

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



Form 390-EZ

Short Form

2009

OMB No 1545 1150

Open to Public

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Inspection

Website: MIA Website: MIA Website: MIA Website: MIA The completed Schedule A (Form 990 or 990-EZ) Website: MIA Check MI 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 a state of 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 a state of Form 990-EZ or Form 990 returns and it required, but if the organization chooses to file a return, be sure to file a complete return a state of Form 990-EZ or Form 990-EZ or Form 990 returns and state of Form 990 restarts and state or Fund Balances (See the instructions for Part I.) Tarevenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	A	F	or the	e 2009 calendar	year, or	tax year begin	ning			2009 , ar	nd endi	ng			,	-
Website: N/A Fernandian Specific Spe	В	CI	neck if	applicable	C								D Em	ployer	dentification	number
Templore number Park Principle Par	Γ	$\Box_{A_{G}}$	ddress change Please use IRS JESUS REAL, INC.						2	26-4163150						
SPRINGFIELD, MO 65814 417 880-7393 F Group Exemption Separation Separatio	F	=		me change label or D O ROY 1/20//												
Section Biffick(2) organizations and 4947(a)/1) nonexempt charitable trusts F Group Exemption Number Received Number Received Rec	7		entel return Sept CDDTMCETETD MO CEO14							1	•					
Particular determination Particular Pa	Ē	∄τͼ	ermination Specific ——————————————————————————————————								4	417 880-7393				
**Section 501(c/C) organizations and 4947(a/T) nonexempt charitable trusts whether is a section 501(c/C) organizations and 4947(a/T) nonexempt charitable trusts whether is a section 501(c/C) organizations and 4947(a/T) nonexempt charitable trusts Website: **N/A		∃aı	nende	d return Instruc-									F Gre	auc E	xemption	
Website: N/A Street N/A Stre		A	plicati		1					,	_					•
Website: N/A Tax-exempt status (check only one)				Section 501/c)	(3) organ	izations and 4	947(a)(1) no	nexe	mot charitable tri	usts	G	Accounting	metho	d. X	Cash	Accrual
Website: N/A Transcript attask (ske bit one) X 50(a) (3) (insert no.) 497(a)(1) or 327 required to attach Schedule B (Form 990, To.) Transcript attask (ske bit one) X 50(a) (insert no.) 497(a)(1) or 327 required to attach Schedule B (Form 990, EZ or Form 990-EZ o	_			must áti	tách a co	ompleted Sche	dule À (For	m 990	or 990-EZ).			Other (spec	cify) 🟲			
Tax-exempt status (check only one)											н					
Section Table Ta	I	N	/ebsi	te: ► <u>N/A</u> _								required to	attach	Sche	dule B (Fo	rm 990,
\$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 returns spite and the property of the p	<u>J</u>													•		
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.) 1 Revenue, Expenses, and similar amounts received 1 7,5 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5a Gross revenue (including \$	K	C	heck	► X if the org	ganizatio	n is not a sect	ion 509(a)(3	3) sup	porting organizati	on and	its gros	ss receipts ar	e norm	ally n	ot more th	an
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1		\$	25,00	00 A Form 990-l	EZ or Fo	rm 990 return	ıs not requi	red, b	ut if the organiza	tion cho	ooses to	o file a return	, be su	e to t	ile a comp	lete return
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	L					ne 9 to determ	ine gross re	ceipts	s, if \$500,000 or r	nore, fil	le Form	990		- A		7 500
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b 5c 5c 5c 5c 5c 5c 5c	[T		****			200 574 0	honese !:	n Na	t Accets on F	المسا	olo	00 (Con H	o in at	- \$	no for F	7,500
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$\frac{1}{2}\$ of contributions c Ross revenue (special events and activities (bubtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 9 Total revenue (describe \$\frac{1}{2}\$ 0	L	वर								und B	аіапс	es (See the	e insti	uction	ons for F	
3 Membership dues and assessments 3					_								}			7,500
Investment income Sa Gross amount from sale of assets other than inventory Sa Sa Gross amount from sale of assets other than inventory Sa Sa Gross amount from sale of assets other than inventory (Subtract in 5b from in 5a) Sc Secretal events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gas Gross revenue (not including \$ of contributions reported on line 1) Sc Secretal events and activities (Subtract line 6b from line 6a) Ga Sc Sc Sc Sc Sc Sc Sc S		1		-			vernment te	es an	a contracts				}			
Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses Sb Sc				•		ssessments							}			
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activites (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$		-	-							1	_ 1			4		
c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$								ntory								
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less, direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 15 A, 4, 4 16 Other expenses, (describe > SEE STATEMENT 1) 16 16, 6 17 Total expenses. Add lines 10 through 16						•				L	5b					
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 PECEIVED	ľ	Ĕ		, ,					,			_		5c		
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED	,	É	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here							`	1					
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED	!	N			•	ıdıng Ş			of contributions							
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 PECEIVED 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 7f from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prory year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 2 26 Total liabilities (describe > SEE STATEMENT 2 27 Other changes in net assets on line 25, 26 Total liabilities (describe > SEE STATEMENT 2 28 Cash, savings, and investments 29 Cash, savings, and investments 20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 29 Cash, savings, and investments 20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Cash, savings, an	Ì	Ĕ		•	•									-		
7a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c. 6c, 7c, and 8 PECEIVED											<u>6</u> b			1		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9								6b from line 6a)					6c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	5				_		and allowan	ces								
8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P P Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P P P P P P P P P P P P P P P P P P				•							7Ь					
Total expenses. Add lines 10 through 16 Now the spense (describe SEE STATEMENT 2 SEE STATEMENT 1 SEE STATEMENT 1 SEE STATEMENT 1 SEE STATEMENT 2 SEE STATEMENT 1 SEE STATEMENT 1 SEE STATEMENT 1 SEE STATEMENT 1 SEE STATEMENT 2 SEE STATEMENT 2 SEE STATEMENT 3 SEE STATEMENT 3 SEE STATEMENT 4 SEE STATEMENT 5 SEE STATEMENT 5 SEE STATEMENT 6 SEE STATEMENT 6 SEE STATEMENT 7 SEE STATEMENT 7 SEE STATEMENT 8 SEE STATEMENT 9 SEE STATEMENT			C	Gross profit or (loss) fro	m sales of inve	entory (Subt	tract I	ine 7b from line 7	'a)			ļ	7с		
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 7 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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. Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 2) 27 Occupancy, rent, utilities, and employee benefits of independent contractors 14			8	Other revenue (desci	ribe 🟲 _				RECEIVE	ח			_)	8		
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 7 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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. Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 2) 27 Occupancy, rent, utilities, and employee benefits of independent contractors 14) -	\perp	9	Total revenue. A	Add lines	<u>1, 2, 3, 4, 5c,</u>	6c, 7c, and	8_	TILOLIVE	-U			▶	9		7,500
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 7 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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. Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 2) 27 Occupancy, rent, utilities, and employee benefits of independent contractors 14	$\overline{\Box}$		10	Grants and simil	lar amou	ints paid (attac	ch schedule	m		- 1	S			10		
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 7 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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. Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 2) 27 Occupancy, rent, utilities, and employee benefits of independent contractors 14	Ω.		11	Benefits paid to	or for m	embers		١ <u>ૹ</u>	NOV 1 9 20	10 l	Ö		ſ	11		
Occupancy, rent, utilities, and maintenance 13	Щ	ž	12	Salaries, other o	compens	ation, and em	ployee bene	fits		1	(3)		[12		
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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	5		13	Professional fee	s and of	her payments	to independ	ent c	ontractors_		4			13		750
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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	₹ '	N	14	Occupancy, rent	t, utilities	s, and mainten	ance		OGDEN,	ŲŢ				14		
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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	\mathcal{O}		15	Printing, publica	ations, po	ostage, and sh	ipping							15		4,464
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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.) Cash, savings, and investments 22 2 2, 6 23 Land and buildings Other assets (describe > Other assets (describe > Total assets Total liabilities (describe > SEE STATEMENT 2 O . 26 17, 0	S)		16	Other expenses (desc	cribe 🟲	SEE STATE	MENT 1) [16		16,621
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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 -14, 3 22 21 -14, 3 23 24 Other assets (describe 24 25 Total assets SEE STATEMENT 2 0. 26 17, 0			17 '	Total expenses.	Add lin	es 10 through	16					-	_ ►[17		21,835
figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20. Part II Balance Sheets. If Total assets on line 25, column (8) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) Cash, savings, and investments Land and buildings Other assets (describe Other assets (describe Total assets SEE STATEMENT 2 Other assets (describe SEE STATEMENT 2 Other assets (describe SEE STATEMENT 2 Other assets or fund balances (attach explanation) 20 21 -14,3 (A) Beginning of year (B) End of year (B)			18	Excess or (defic	it) for th	e year (Subtra	ct line 17 fr	om lır	ne 9)					18		-14,335
figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20. Part II Balance Sheets. If Total assets on line 25, column (8) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) Cash, savings, and investments Land and buildings Other assets (describe Other assets (describe Total assets SEE STATEMENT 2 Other assets (describe SEE STATEMENT 2 Other assets (describe SEE STATEMENT 2 Other assets or fund balances (attach explanation) 20 21 -14,3 (A) Beginning of year (B) End of year (B)		Ą	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year					vear								
20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 -14,3 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. Cash, savings, and investments 22 2,6 23 24 24 25 Total assets 25 2,6 Total liabilities (describe SEE STATEMENT 2 0. 26 17,0 20 14,3 21 -14,3 22 -14,3 23 -14,3 24 -14,3 25 Total assets 22 2,6 26 Total liabilities (describe SEE STATEMENT 2 0. 26 17,0 26 17,0 27 -14,3 28 -14,3 29 -14,3 20 -14,3 21 -14,3 22 -14,3 23 -14,3 24 -14,3 25 -14,3 26 -14,3 27 -14,3 28 -14,3 29 -14,3 20 -14,3 21 -14,3 22 -14,3 21 -14,3 22 -14,3 23 -14,3 24 -14,3 25 -14,3 26 -14,3 27 -14,3 28 -14,3 29 -14,3 20 -14,3 21 -14,3 21 -14,3 22 -14,3 30 -14,3 40 -14,3 50 -14,3 60 -14,3 60 -14,3 60 -14,3 60 -14,3 70 -14,3	N E	Š						year	19		0					
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 2, 6 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 0 . 25 2, 6 26 Total liabilities (describe ► SEE STATEMENT 2) 0 . 26 17, 0	Т	1	20	Other changes in net assets or fund balances (attach explanation)			- 1	20								
- (See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 2 27 (B) End of year (B) End o		١,	21	Net assets or fu	nd balar	ices at end of	year_Comb	ıne lır	nes 18 through 20	l_			▶	21		-14,335
- (See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 2 27 (B) End of year (B) End o	F	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in) instea	d of F	orm 990-E	Z.				
23 24 Other assets (describe ►									-							
24 Other assets (describe ►) 24 25 Total assets 0 . 25 2, 6 26 Total liabilities (describe ► SEE STATEMENT 2) 0 . 26 17, 0	:	22	Casl	h, savings, and	investme	ents								22		2,694
25 Total assets 0. 25 2, 6 26 Total liabilities (describe ► SEE STATEMENT 2) 0. 26 17, 0	:	23	Land	d and buildings										23		
26 Total liabilities (describe ► SEE STATEMENT 2) 0. 26 17,0	:	24	Othe	er assets (descri	ibe 🟲)					24		
26 Total liabilities (describe ► SEE STATEMENT 2) 0. 26 17,0	:	25	Tota	l assets	_						Γ		0	. 25		2,694
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 -14.3	;	26	Tota	l liabilities (desc	cribe 🟲	SEE STAT	EMENT 2)				0			17,029
		27	Net	assets or fund b	alances	(line 27 of col	umn (B) mu	ıst ag	ree with line 21)				0	. 27		-14,335

	1990-EZ (2009) JESUS REAL, INC				-416	53150	Page 2
Par	t III Statement of Program Sei	rvice Accomplishments	(See the instruction	ons.)		Expenses	
What	is the organization's primary exempt purpose? SEF				(Reg	uired for section	on
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	ses In a clear and con	cise manner.	orga	c)(3) and (4) nizations and (a)(1) trusts, c	section
desc	ribe the services provided, the number of	persons benefited, or other re	elevant information for e	each	4947	(a)(1) trusts, c	ptional
	ram title.	· · · · · · · · · · · · · · · · · · ·			for o	thérs)	
28					ļ		
	(Grants \$) If the	is amount includes foreign gra	ants check here	▶	28a		
20	(Crans 4) II th	is amount includes foreign gri	and, check here				
29					-		
	- -		 -	-			
			.]	İ	
	(Grants \$) If the	is amount includes foreign gra	ants, check here	▶	29 a		
30				-			
					1		
					1		
	(Carata & management of the control				20-		
	<u> </u>	is amount includes foreign gra	ants, check here		30 a	-	
31	Other program services (attach schedule				۱		
		is amount includes foreign gra	ants, check here		31 a		
	Total program service expenses (add line			<u>_</u>	32	L	
Par	t IV List of Officers, Directors	<u>, Trustees, and Key Em</u>	iployees. List each oi	ne even if not coi	npens	ated. (See the	e instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contribution	s to	(e) Expense	account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ins and	and other all	lowances
	CO A MANUACO			deterred compens			
	ÆS_A_TAYLOR	PRESIDENT	0.		0.		0.
	14 E LARK ST	30.00					
SPF	RINGFIELD, MO 65804					i	
DIF	RLA TAYLOR	SECRETARY	0.		0.		0.
	14 E LARK	5.00					
	RINGFIELD, MO 65804	3.00					
		MDC3 CUDED				 	
	N WOLLARD	TREASURER		ļ	0.		0.
	L E PARKRIDGE DR	0				ļ	
BOI	LIVAR, MO 65613						
							-
		ļ					
		,					
				ļ			
				ĺ			
							<u></u>
		1					
		-					
				İ			
		1]			
						+	
		1					
						_	
<u> </u>							
		ł					
						ļ	
						1	
				1			

	n 990-EZ (2009) JESUS REAL, INC. 26-416315	0	Р	age 3
Pa	Other Information (Note the statement requirements in the instrs for Part V.)		V	N ₂
22	Did the appropriate agree in any activity activity and according to the IDC2 If IVes I attack a detailed decoration of		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_		<u>X</u>
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.			
i	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		Х
ļ	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
ļ	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a 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	Х	
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b 17,029.	Ē	.	
	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9		•	
	b Gross receipts, included on line 9, for public use of club facilities a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	+	•	
70	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	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 ▶ 0.		-	
,	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	-	Х
41	List the states with which a copy of this return is filed ► NONE			
42	a The organization's books are in care of ► TAXPAYER Located at ► 2244 E LARK ST SPRINGFIELD MO ZIP + 4 ► 65804			
			Yes	No
	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)? If 'Yes,' enter the name of the foreign country:	42b	162	No X
	. 100, Other the halfe of the following.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a 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		Х
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	-	-	N/A N/A
	and enter the amount of tax-exempt interest received of accrued during the tax year			11/ A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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	AF		x
BA		45 orm 99	0-EZ	

Part VI	EZ (2009) JESUS REAL, INC. Section 501(c)(3) organization	s and section 4947	7(a)(1) nonexemp	26-4163 ot charitable trusts on			age 4 n
	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	nexempt charital	ble trusts must answer	questi	ons	
	40-450 and complete the table	s for fines 50 and t		SEE ST.	ATEMEN		
46 Did t	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C	t political campaign act	ivities on behalf of or	in opposition to candidates	46	Yes	No X
•	he organization engage in lobbying activiti	•	Schedule C. Part II		46		X
	e organization a school as described in se	•	·	edule F	48		X
	he organization make any transfers to an		•		49a		X
b If 'Ye	es,' was the related organization a section	527 organization?	_		49 b		
50 Com empl	plete this table for the organization's five houses) who each received more than \$10	nighest compensated er 0,000 of compensation f	mployees (other than of from the organization.	officers, directors, trustees a If there is none, enter 'None	and key e '		
) 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 and deferred compensation	(e) Exp accour other allo	nt and	
NONE							
				1	 		
f Total	I number of other employees paid over \$1	00.000		<u> </u>	.		
	, , ,		dependent contractors	s who each received more th	nan \$100	000 of	ŧ
com	plete this table for the organization's five lipensation from the organization. If there is						
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Comp	ensatio	1
NONE				1			
NONE_							
NONE							
NONE _							
NONE							
NONE							
NONE							
NONE _							
NONE							
NONE	I number of other independent contractors	each receiving over \$1	00,000	•			

JAMES A TAYLOR PRESIDENT Type or print name and title Preparer's Identifying Number (See instructions) Check if self employed Preparer's signature **Paid** LORA WILSON N/A Pre-LORA WILSON CPA, PC Firm's name (or yours if self employed), address, and ZIP + 4 parer's Use 1736 E. SUNSHINE, STE 504 EIN Only SPRINGFIELD, MO 65804 (417)883-4505 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions Form **990-EZ** (2009)

BAA

2009	FEDERAL STATEMENTS		PAGE 1
CLIENT JESUS	JESUS REAL, INC.		26-4163150
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BANK CHARGES BANNERS CLEANING EXPENSE CONTAINER FEES HONDURAS CRUSADE EXPENSES LOGO MISCELLANEOUS OFFICE EXPENSES T SHIRTS TRAVEL		\$ TOTAL \$	25. 1,062. 300. 3,100. 10,500. 85. 286. 53. 420. 790.

STATEMENT 2 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

PAYABLE TO OFFICERS, DIRECTORS, ETC.

BEGINNING ENDING

\$ 0. \$ 17,029.

TOTAL \$ 0. \$ 17,029.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE RELIEF AID TO CENTRAL AMERICAN COUNTRIES, PRIMARILY HONDURAS, IN THE FORM OF MEDICAL SUPPLIES, FOOD AND CLOTHING.

STATEMENT 4 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO