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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if applicable Employer identification number Please C Name of organization use IRS Address change label or STONES MISSION NETWORK 26-4829432 Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return type See 209 N. INDUSTRIAL BLVD Termination Specific Group Exemption Amended return City or town, state or country, and ZIP + 4 Instruc-TX 76021 BEDFORD Application pending Number • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) X If the organization is not N/A Check ▶ Website. Schedule B (Form 990. **X** 501(c) (3) **∢** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) -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 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Part I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5b h Less, cost or other basis and sales expenses SCANNED DEC Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here of contributions Gross revenue (not including \$ reported on line 1) 6a 6Ь Less direct expenses other than fundraising expenses 60 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances 7a 7a 7b b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 Other revenue (describe 8 0 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 f-9 9 RECEIVED Grants and similar amounts paid (attach schedule) 10 10 11 Benefits paid to or for members 11 O Salaries, other compensation, and employee benefits 12 12 NOV 1 9 2010 Expenses Professional fees and other payments to independent contractors 13 13 14 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 Printing, publications, postage, and shipping 15 16 16 Other expenses (describe 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (A) Beginning of year (B) End of year (See the instructions for Part II) 22 Cash, savings, and investments 22 23 Land and buildings 24 Other assets (describe 24 0 25 **Total assets** 25 0 26 Total liabilities (describe

Net assets or fund balances (line 27 of column (B) must agree with line 21)

0 27

DAA

For	m 990-EZ (2009) 6 STONES MISSION NETWORK	26	-4829432			Page 2
٠F	Part III Statement of Program Service Accomplishments (S	See the instructi	ons for Part III	.)	Exp	penses
Wh	at is the organization's primary exempt purpose?				(Required f	
					501(c)(3) a	nd 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt purposes. In a				organizatio	ns and section
mai	nner, describe the services provided, the number of persons benefited, or other rel	evant information for			4947(a)(1)	trusts, optional
eac	h program title				for others)	
28	N/A					
	(Grants \$) If this amount includes foreign grants, che	eck here	>		28a	
29						
	(Grants \$) If this amount includes foreign grants, che	eck here	>		29a	
30						
	(Grants \$) If this amount includes foreign grants, che	eck here	> 1		30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign grants, che	eck here	>		31a	
	Total program service expenses (add lines 28a through 31a)			>	32	
F	Part IV List of Officers, Directors, Trustees, and Key Employees List each		mpensated (See th			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions to yee benefit plans &	(e) Expense account and
	(a) Name and address	devoted to position	enter -0)		red compensation	other allowances
		ļ				
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Form **990-EZ** (2009)

- 172	Other information (Note the statement requirements in the instructions for F	aπ v)				
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No	
•	description of each activity					
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		_33_		X	
	the changes		34		х	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not in	reported				
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	•				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		-			
	6033(e) notice, reporting, and proxy tax requirements?		35a		х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets					
	during the year? If "Yes," complete applicable parts of Schedule N		36		Х	
37a	Enter amount of political expenditures, direct or indirect, as described in the instr					
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		Х	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u> </u>				
39	Section 501(c)(7) organizations Enter		\neg			
а	Initiation fees and capital contributions included on line 9		:			
b	Gross receipts, included on line 9, for public use of club facilities 39b				İ	
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	t				
	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			İ		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X	
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			1		
	organization managers or disqualified persons during the year under sections 4912,					
	4955, and 4958 > _		_		<u>.</u>	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c					
	reimbursed by the organization		_			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ļ	L	
	transaction? If "Yes," complete Form 8886-T		40e	<u> </u>	X	
41	List the states with which a copy of this return is filed None					
42a	The organization's books are in care of	elephone 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			Yes	No	
	account)?		42b		X	
	If "Yes," enter the name of the foreign country	<u> </u>	_			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				1	
	and Financial Accounts.				1	
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?		42c	<u></u>	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				•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	·-			
				Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			T		
••	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				Ī	
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X	
			Form 99	90-EZ	(2009)	

	STONES 11/15/2010 4 45 PM	0	. 4000430			
	nrt VI Section 501(c)(3) organizations and section 4947(a)(501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.	1) nonexempt				Page 4 b
46	Did the organization engage in direct or indirect political campaign activities on b	nehalf of or in oppos	sition to		Ye	s No
40	candidates for public office? If "Yes," complete Schedule C, Part I	renali of of in oppos	sition to		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule (C Port II			47	X
			chadula E		48	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If	49a	$\frac{1}{x}$			
49a	Did the organization make any transfers to an exempt non-charitable related org	janizalion,			49b	+
د. b	If "Yes," was the related organization a section 527 organization?	(ather than afficers	dispotase triintone	and kay	430	<u> </u>
50	Complete this table for the organization's five highest compensated employees	•		· ·		
	employees) who each received more than \$100,000 of compensation from the c	(b) Title and average	- 	(d) Contributions to	(e) Exp	ense
	(a) Name and address of each employee paid more than \$100,000	hours per week	(6) 55	employee benefit plans &	account	and
Non		devoted to position	<u> </u>	deferred compensation	other allow	vances
			<u> </u>			
			ļ			
						_
f	Total number of other employees paid over \$100,000	-		_		
51	Complete this table for the organization's five highest compensated independen \$100,000 of compensation from the organization. If there is none, enter "None"	t contractors who e	ach received more	than		
	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) (Compensatio	n
No	one					
						
					<u> </u>	
	<u> </u>					
			. <u>.</u>			
d	Total number of other independent contractors each receiving over \$100,000	>		 		
				.		
	Under penalties of perjury, I declare that have examined this return, including a and belief, y is true, correct, and complete, Declaration of preparer (other than of	accompanying schedu officer) is based on all	les and statements, an information of which pr	d to the best of my knowle	owledge edge	
Sig Her			Date	5-2012	<u>ر</u>	

Gary D. Davis, CPA, PC 5025 Colleyville Blvd Suite B

76034

Colleyville, TX

Preparer's Identifying Number (See instr.)

75-2948825

817-605-7277

Yes No

Form 990-EZ (2009)

450-11-1304

Check if

employed 🕨

EIN

Phone

no 🕨

11/15/10

DAA

Paid

Preparer's

Use Only

Type or print name and title

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

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

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

6 STONES MISSION NETWORK

Employer identification number 26-4829432

				SION NEIWORK							9432		
P	art I	Reaso	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) Se	ee inst	tructio	ns.		
he	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only on	e box)							
1		A church, con	vention of churches, or associ	ciation of churches described in	section 17	⁷ 0(b)(1)(A	(i).						
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ī	A hospital or a	a cooperative hospital service	organization described in section	on 170(b)((1)(A)(iii).							
4	j	•	•	n conjunction with a hospital des				(A)(III). E	Enter the	e hospit	al's name,		
Ī	L_J	city, and state		,				. , , , , .			,		
5	Γ1	•		a college or university owned or	operated	hy a gove	rnmenta	Lunit de	scribed	ın			
J	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)												
	\Box	· · · · · · · · · · · · · · · · · · ·			4: 4 70 /k								
6	⊢ {			vernmental unit described in sec				41					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
	- 1		section 170(b)(1)(A)(vi) (Co										
8		•		0(b)(1)(A)(vi). (Complete Part II									
9		•	•	more than 33 1/3 % of its suppo									
		receipts from	activities related to its exemp	t functions—subject to certain ex	xceptions,	and (2) n	o more t	nan 33 1	/3 % of	ıts			
		support from	gross investment income and	unrelated business taxable inco	me (less s	section 51	1 tax) fro	om busir	nesses				
		acquired by th	ne organization after June 30,	1975 See section 509(a)(2). (0	Complete I	Part III)							
10		An organization	on organized and operated ex	clusively to test for public safety	See sect	ion 509(a	1)(4).						
11		An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supported	d organizations described in sec	tion 509(a)	(1) or sec	tion 509	(a)(2) S	See sec t	ion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and comp	olete lines	11e thro	ough 11h	า				
		a Type	I b Type II	c Type III-Functiona	ally integra	ted	d [Туре	e III–Oth	ег			
e	7-7			nization is not controlled directly	or indirect	ly by one	or more	dısqualı	fied				
·	لـــا		·	nd other than one or more public						tion			
	-		ection 509(a)(2)	-	,				-			_	
£				mination from the IRS that it is a	Tyne I Ty	ne II or T	vne III s	upportin	a				
f		=	check this box	initiation from the into that it is a	1,5001,13	pc 11, 01 1	, po o	appo	9				
		_		an accounted any sift or contribute	on from ar	w of the							
g				on accepted any gift or contributi	on ironi ai	ly of the							
		following pers					4 - 4 \					Van	No
		• , •	•	itrols, either alone or together wi	th persons	describe	a in (II)					Yes	No
		and (III) t	pelow, the governing body of	the supported organization?							11g(ı)	┼	
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)	1-	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							[11g()	
h		Provide the f	ollowing information about the	supported organization(s)					T				
i)		e of supported	(II) EiN	(III) Type of organization	(IV) Is the c		(v) Did y		(vı) l			nount of	
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?	the organ	ization in of your	organizati (i) organi		sup	port	
				(see instructions))	governing	document.	supp		US	32			
				,	Yes	No	Yes	No	Yes	No			
				-									
					· · · · ·		-						
					· · · -		-						
					1								

Schedule A (Form 990 or 990-EZ) 2009 6 STONES MISSION NETWORK Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) . Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (a) 2005 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (f) Total (b) 2006 (c) 2007 (e) 2009 (a) 2005 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets -(Explain in Part IV) Total support Add lines 7 through 10 11 12 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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.)

800	tion A. Public Support	ckea the box	on line 9 of Pa	πι)			
	tion A. Public Support lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2000	(a) 2007	(4) 2009	(a) 2000	(f) Total
∪al	iendar year (or nacar year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) rotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				, 		
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						
7a	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that					1	
	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)	ł L					
Sec	tion B. Total Support	E	<u>. t </u>		·1	1	
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	= ' '					
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						
С	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)		<u> </u>	l	1	<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c))(3)	▶ [
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,			<u>(fl)</u>		15	%
16	Public support percentage from 2008 Sche			V-77		16	%
	ction D. Computation of Investmen				<u> </u>		
17	Investment income percentage for 2009 (lii			column (f))	<u> </u>	17	%
18	Investment income percentage from 2008			- \\'11		18	%
19a	33 1/3 % support tests—2009. If the orga			14, and line 15 is r	nore than 33 1/3 %	, and line	
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check th						>
20	Private foundation. If the organization did						<u> </u>

Schedule A (Form 990 or 990-EZ) 2009 6 STONES MISSION NETWORK 26-4829432

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