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SCHEDULE A

(Form 990 or 990-EZ)

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number **Christian Training and Missionary Fellowship** 23 2150107 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33\% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c ☐ Type III-Functionally integrated a 🗌 Type I **b** Type II d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) is the (vii) Amount of organization in col in col. (i) listed in your the organization in organization (described on lines 1-9) support governing document? col (i) of your (i) organized in the above or IRC section. US? support? (see instructions)) Yes Yes Yes No No No Total

Page 2

Pa	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support				/		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
<u>6</u>	Public support. Subtract line 5 from line 4.		<u> </u>	<u>. </u>	L	<u> </u>	<u> </u>
	tion B. Total Support		T #1 222			T	
Ça	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 ,	ļ				<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>	<u> </u>	L	 	L
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re .	<u></u>				on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 1	1, column (f))	•	14	%
15	Public support percentage from 2008 Sc	hedule A, Part	II, line 14 .			15	%_
16a	33½% support test - 2009. If the organiand stop here. The organization qualifies	s as a publicly	supported orga	nization .			. ▶ 🗆
b	33% % support test – 2008. If the organic box and stop here. The organization qua	alifies as a pub	licly 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.						
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "lorganization meets the "facts-and-circumstance Private foundation. If the organization did	facts-and-circur ances" test. The	nstances" test, e organization qu	check this box a alifies as a public	and stop here. cly supported o	Explain in Part rganization	IV how the ►

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

(Complete only if you checked the box on line 9 of Part I.)									
	tion A. Public Support	(-) 0005	(4) 0000	(=) 0007	(4) 0000	1.1.0000	10 T-4-1		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
3	organization's tax-exempt purpose 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								
6	Total. Add lines 1 through 5			ļ			 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	 							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b	<u> </u>				ļ			
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support		,	r	_ 		т		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	<u> </u>							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	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								
	tion C. Computation of Public Su	·			<u> </u>	T45 T			
15	Public support percentage for 2009 (lin			ne 13, column	(T)) .	15	<u>%</u>		
16 Soc	Public support percentage from 2008				 	16	%		
	tion D. Computation of Investmen				-1 (0)	17			
17		tment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).					<u>%</u> %		
18	Investment income percentage from 20	ر مصال مصال	18						
19a	17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization >								
b	331/3 % support tests—2008. If the organ	nization did not	check a box or	n line 14 or line inization qualifie	19a, and line 1	6 is more than	33⅓ %, and		

0425806617 July 22, 2010 LTR 2695C 0 R 23-2150107 200912 67 00016129

CHRISTIAN TRAINING AND MISSIONARY FELLOWSHIP PO BOX 1128 MADISONVILLE KY 42431



DECLARATION

13039

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or toustee

Business Manager Title