	13, column (f))	fifth tax year as a		▶ □
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pu Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv	blic Support F 09 (line 8, column 2008 Schedule A, I vestment Incol	Percentage (f) divided by line Part III, line 15 me Percentag	13, column (f))		15	%
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 2 tion D. Computation of Inv	blic Support F 09 (line 8, column 2008 Schedule A, I vestment Incor or 2009 (line 10c, c	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	13, column (f)) e by line 13, colum		15 16	%
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage for 20 investment income percentage for Investment Income Investment Inco	blic Support F 09 (line 8, column 2008 Schedule A, I vestment Incor or 2009 (line 10c, com 2008 Schedule	Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line 1	13, column (f)) e by line 13, colum	n (f))	15 16 17 18	% % %
11 12 13 14 Sec: 15 16 Sec: 17 18 19a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box and tion than 33-1/3%, check this box	blic Support F 09 (line 8, column 2008 Schedule A, I vestment Incor or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 not check the boom The organization	e by line 13, column 7 on on line 14, and qualifies as a pub	n (f)) line 15 is more th licly supported org	15 16 17 18 an 33-1/3%, and luganization	% % ne 17 is not
11 12 13 14 15 16 Sec 17 18 19a b	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 33-1/3 support tests — 2009. If the	blic Support F 09 (line 8, column 2008 Schedule A, I vestment Incor or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here. e organization did this box and stop	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 not check the box The organization not check a box of here. The organiz	by line 13, column (f)) to on line 14, and qualifies as a pub on line 14 or 19a, ation qualifies as	n (f)) line 15 is more th licly supported org and line 16 is mo a publicly support	15 16 17 18 an 33-1/3%, and luganization re than 33-1/3%, aed organization	% % ne 17 is not

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Agents In Action, Inc Biggest Donors/Grants January through December 2009

	Jan - Dec 09	% of Column
Aguas, Cita A	115.00	0 4%
Arduain, Elizabeth	60 00	0 2%
Bellar, Joe	1,000.00	3.1%
Bennett, Karla	150 00	0 5%
Benton, Mary	905 00	2 8%
Bloodworth, David	180.00	0 6%
Boydstun, Linda Brown, Rhonda L.	145.00 862.00	0 4% 2 7%
Brownd, Greg	65 00	0 2%
Carpet Tech	150 00	Ū 5%
Cash	974.08	3 0%
Childs, Julie	40 00	0.1%
Clark, Paula	230.00	0 7%
Cleavinger, Mike	375.00	1 2%
Clements, Whitney J.	25.00	0.1%
Cole, Shannon	120.00	0.4%
Davis Eubank, Les & Sharon	20.00	0 1%
Fannin, Kyle	25 00 775.00	0 1% 2.4%
Fowler, Allyson	133 00	0.4%
Frapp, Debbie	1,479 00	4.6%
Freeman, Kenneth & Laverne	25 00	0 1%
Geha, Rick	40 00	0 1%
Golden, Toni	1,025 00	3.2%
Gosdin, Sherry	60 00	0 2%
Grafft, Mary Ann	835 00	2 6%
Grantham, Stephanie	20 00	0 1%
Helmstetler, Megan	45.00	0.1%
Helton, Mandy Hill, Michelle`	500.00 6 00	1 5% 0 0%
Hust, Connie	350.00	1 1%
Jolly, Tara	65 00	0 2%
Jones, Angela L	60 00	0 2%
Jones, Wendy	290 00	0.9%
Jordan, Tara B	255 00	0 8%
Keener, Tommy/Martha	25.00	0 1%
Keesee, Kelly	100.00	0 3%
Lair, Brooke Logan, Stacey	530.00 40 00	1 6% 0 1%
Lubbock Abstract & Title Company	50 00	0 2%
Luna, Eric & Michelle	10 00	0 0%
McLemore, Elissa	15 00	0.0%
Minnix Commercial Partners	100 00	0 3%
Minnix Property Management	1,060.00	3 3%
Minnix, Bill & Joy	1,800 00	5 6%
Minnix, Tim & Connie	3,835.00	11 9%
Moore, Melody Moore, Suzanne	2,145 00	6 6% 0.2%
Morrison, Frank	50 00 230.00	0.2%
Moss, Jean	150.00	0.7%
Neal, Annetta	320 00	1 0%
Newton, Tara Jordan	160 00	0 5%
Owens, Sandra	20.00	0 1%
Ponder, Camee L.	775.00	2.4%
Quattromani, Mary	100 00	0.3%
Rankin, H	170 00	0.5%
Rawls, Kyle	200 00	0 6%
Rawls, Nancy/Wayne Riley, Rhetta	150 00 395 00	0 5% 1 2%
Robertson, Toni	25.00	0 1%
Rogers, Stacey	65 00	0 2%
Scott, Linda	200.00	0 6%
Sherrill, Paula	25 00	0 1%
Shield	100.00	0 3%
Sims, Cathie E.	150.00	0 5%
Sisk, Ella Jo	10 00	0 0%

3:26 PM ... 02/03/10 Accrual Basis

Agents In Action, Inc Biggest Donors/Grants January through December 2009

	Jan - Dec 09	% of Column
Snider, Gay	655 00	2.0%
Stallings, Jan	100 00	0.3%
Stephens, Keith/Jane	1,000 00	3 1%
Stults, Karina	25 00	0.1%
Taylor, Rose	20 00	0 1%
Thigpen, Carol Ann	600 00	1 9%
Thompson, Paula	150 00	0 5%
Titzell, Pamela S.	1,105.00	3 4%
Townsley, Rachel	1,110 00	3 4%
Vigil, Timotea	90.00	0 3%
Willey, Miranda	1,628 85	5 0%
Williams, Cynthia	1,321 00	4.1%
Wright, Kristen	20 00	0 1%
Wright, Terry & Camila	50.00	0 2%
TOTAL	32,283.93	100.0%

	Federal Statements		Page 1
Client AGENTSIN	AGENTS IN ACTION INC		20-826419
1/29/10			02.57P
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts	Paid		
Donee's Name: Cash Amount Given:	INTERNATIONAL KW CARES	\$	3,000
Donee's Name: Cash Amount Given:	LUBBOCK KW AGENTS AND FAMILIES	\$	5,340.
Donee's Name: Cash Amount Given:	RACE FOR THE CURE	\$	305.
Donee's Name: Cash Amount Given:	FELLOWSHIP RIDERS	\$	1,200
Donee's Name: Cash Amount Given:	ALL OTHER S	\$	19,005
Statement 3		otal 💲	626. 626.
Statement 3 Form 990-EZ, Part III Organization's Primary Exem An agent driven charity to community needs		otal \$	626.
Form 990-EZ, Part III Organization's Primary Exem An agent driven charity	pt Purpose taking initiative to proactivelly respond e Accomplishments		Program Service
Form 990-EZ, Part III Organization's Primary Exem An agent driven charity to community needs Statement 4	pt Purpose taking initiative to proactivelly respond e Accomplishments Description Gra		626.

2009	Federal Statements	i		Page 2
Client AGENTSIN	AGENTS IN ACTION INC			20-8264194
4/29/10				02 57PM
Statement 5 Form 990-EZ, Part IV List of Officers, Directors, Trustees	s, and Key Employees			
Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Miranda Willey 9308 Utica Dr Lubbock, TX 79424	President \$ 4.00	0.	\$ 0.	\$ 0.
Timothy Minnix 9807 Salisbury Lubbock, TX 79424	Chairman 0.50	0.	0.	0.
Debbie Frapp 306 N Essex Drive Lubbock, TX 79416	Vice President 0.50	0.	0.	0.
Carol A Thigpen 300 Horseshoe Bay North Horseshoe Bay, TX 78657	Secretary 0.50	0.	0.	0.
Nancy Rawls 9712 Knoxville Ave Lubbock, TX 79423	Co-Treasurer 0.50	0.	0.	0.
Brooke Lair 6308 CR 7475 Lubbock, TX 79424	Co-Treasurer 0.50	0.	0.	0.
Rhonda Brown 4614 - 93 rd Street Lubbock, TX 79424	Controller 0	0.	0.	0.
Keith Stephens 5710 - 102nd Street Lubbock, TX 79424	Director 0	0.	0.	0.
Jane Stephens 5710 - 102nd Street Lubbock, TX 79424	Director 0	0.	0.	0.
Russell Moore 4012 - 95th Street Lubbock, TX 79424	Director 0	0.	0.	0.
Jonathan Willey 9308 Utica Dr Lubbock, TX 79424	Director 0	0.	0.	0.
Rhetta Riley 1607 Ave G Abernathy, TX 79311	Director 0	0.	0.	0.

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Client AGENTSIN	AGENTS IN ACTION INC	20-8264194

4/29/10 02.57PM

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Cindy Williams 6314 Raleigh Ave Lubbock, TX 79424	Director \$	0.	¢ 0.	\$ 0.
Connie Minnix 9807 Salisbury Lubbock, TX 79424	Director 0	0.	0.	0.
Pam Titzell 6126 Louisville Lubbock, TX 79413	Director 0	0.	0.	0.
Daniel Stanton 823 Mimosa Idalou, TX 79329	Director 0	0.	0.	0.
Linda Scott PO Box 64981 Lubbock, TX 79464	Director 0	0.	0.	0.
Joe Bellar PO Box 64578 Lubbock, TX 79464	Director 0	0.	0.	0.
Kyle Fannin 16204 PR 1740 Lubbock, TX 79423	Director 0	0.	0.	0.
Kyle Rawls 2837 - 64th Street Lubbock, TX 79413	Director 0	0.	0.	0.
Camee Ponder 316 N Clinton AVE Apt A Lubbock, TX 79416	Director 0	0.	0.	0.
Cindy Hale 5110 - 96th Street Lubbock, TX 79424	Director 0	0.	0.	0.
Jan Stallings 10111 Dover Lubbock, TX 79424	Director 0	0.	0.	0.
Mandy Helton 5603 - 83rd Street Lubbock, TX 79424	Director 0	0.	0.	0.

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Client AGENTSIN	AGENTS IN ACTION INC	20-8264194
4/29/10		02.57PM
Statement 5 (continued) Form 990-EZ, Part IV List of Officers, Directors, Truste	ees, and Key Employees	
Name and Address	Title and Contri- Average Hours Compen- bution to Per Week Devoted sation EBP & DC	Expense Account/ Other
Danny Leon PO Box 6682 Lubbock, TX 79493	Director \$ 0. \$ 0.	\$ 0.
	Total <u>\$ 0.</u> <u>\$ 0.</u>	\$ 0.
indirectly, to pay premium:	during the year, receive any funds, directly or s on a personal benefit contract? during the year, pay premiums, directly or	. No No