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- 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations 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

OMB No 1545-1150

2009

Open to Public Inspection

	Internal Revenue Service		<u> </u>	► The organization may have	e to use a copy of th	nis return to satisfy	state report	ing requirem	ents				
	A F	A For the 2009 calend		ar year,	or tax year beginning	01/01	1,	2009, and	ending		12/31		, 20 09
	B c	Check if applicable		Please	C Name of organization					D Emp	loyer id	entıfi	ication number
		ddress cl	nange	use IRS label or	STARFISH FOUNDATION	N					2	6-02	98727
	=	lame cha	=	print or	Number and street (or P O b	ox, if mail is not del	vered to street add	dress) Ro	om/suite	E Telep	ohone n	umbe	er
		nitial retur erminated		type See	PO BOX 3696						94	0-63	1-1985
	=			Specific	City or town, state or country	, and ZIP + 4				F Gro	un Exe	mnti	on.
	=	mended oplication		Instruc- tions	WICHITA FALLS TX 7630	01					nber I	•	
	=		-				-1- 444	-446	G Accou	l			Cash
		• Secti	ion 501(c)(3)		tations and 4947(a)(1) non inpleted Schedule A (Form			attacn	1	(specify		·	Casii 🗀 Accidai
				- 4 0011	ipieteu ochedale A (i om		•						
_									1				nization is not
		/ebsite										cnea	ule B (Form 990,
7	<u>J T</u>	ax-exe		_	nly one) — 🗸 501(c) (3)			_	· -	Z, or 99			
N		heck 🕨		_	zation is not a section 509(a								nan \$25,000 A
\supset					turn is not required, but if t						lete re	turn	
	L A	dd lines	5b, 6b, and 7	7b, to line	9 to determine gross receip	ots, if \$500,000 or r	more, file Form 99	0 instead c	f Form 990	-EZ ▶	\$		367,742
	Pa	art I	Revenu	іе, Ехр	enses, and Changes	s in Net Asset	ts or Fund B	alances	(See the	ınstru	ction	s fo	r Part I.)
7		1	Contribution	ons, gift	ts, grants, and similar an	nounts received	d				1_		358,644
		2	Program s	ervice r	evenue including govern	nment fees and	contracts .				2		
1		3	_		and assessments						3		
2		4	Investmen	-							4		
9		5a			m sale of assets other th			5a					
₹.		b			er basis and sales expen	-		5b	_		1		
3)		C			n sale of assets other that				5a)		5c		
り	<u>9</u>		Special event	te and act	ivities (complete applicable pa	rts of Schedule GU	If any amount is fro	om gaming	check here!	•			
	Revenue	6					contributions	, guining,	Oncon noro				
	ě	а		•	ot including \$			ا ـما					
	ď	_	reported o		•			6a			1		
		b			nses other than fundrais			6b			1		
		С			ss) from special events a			1	6a) .		6c		
		7a			entory, less returns and	allowances .		7a			1		
		b	Less. cost	of good	s old			7b			1		
		С	Gross prof	fit or (lo	ss) from sales of invento	ory (Subtract lin	e 7b from the	でIVEI	$\mathbf{p} \cdot \mathbf{q}$		7c		
		8	Other reve	nue (de	escribe INTEREST_)	8		9,098
		9	Total reve	nue. Ac	dd lines 1, 2, 3, 4, 5c, 6c	c, 7c, and 8 .			18	. ▶	9		367,742
		10	Grants and	d sımılaı	r amounts paid (attach s	schedule)	8 MAY	1.0.201	g. Q		10_		99,603
		11	Benefits pa	aid to o	r for members				RS S		11		
	S	12	Salaries, o	ther co	mpensation, and employ	yee benefits .	000				12		
	Expenses	13	Profession	al fees	and other payments to	independent co	ntractors U	ĽΝ, ∪			13		
	þe	14	Occupano	v. rent.	utilities, and maintenand	ce					14		
	Ĕ	15	•	• •	ons, postage, and shipp						15		752
		16			describe ► INS, INTER)	16		14,980
		17			Add lines 10 through 16		<u> </u>				17		115,335
		18			for the year (Subtract III						18	-	252,407
	Net Assets	19			id balances at beginning								
	SS	'3			e reported on prior year's						19		697
	ţ		•	-							20	-	-1,557
	ž	20		-	net assets or fund balar						21		251,547
		21	Net assets	or tune	d balances at end of yea	ar. Combine line	2) are \$1 250 0	000 or mo	ro filo Foi	. ► m 000		d of	
		art II	balance	e onee			رد ع اه عام رد الم عام رد					<u>.u o</u>	
	_		_		(See the instructions	•			(A) Beg	ginning o		0-1	(B) End of year
	22		_		vestments				-		136	_	4,997
	23		nd and buil	_						4	0,561	$\overline{}$	283,457
	24			(describ	e▶)	ļ			24	0
	25	To	tal assets								10,697		288,454
	26	То	tal liabilitie	es (desc	ribe REAL ESTATE	LOAN)		4	10,000	\rightarrow	36,907
	27	' Ne	et assets or	r fund b	palances (line 27 of colu	ımn (B) must aç	gree with line 2	1)			697	27	251,547

Par	Statement of Program Service Accomp	plishments (See the instr	uctions for Part II	1.)		Expenses		
Ŵhat	What is the organization's primary exempt purpose? CHARITABLE WORK AND DONATIONS							
	ribe what was achieved in carrying out the org)(3) and 501(c)(4) sizations and section			
	anner, describe the services provided, the number of persons benefited, and other relevant information for							
	program title.				for ot	hers)		
28	TO FUND THE ONGOING NEEDS OF MISSIONARY W	ORK WHICH HELPS HUNDR	EDS OF PEOPLE					
	(Grants \$) If this amount	includes foreign grants, che	eck here .	. ▶ 🗆	28a	99,603		
29								
					ŀ			
			• • • • • • • • • • • • • • • • • • • •					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗀	29a			
30								
		includes foreign grants, che	eck here .	. ▶ <u>□</u> _	30a			
31	Other program services (attach schedule)							
		includes foreign grants, che			31a			
	Total program service expenses (add lines 28a t			tod (Sootho	32	99,603		
Par	V List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense		
	(a) Name and address	hours per week	(If not paid,	employee benefit deferred comper	plans &	account and other allowances		
DENI	NIS J CADY	devoted to position	enter -0)	deterred comper	isalion	Other allowances		
	OX 3696, WICHITA FALLS, TX 76301	TRUSTEE 7 HRS/WEEK	-0-		-0-	-0-		
	OX 3030, WOMEN A FACEO, 1X 70301					•		
			-					
					_			
								
	•							
		·			-			
	·							

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
`			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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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			,
а	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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	1		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	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	40b		✓
С	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		:	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		✓
41	List the states with which a copy of this return is filed. ► TEXAS			
42a	The organization a books are in data of a	940-63	1-198	5
	Located at ► 2206 ROBERTS, WICHITA FALLS, TX ZIP + 4 ►	76	301	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		N	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	NO /
	account)?	42b		V
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	<u> </u>	✓
-	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		I	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	_		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	ļ	✓
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	45		1
		m 990)-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	xempt charitat table trusts mus	ole trusts only. A st answer questio	ll sec ns 46	tion 3–49l	
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		✓
	Did the organization engage in lobbying activities				47		<u>/</u>
	Is the organization a school as described in section		•		48		V
	Did the organization make any transfers to an exif "Yes," was the related organization a section 5	•	-		49a 49b		V
50	Complete this table for the organization's five hi	ghest compensated emplo	yees (other than	officers, directors, t	ruste	es an	d key
	employees) who each received more than \$100,	000 of compensation from (b) Title and average	(c) Compensation	(d) Contributions to		one." Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	àco	count a	ınd
NONE							
f	Total number of other employees paid over \$100).000 . •					
	Complete this table for the organization's five I \$100,000 of compensation from the organization (a) Name and address of each independent contractor	n. If there is none, enter "N	one."		(c) Cor		
NONE		<u></u>	(-, -,				
					-		
	Table and a second a second and		00				
<u>u</u>	Total number of other independent contractors e	each receiving over \$100,00					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration						
Sign			1	5-5-10			
Here	Signature of officer			Date			
	DENNIS J CADY, TRUSTEE Type or pnnt name and title	<i></i>					
Paid Prepare	Preparer's signature How 2 How	544(Check if self-employed ► ✓	Preparer's identifying num	•	instruc	tions)
Use On	HOWARD L HINKLE	OUITA FALLO TEVAO TOO	EI		200	504	
May th	e IRS discuss this return with the preparer shown	CHITA FALLS, TEXAS 76301 above? See instructions	Pt		-322-3 Yes	_	No.
may III	on to allocate the retain with the property shows	. abovo. ees mendedonons					(2009)

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.

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization

Department of the Treasury
Inspection

Name of the organization

Employer identification number

S1/	KF	SH FOUNDA	TION						26 :		0298727
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part) Se	e instru	ctions
The	orga	inization is n	ot a private foun	idation because it is	(For lines	1 throug	gh 11, ch	eck only	one box)	
1			•	rches, or association		-	_	-			
2				on 170(b)(1)(A)(ii). (At							
3	_			nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).		
4	_	-	-	ition operated in con						170(b)(1)(A)(iii). Enter the
			ime, city, and st	•							, , , , , , , , , , , , , , , , , , ,
5	П	•	•	the benefit of a colle	ae or uni	versity ov	wned or a	nerated	by a gov	ernmenta	Lunit described in
•	_	section 170	(b)(1)(A)(iv). (Co	mplete Part II.)	-						anii desembed iii
6	Ш	A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)		
7		_	-	receives a substantia	•	its suppo	ort from a	governn	nental uni	t or from	the general public
0				(1)(A)(vi). (Complete F		`amplata	Dort II \				
8			•	d in section 170(b)(1) receives (1) more tha		•		m contrib	utiona m	ambarab	in food, and arose
9	✓	-	-	ed to its exempt function							
				ent income and unre							
				after June 30, 1975.						JII lax	i irom basinesses
		•	-								
10	_	_	-	nd operated exclusive	-		_				
11	Ш	•	•	ind operated exclusiv	•						•
				blicly supported organ							
		509(a)(3). Cr	neck the box tha	at describes the type						_	
		a 🗌 Type	l b □] Type II	: 🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d _	Type III-Other
е		By checking	this box, I cert	tify that the organizat	tion is no	t control	led direc	tly or inc	irectly by	one or	more disqualified
		persons other	er than foundatio	n managers and othe	r than one	e or more	publicly	supporte	d organiz	ations de	escribed in section
		509(a)(1) or s	section 509(a)(2)								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	l, Type II.	or Type	III supporting
		-	, check this box							•	
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	iny of the		
_		following per	rsons?	-					-		
		(i) A person	who directly or	r indirectly controls, e	either aloi	ne or too	ether wit	th persor	s describ	ed in (ii)	Yes No
			•	ning body of the supp		_		•			11g(i)
			_	rson described in (i) a							11g(n)
				of a person described		(II) above	?	_	• •	•	11g(in)
h			-	ation about the suppo							
(1)	Name	of supported	(II) EIN	(III) Type of organization	(IV) Is the d	organization	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
• •	org	anization		(described on lines 1-9		sted in your		nization in	organizat		support
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the	
				,	Yes	No	Yes	No	Yes	No	
			1	1	1	i	1		I		

Total

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								
	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)							
6	Public support. Subtract line 5 from line 4		L		l]	<u>L</u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	(2, 2000	(0) = 00	(0, 200)	(4)		(,,	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
	sources						 	
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						!	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10					ļ ,	L	
12	Gross receipts from related activities, etc	(see instruction	ons)		•	12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re .			ı, or fifth tax y	ear as a section	on 501(c)(3)	
Sec	tion C. Computation of Public Su					т		
14	Public support percentage for 2009 (line	. ,,	-	1, column (f))		14	<u>%</u>	
15	Public support percentage from 2008 Sci					15	%	
16a	331/3 % support test-2009. If the organi				line 14 is 33%	% or more, che		
	and stop here. The organization qualifies	, ,	• •				▶ ⊔	
b	33% % support test—2008. If the organic				and line 15 is	33% % or more	, check this .► □	
47-	box and stop here. The organization qua	•		-	luna 12 160 au	r 16b and line 1		
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Par	IV how the	
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization meets the "facts-and-circumstant organization	acts-and-circun inces" test The	nstances" test, o organization qua	check this box a alifies as a public	and stop here cly supported o	Explain in Part rganization	IV how the ▶ □	
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	17b, check this	box and see ins	structions 🕨 📙	

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 checke	ed the box o	n line 9 or Pa	art 1.)			
	tion A. Public Support	(a) 200E	(b) 2006	(a) 2007	(4) 2000	(a) 2000	(f) Total
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) rotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").				41,600	358,644	400,244
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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				44.000	250 044	400 044
6	Total. Add lines 1 through 5		-		41,600	358,644	400,244
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				0	0	0
8	Public support (Subtract line 7c from line 6)						400,244
	tion B. Total Support		T				
Ca	alendar 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				41,600	358,644	400,244
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				0	0	0
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)				41,600	358,644	400,244
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ ☑
Sec	tion C. Computation of Public Su		-		"1		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column	(f))	15 16	<u>%</u> %
Sec	tion D. Computation of Investmen	nt Income P	ercentage	·			
17	Investment income percentage for 200	•			olumn (f)) .	17	% _
18	Investment income percentage from 20				. l	18	<u> </u>
19a	331/3 % support tests – 2009. If the org 17 is not more than 331/3 %, check this b	ox and stop h	ere. The organ	ızatıon qualıfıes	as a publicly s	supported orga	nızatıon ► 📙
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	ınızatıon qualıfıe	s as a publicly s	supported orga	nization 🕨 📙
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see inst	ructions 🕨 🔲

Schedule A (Fo	orm 990 or 990-EZ) 2009 Page	4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10 Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions	:
		••
·		

STARFISH FOUNDATION EIN #26-298727 FORM 990-EZ TAX PERIOD: 12/31/2009

ATTACHMENT

PART I

10. MISSIONARY WORK

FAITH VILLAGE CHURCH OF CHRIST 4100 McNIEL WICHITA FALLS, TEXAS 76308

\$95,253

PART I

20. DEPRECIATION

(\$ 1,557)