



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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.

A For 2009 calendar year, or tax year beginning		, 2009, and ending	, 20
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization LUCKY FAMILY MISSION INC Number & street (or P.O. box, if mail is not delivered to street addr) 151 LUCKY LN Room/ suite City or town, state or country, and ZIP + 4 BOSSIER CITY LA 71112	
		D Employer Identification number 26-3699349 E Telephone number (318) 549-0217	
F Group Exemption Number 3696			

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► **N/A**

J Tax-exempt status (check only one) -- 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **197,071**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 197,071
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 197,071	9 197,071	
E X P E N S E S S	10 Grants and similar amounts paid (attach schedule)	#1 66,602
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 925
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 106
	16 Other expenses (describe ► See attachment #2)	16 134
17 Total expenses. Add lines 10 through 16 ► 67,767	17 67,767	
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 129,304
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ► 129,304	21 129,304

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II.)	
(A) Beginning of year (B) End of year	
22 Cash, savings, and investments	22 129,304
23 Land and buildings	23
24 Other assets (describe ►)	24
25 Total assets	0 25 129,304
26 Total liabilities (describe ►)	0 26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27 129,304

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part V 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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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		
a 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
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
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	X
c 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		
e 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	X
41 List the states with which a copy of this return is filed. ► NONE		
42a The organization's books are in care of ► See attachment #6	Telephone no. ► _____	
Located at ► _____	ZIP + 4 ► _____	
b 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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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	► <input type="checkbox"/> 43	
and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 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

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

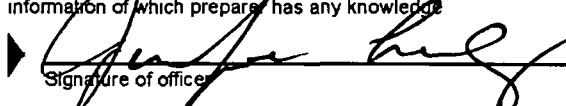
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

8-15-10
Date

Signature of officer
► JENNIFER LUCKY
Type or print name and title
SECRETARY

Paid Preparer's Use Only	Preparer's signature ► Lewis DeMoss, CPA, LLC	Date 8/16/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.) EIN <input type="checkbox"/> Phone no <input type="checkbox"/> 318-869-2727
	Firm's name (or yours if self-employed), address and ZIP + 4 ► 3776 Youree Drive Shreveport, LA 71105			

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

LUCKY FAMILY MISSION INC

Employer Identification number

26-3699349

Part I 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.)

- 1 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)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).
- 4 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: _____
- 5 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).
- 7 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)(VII). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % 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 1/3 % 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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.

a Type I b Type II c Type III-Functionally integrated d Type III-Other

e 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	
Total								

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

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.)

Section A. Public Support

Calendar 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.")					197071	197071
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						
6 Total. Add lines 1 through 5					197071	197071
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						197071

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					197071	197071
10a 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.						
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 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.)					197071	197071
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						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
19a 33 1/3 % support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization			
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 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization LUCKY FAMILY MISSION INC		Employer Identification Number 26-3699349
Description of Other Expenses		Amount
TAXES & LICENSES		134

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I,

Open to Public Inspection For Calendar year 2009, or tax year period beginning

and ending

Name of Organization	Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
LUCKY FAMILY MISSION INC				Employer Identification Number 26-3699349
CHARITABLE DONATION	BROADMOOR BAPTIST CHURCH 4110 YOUREE DRIVE SHREVEPORT, LA 71105		17,000	
CHARITABLE DONATION	CRISIS PREGNANCY CENTER 921 SHREVEPORT BARKSDALE HWY SHREVEPORT, LA		1,000	
CHARITABLE DONATION	EL KARUBAH SHRINE CIRCUS 6230 LAKESHORE DRIVE SHREVEPORT, LA		500	
CHARITABLE DONATION	SALVATION ARMY 200 E STONER AVE SHREVEPORT, LA		500	
CHARITABLE DONATION	SHREVEPORT BOSSIER RESCUE MISSION 901 MCNEIL STREET SHREVEPORT, LA		200	
			19,200	
Relationship	Description of Property	Book Value	How Book Value is Determined	Date of Gift
		17,000		2009-01
		1,000		2009-05
		500		2009-01
		500		2009-02
		200		2009-02
Total		19,200		

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization	Employer Identification Number		
LUCKY FAMILY MISSION INC	26-3699349		
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CHARITABLE DONATION	BOYS TOWN 14100 CRAWFORD ST BOYS TOWN, NE	200	
CHARITABLE DONATION	SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC	2,000	
CHARITABLE DONATION	LIFE OUTREACH INTERNATIONAL P.O. BOX 982000 FORT WORTH, TX	1,750	
CHARITABLE DONATION	TRINITY BROADCASTING NETWORK P.O. BOX A SANTA ANA, CA	818	
CHARITABLE DONATION	ST JUDE HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN	2,500	
		7,268	
Relationship	Description of Property	Book Value	How Book Value is Determined
		200	2009-02
		2,000	2009-03
		1,750	2009-03
		818	2009-04
		2,500	2009-04
Total		7,268	

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection
For Calendar year 2009, or tax year period beginning
and ending

Name of Organization	Class of Activity	Recipient's Name and Address	Amount (FMV)	Employer Identification Number 26-3699349	Purpose of Payment to Affiliate
LUCKY FAMILY MISSION INC	CHARITABLE DONATION	CAMPUS CRUSADE FOR CHRIST INTL 100 LAKE HART DR ORLANDO, FL	5,450		
	CHARITABLE DONATION	BILLY GRAHAM EVANGELISTIC ASSC 1 BILLY GRAHAM PARKWAY CHARLOTTE, NC	500		
	CHARITABLE DONATION	LOUISIANA BAPTIST CHILDRENS HOME 7200 DESIARD STREET MONROE, LA	400		
	CHARITABLE DONATION	K LOVE RADIO FOUNDATION 5700 WEST OAKS BLVD ROCKLIN, CA	3,000		
	CHARITABLE DONATION	PARKWAY HIGH SCHOOL 4301 PANTHER DR BOSSIER CITY, LA	5,639		
			14,989		
	Relationship	Description of Property	Book Value	How FMV is Determined	Date of Gift
			5,450		2009-06
			500		2009-07
			400		2009-08
			3,000		2009-08
			5,639		2009-09
		Total	14,989		

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 4 - 90-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection For Calendar year 2009, or tax year period beginning

Name of Organization LUCKY FAMILY MISSION INC	Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CHARITABLE DONATION	FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO		1,000	
CHARITABLE DONATION	BARKSDALE TOP THREE BARKSDALE AIR FORCE BASE BOSSIER CITY, LA		2,500	
CHARITABLE DONATION	OPERATION BLESSING 977 CENTERVILLE TURNPike VIRGINIA BEACH, VA		3,500	
CHARITABLE DONATION	BOSSIER CITY POLICE 620 BENTON ROAD BOSSIER CITY, LA		2,000	
CHARITABLE DONATION	CONERSTONE CHRISTIAN ACADEMY			
			9,000	
				Total 9,000
Relationship	Description of Property	Book Value	How Book Value is Determined	Date of Gift
		1,000		2009-10
		2,500		2009-12
		3,500		2009-12
		2,000		2009-12

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 5 - 990-EZ Page 1, Part I,

Open to Public Inspection For Calendar year 2009, or tax year period beginning

Name of Organization **LUCKY FAMILY MISSION INC**

Total 16:1

JVA Copyright Forms (Software Only) - 2009 TW L0819F

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization LUCKY FAMILY MISSION INC	Employer Identification Number 26-3699349	

Primary Purpose

The primary Purpose is to make distributions to organizations and ministries for charitable, religious, and educational purposes. To give assistance to the poor and needy families. Distribution of Christian DVDs

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending	
Name of Organization	LUCKY FAMILY MISSION INC	Employer Identification Number 26-3699349	

Part III - Statement of Program Service Accomplishments

Grants and allocations	66,602	Amount includes foreign grants	Program service expenses	1,165
Exempt Purpose Achievements				

The organization contributed to organized charities such as the Billy Graham Evangelistic Association, Campus Crusade for Christ International, and St. Jude Children's Hospital. In addition to these donations, other amounts were given for sick, hungry and homeless individuals. Money was given to charities who feed the homeless and help them to establish a place to sleep and feed their families. Money was given to the Louisiana Baptist Children's Home to help with orphans needs. Money was given to Christian radio to spread the "Good News" of hope in Jesus Christ. Help was also given to local schools to help witness for Christian values. The main goal is to be Christ's hands and feet by helping the poor, the sick, the homeless, the orphans and the giving through the blessings we have been given.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2009 or tax period beginning , and ending		
Name of Organization LUCKY FAMILY MISSION INC			Employer Identification Number 26-3699349	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
WILLIAM A. LUCKY III 151 LUCKY LANE BOSSIER CITY, LA 71112	FOUNDER/PRES	0	0	0
JENNIFER LUCKY 144 LUCKY LANE BOSSIER CITY, LA 71112	DIRECTOR/SEC	0	0	0
JACQUELINE TUCKER 311 OAKLAND PLACE BOSSIER CITY, LA 71112	DIRECTOR	0	0	0
STEPHEN HAMM 9659 GARDERE DRIVE SHREVEPORT, LA 71115	DIRECTOR	0	0	0
JENNIFER HENDRIX 144 LUCKY LANE BOSSIER CITY, LA 71112	DIRECTOR	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending	
Name of Organization LUCKY FAMILY MISSION INC	Employer Identification Number 26-3699349	
Part V - Line 42a		
Individual Name or Business Name:	VICKIE LUCKY	
Street Address	151 LUCKY LANE	
U.S Address:		
Zip code or	City BOSSIER CITY	State LA
Foreign Address		
City		
Province or State		
Country		
Postal code		
Phone Number	(318)549-0217	
Fax Number	(318)549-0265	