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Form **990**

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)

OMB No 1545-0047 **ചെ**

Inspection

Department of the Treasury Internal Revenue Service

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

2009
Open to Public

A F	or th	ie 2009 c		ndar year	•	•	-				9, and e	ending						, 20		
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<u> </u>	Tax-ex	empt status	3.	X 501(c)	<u>(3</u>)∢	(Inser	rt no)	4947(a)(1) or	527				If "No.	" atta	ch a lis	ıt (see ır	structions	+	
J	Websi	te: ▶ N /	/A											H(c) Group	ехеп	pton r	number	•		
K	Form	of organizat	ion	Corpo	ration X	Trust	Associa	ation C	Other ►		L,	Year of for	mati	on 2008	M	State	of legs	al domici	θ.	T
Pa	rt I	Summ	nary	!																
	1	Briefly de	escri	be the orga	anızation'	's missio	n or most	significant a	activities.											
•		TO ID	ENI	rify un	FUNDE	D OR	UNDER	FUNDED	ACT	VITIE	S PER	THE	TE:	RMS OF	T	HE				
Š		TRUST	•																	
& Governance																				
8	2	Check thi	is ho	× •	if the ord	 nanizatio	n disconti	nued its op	erations	or dispos	ed of mo	re than 2	25%	of its net a	 sset					
ŏ	l _				_	_				•							1			1
	3	Number	or vo	oung memb	ers of the	e govern	ing body (i	Part VI, line	1a)						•	3				<u>-</u>
ctivities	4							erning body									<u> </u>			<u></u>
₹	5	Total nun	nber	of employe	es (Part	V, line 2a	¹⁾									5				0_
Ä	6	Total nun	nber	of volunter	ers (estim	nate if ned	cessary) .				. 	. 				6				
	7 a	Total gros	ss u	nrelated bu	ısiness re	venue fro	om Part VI	ii, column (C), line 1	2						7 a			2,4	58
	b	Net unrel	lated	d business	taxable ir	ncome fro	om Form 9	90-T, line 3	4			· • • • •	: :			7b				
								<u>.</u>						Prior Ye			(Surrent	Year	
	8	Contribut	lions	and grants	e (Part VII	II line 1h	۸					ŀ		300	. 0	00.				_
Ĕ	9	Drogram		ico romani	, (Part \/II	II lina 2a	" N	• • • • •				• • • • •			<u>, -</u>		-			
Revenue	40	Program	serv	ice revenue	; (Fait VII	n, line zg)		• • • •	• • • • •		• • • • -			-	65.			2,4	
8	10	investme	nt in	icome (Par	t VIII, CO	umn (A),	lines 3, 4,	and 7d)				• • • • }			, '	05.			Z,4	
	11	Other rev	/enu	e (Part VIII	i, column	(A), lines	s 5, 6d, 8c,	, 9c, 10c, ar	nd 11e) _.											(
								Part VIII, co						301	, 7	65.	<u></u>		2,4	
	13	Grants ar	nd si	imilar amou	ınts paid	(Part IX,	column (A)), lines 1-3)				L					Ĺ			_(
	44	Danasia.	!-		//	D-41V -		I 41	_				⊐.							C
Ø	15	Salaries,	othe	er compens	ation, en	nployee t	enefits (Pa	art IX, colun	nກ (A), li	nes of 10)	FIVE	-U_	οL							(
Expense	16a	Professio	nal 1	fundraising	fees (Par	rt IX. colu	umn (A). lır	ne 11e)	ľГ				Ϊ́							(
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Ã,	17	Other eve	nene	es (Part IX	column	/Δ\ lines	(2), : 112.11d	25) ▶	- d	-AUG-	4-1-4,	A18 - 1	ਲੀ			04.	- 340° CEP	m of The Section	¥,4,	(
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ď		Revenue	less	expenses	Subtract	l line 18 f	rom line 12	2	<u> </u>	يابب	(<u>5!),</u>	<u> </u>		296					2,4	56
Fund Balances												_	В	eginning				End of		_
를	20	Total asse	ets (I	Part X, line	16)							L		296	, 7	р 1 .		30	2,3	<u> </u>
9	21			s (Part X, III																
딆	22	Net asset	ts or	fund balar	ıces. Sul			ine 20						296	,7	61.		30	2,3	75
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	000									_							_			

Form 990 (2009)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		ı
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	3		
10	quasi-endowments? If" Yes," complete Schedule D, Part V	4.0		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
11	•	44		Х
_	VII, VIII, IX, or X as applicable	11		
•				
_	Schedule D, Part VI. Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
_	·			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	~		
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	er.	S 0.4	* % 1.
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
404	complete Schedule D, Parts XI, XII, and XIII	12		^
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No If "Yes " completing Schedule D. Parts XI. XII. and XIII is optional	. ;		
4.0	Table 1 and	4.0		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			••
. –	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			l <u>-</u> .
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			l
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	١		v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			Х
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
29 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
ນ	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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Sh	4.4	Care of
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	建筑		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			х
	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	35		х
26	Schedule R, Part V, line 2	35		<u> </u>
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	 	-	
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2009)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	0.9. Information Neturns. Enter 45 it not applicable			
	Enter the number of Forms vv-2G included in line 1a. Enter -o- it not applicable.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 c		
	gaming (gambling) winnings to prize winners?	10		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			- 1
	Instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a	l	Х
b	If "Yes," enter the name of the foreign country: ▶		į.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts.		: t 	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	[х
	organization solicit any contributions that were not tax deductible?	6a	-	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		
	gifts were not tax deductible?			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		\neg	
	required to file Form 8282?	7c	- [
	If "Yes," indicate the number of Forms 8282 filed during the year		70 C T	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		33	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	į		
	required?	7h		,
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter			
d	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	,		
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes " enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		أخضا	-20
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		100	
	the year by the following		*****	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
reve	enue Code.)	-	V	**-
			Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		х	
444	form?	11	3 1	্ৰা
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	¥ 22.01
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1 m		: 1/4
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	44 mm Fam	an adamptar d
b	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		;	[44]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1 3 m		
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	27		1 1
	rts participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	 •	
	available for public inspection. Indicate how you make these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	policy, and financial statements available to the public.	•		
20		ne		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶BILLIE D. BALLENGEE 1649 PROMONTORY DRIVE CEDAR HILL, TX 75104	-		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week	ndividual trustee or director	Institutional trustee	chec	C) a Key employee	A Highest compensated at employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employee	s (continued)
(A)	(A) (B) (C) (D) (E)					(E)	(F)			
Name and title	Average hours per week	Position of a	_	Officer		that ap	Py Former	Reportable compensation from	Reportable compensation from related	
	Week	Individual trustee or director	Institutional trustee	SB 1	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s compensation
	-									
										_
		<u> </u>								
Total number of individuals (including but not reportable compensation from the organization)		hose I		d al	bove	 e) who	o re	ceived more than	\$100,000 in	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										. 3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0٧	If "Y	es,"	' complete Sched	ule J for suc	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accr	ue co	omp	ens	atio	n fro	m	any unrelated o	rganization fo	
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	lent	cont	rac	tors that received	d more than	\$100,000 of
(A) Name and business addi	ess							(B) Description of se	vices	(C) Compensation
							-			
2 Total number of independent contractors (in							ie li	isted above) who	received	

Pa	rt VIII	Statement of Revenue					
		•••		(A) Total revenue	. (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e					-
Contributi and other	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$, ,			
Program Service Revenue	2a b c d	Total. Add lines 1a-11	Business Code				
Progra	f g	All other program service revenue Total. Add lines 2a-2f		0.		2	
	3 4 5	Investment income (including dividends, interest other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties	2	2,458. 0. 0.		2,458.	
	6a b c	Gross Rents	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
venue	d 8a	Net gain or (loss)		0.	3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Other Revenue	b c	of contributions reported on line 1c) See Part IV, line 18	,	() · · · · · · · · · · · · · · · · · ·	rod #		
	9a b	Gross income from gaming activities See Part IV, line 19			AN CONTRACTOR	' ہ	
	С	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	.	0.	,	,-	,
		Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue		0.			٠., ع
	11a b c						
	d e 12	Total. Add lines 11a-11d	▶	0. 2,458.		2,458.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and	-									
	organizations in the U.S. See Part IV, line 21	0.									
2	Grants and other assistance to individuals in			The state of the s							
	the U.S. See Part IV, line 22	0.									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.		23. 2 3.6. 3							
5	Compensation of current officers, directors,										
	trustees, and key employees	0.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits	0.									
10	Payroll taxes	l ^									
11	Fees for services (non-employees)										
а	Management	0.									
b	Legal	0.									
c	Accounting	0.									
d	Lobbying	0.	COLL STORY STANDS IN THE STAND STANDS	LAN POSICIONES A PROMINENTANO NO PAR							
	Professional fundraising services See Part IV, line 17										
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·						
g	Other	0.	<u></u>								
12	Advertising and promotion	0.									
13	Office expenses										
14	Information technology	0.									
15	Royalties	0.		<u> </u>							
16	Occupancy	0.									
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	ο.									
19	Conferences, conventions, and meetings	0.			<u></u>						
20	Interest	0.									
21	Payments to affiliates				-						
22	Depreciation, depletion, and amortization										
23	Insurance	0.									
24	Other expenses Itemize expenses not			经验证证据	1998年 1917年 日						
	covered above. (Expenses grouped together										
	and labeled miscellaneous may not exceed	は なな	The state of the s		医						
	5% of total expenses shown on line 25 below.)										
а											
b											
С											
d											
е											
f	All other expenses	ļ			<u> </u>						
<u>25</u>		0.	ļ								
26	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

	990 (Page 11
Pa	rt X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	296,761.	1	302,375.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustee	s key	11	
	•	employees, and highest compensated employees Complete Par			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under s	section		
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Co			
		Part II of Schedule L		6	
इ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges		9	
	-	Land, buildings, and equipment: cost or 10a	12.75.47 May 1.45.7		TANK TO THE SECOND
		other basis. Complete Part VI of Schedule D		*	
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	1	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	302,375.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	, i	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability Complete Part IV of Schee		21	
Liabilities	22	Payables to current and former officers, directors, trustees			
api		employees, highest compensated employees, and disqu	ualified 2	122	
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	A CON SAME WEST CONTROL A
		Organizations that follow SFAS 117, check here ▶ and			790
Ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	• • • • • • • • • • • • • • • • • • • •	27	
Fund Balances	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets	25-015-5-	29	CORPORATE SELECTION AND AND AND AND AND AND AND AND AND AN
or Fu		Organizations that do not follow SFAS 117, check here \blacktriangleright X and complete lines 30 through 34.		. ,	
ts	30	Capital stock or trust principal, or current funds		30	
380	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	302,375.
Net Assets or	33	Total net assets or fund balances		33	302,375.
_	34	Total liabilities and net assets/fund balances	296,761.	34	302,375.

Form **990** (2009)

Page	1	2

	000	10000
COLLI	730	(2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		.,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		4	
	Schedule O.			Κ.
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			. :
	X Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>
		Form	990	(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.

► 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

1

Employer Identification number 26-3260041

ADA LE	E RICKS	BROUSSARD C	HARITABLE TRUS	T					26-32	60041
Part I	Reason fo	r Public Chari	ty Status (All organ	izations m	ust compl	ete this	part.) Se	e instruc	tions.	
			lation because it is: (F							
1		•	rches, or association of		_					
2			n 170(b)(1)(A)(ii). (At							
3			nospital service organ			ction 170	(b)(1)(A)	(iii).		
4			zation operated in co						170(b)(1)	(A)(iii). Enter the
٠ ــــا		me, city, and sta		•		•				
5			or the benefit of a col	lege or un	iversity ow	ned or o	perated b	y a gove	rnmental	unit described in
لـــا -		(b)(1)(A)(iv). (Co				•	•	, ,		
6			ernment or governme	ental unit de	scribed in s	ection 1	70(b)(1)(4)(v).		
7			lly receives a substan						or from t	he general public
ـــا ٠	_		1)(A)(vi). (Complete P		• •					
8			d in section 170(b)(1)(mplete Part	t II.)				
9 X	An organiza	tion that normal	lly receives. (1) more	than 331/3	% of its su	pport from	m contrib	utions, m	nembersh	ip fees, and gross
	receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	rtain exc	eptions,	and (2) n	o more t	han 331/3% of its
			ment income and un							
	acquired by	the organization	after June 30, 1975	See sectio	n 509(a)(2)). (Compl	ete Part i	II)		
10	An organiza	tion organized a	nd operated exclusive	ely to test fo	r public saf	ety. See s	section 5	09(a)(4).		
11	An organiza	ation organized	and operated exclusi	ively for th	e benefit	of, to pe	rform th	e functio	ns of, or	to carry out the
			ublicly supported orga							
	509 <u>(a)(</u> 3). (Check the box the	at describes the type o	of supportin	g organiza	tion and c	complete	lines 11e		
	а Тур	_			e III - Func		-			pe III - Other
е			rtify that the organiz							
	persons oth	er than foundati	on managers and oth	er than on	e or more	publicly s	supported	d organiza	ations de	scribed in section
	, ,, ,	section 509(a)(•							
f	-		a written determina	tion from t	he IRS tha	ntitis a	Type I, 1	ype II, o	r Type III	supporting
	•	, check this box								
g	-		the organization acce	epted any g	ift or contri	bution fro	m any of	the		
	following pe									Yes No
		•	or indirectly controls			etner wit	n persor	s describ	pea in (ii)	
		_	erning body of the supp		inization?					11g(i) X 11g(ii) X
	• •	•	erson described in (i) a		obovo?					11g(iii) X
			of a person described							119(11) 21
h			ation about the suppo			(v) Did v	ou potifu	/un I	s the	(vii) Amount of
	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in your		ou notify	organizat	s the tion in col.	(vii) Amount of support
3-			above or IRC section	governing document? col			col. (i) of your (i support?		zed in the S.?	
			(see instructions))	Yes	No	Yes	No	Yes	No.:	
				163	140	103			""	
				 						
						-			<u> </u>	
				<u> </u>						
			-			-	 			
				<u> </u>		<u> </u>				
		STIME			H ST		7.		2.7	
Total		1800 - 1875 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870 - 1870	11 人名意 沙洲教会院	15 P. C. S.	生活, 产品	1 3 3 3		2000 2 11	2. 2.3.4	

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

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for Or (Complete only if you chec	ganizations Diked the box or	escribed in Secribed in Secrib	Sections 170(B of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(#	A)(vi)	
Sec	tion A. Public Support		·					
	endar 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	a figure of the section in the section	,	Y				
5	The portion of total contributions by each							
	person (other than a governmental unit or	李传"人"等。			10 7			
	publicly supported organization) included		-6					
	on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support	,			·		<u>=</u>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 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	1						
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	SUPPLIED.						
12	Gross receipts from related activities, etc. (see instructions) .				12		
13	First five years. If the Form 990 is a organization, check this box and stop here	for the organiza	tion's first, secor	nd, third, fourth,	or fifth tax ye			
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2009 (I	ine 6, column (f) divided by line	11, column (f))		14	%	
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	%	
16a	331/3% support test - 2009. If the o	organization did	not check the	box on line 13,	, and line 14 is	331/3% or moi	re, check	
	this box and stop here. The organization	ion qualifies as a	a publicly suppo	rted organizatio	n		▶ 📙	
b	331/3% support test - 2008. If the	organization did	Inot check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,	
	check this box and stop here. The org							
17a	10%-facts-and-circumstances test - 2	check a box or	n line 13, 16a o	r 16b, and line 1	4 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-o	circumstances" t	est The organi	zation qualifies	as a publicly s	upported	
	organization						▶ 🔲	
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	2008. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	Explain in Part IV how the organizati							
4 =	supported organization						▶ 🔲	
18	Private foundation. If the organization							
_	instructions		· <u>· · · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·				
						Schedule A (Form 9	90 or 990-EZ) 2009	

Schee	till Support Schedule for Orga	nizations Des	cribed in Sec	tion 509(a)(2)			Page 3
	(Complete only if you check						
Sec	tion A. Public Support					<u> </u>	
	alendar 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	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the					Ì	
	organization's tax-exempt purpose	İ					
2		-				 	
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						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4	:			
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	east the s					
<u></u>	line 6.)	SECURIOR SECTION	RANKASA DEMAKKA	A CHARLES AND A STATE OF	[三五] 三数数数据数为3据条件》		
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	elendar year (or fiscal year beginning in)	(4) 2003	(5) 2000	(0) 2007	(4) 2000	(6) 2003	(i) i otai
9	Amounts from line 6,						
iva	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	Carried on					<u> </u>	
12	loss from the sale of capital assets				İ		
	1055 IIUIII lise sale vi capital assets	I .					
	·						
12	(Explain in Part IV.)					-	
13	(Explain in Part IV.)						
13 14	(Explain in Part IV.)	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501(
	(Explain in Part IV.)	the organization					
14	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Su	the organization oport Percenta	nge	<u> </u>			
14	(Explain in Part IV.)	the organization oport Percenta	nge	<u> </u>			
14 Sect	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8)	the organization pport Percenta column (f) divide	age ed by line 13, colur	mn (f))			▶ X
14 Sect 15	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8) Public support percentage from 2008 Sch	the organization port Percenta column (f) divide	age ed by line 13, colur ie 15	mn (f))		15	▶ X
14 Sect 15	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Schitton D. Computation of Investme	opport Percenta coport Percenta column (f) divide edule A, Part III, lir nt Income Per	age ad by line 13, colur ie 15 centage	nn (f))		15	▶ X
14 Sect 15 16 Sect 17	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Schitton D. Computation of Investme Investment income percentage for 2009 (line support percentage for 2009)	pport Percenta c, column (f) divide edule A, Part III, lir nt Income Per ine 10c, column (age by line 13, colur ie 15 centage f) divided by line 1	mn (f))		15 16	▶ X % %
14 Sect 15 16 Sect 17	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Schitton D. Computation of Investme	pport Percenta, column (f) divide edule A, Part III, lirent Income Per ine 10c, column (Schedule A, Part	age ad by line 13, colur ie 15 centage f) divided by line 1 III, line 17	mn (f))		15 16 17 18	▶ X % %

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ Schedule A (Form 990 or 990-EZ) 2009

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Page 4 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ADA LEE RICKS BROUSSARD CHARITABLE TRUST

Employer identification number

26-3260041

ATTACHMENT 1

POLICY COMPLIANCE

PART VI, SECTION B, QUESTION 12C

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST,
IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE
MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVEIWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

- A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.
- B. WHETHER PARTNERSHIP, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

PUBLIC AVAILABILITY OF REPORTS

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

Name of the organization
ADA LEE RICKS BROUSSARD CHARITABLE TRUST

Employer identification number 26-3260041

ATTACHMENT 1 (CONT'D)

INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VIII - INV	VESTMENT INCOME		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	1,890.		1,890.	
ORDINARY DIVIDENDS	568.		568.	
TOTALS	2,458.		2,458.	