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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

SCANNED APR 1 4 2010

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

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

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

Open to Public Inspection

	For the 2000 colondary year antique or have year beginning			
A	For the 2009 calendar year, or tax year beginning , 2009, and ending	mnlove	identification number	
В	Place			
-	Address change use IRS WITH GOD	27-0785900		
▽	printer P O DOX 1452	elephone number		
₽		(830	303-5595	
F	Specific	E		
F	Itions	iroup c lumber	xemption	
_		-	Cash Accrual	
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting methods of the completed Schedule A (Form 990 or 990-EZ). 		- 003.11	
			rganization is not	
ı	Website: ► N/A required to attact	h Sche	edule B (Form 990,	
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-F	PF).		
K	Check ► X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normalized to the control of the	nally r	ot 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 s	ure 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	▶ \$	<u> </u>	
P	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins		ons for Part I.)	
	1 Contributions, gifts, grants, and similar amounts received .	1	2,000.	
	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	4		
R E V	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c		
V E	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
Ň	a Gross revenue (not including \$of contributions			
Ĕ	reported on line 1) 6a	_		
	b Less, direct expenses other than fundraising expenses.	4		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	60		
	7a Gross sales of inventory, less returns and allowances 7a	4		
	b Less. cost of goods sold 7b	-		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70		
	8 Other revenue (describe >)	8	2 200	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	2,000.	
	10 Grants and similar amounts paid (attach schedule)	10		
E	11 Benefits paid to or for members RECEIVED	11		
E X P	12 Salaries, other compensation, and employee benefits .	12		
Ē	13 Professional fees and other payments to independent contractors 8 MAR 2 5 2010	13	325.	
S	14 Occupancy, terit, utilities, and maintenance	14		
E S	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe > SEE STATEMENT 1	16	1,914.	
	17 Total expenses. Add lines 10 through 16	17	2,239.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-239.	
ы :	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		_	
N E T	figure reported on prior year's return)	19	0.	
' '	all other divisings in the december of terms and the december of terms	20		
,	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-239.	
P	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inst			
	(See the instructions for Part II.) (A) Beginning of y	$\overline{}$	(B) End of year	
2		22		
2		23		
2	` '	24		
		0. 25		
2		0.26		
2	7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	·l -239.	

TEEA0803L 01/30/10

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

Form 990-EZ (2009)

* AS AUTHORIZED BY THE TEXAS NON-PROFIT CORPORATION ACT

	990-EZ (2009) WITH GOD				0785900 Page 2
Par		rvice Accomplishment	s (See the instructi	ons.) N/A	Expenses
Desc desç prog	is the organization's primary exempt purpose? ESTI ribe what was achieved in carrying out the ribe the services provided, the number of ram title	ABLISHING/MAIN TAINING or organization's exempt purpopersons benefited, or other research	5 CHRISTIAN MIS oses. In a clear and con elevant information for a	icise manner,	Required for section 01(c)(3) and (4) rganizations and section 947(a)(1) trusts, optional or others.)
28					
29	(Grants \$) If the		28 a		
30	(Grants \$) If th		29 a		
21		is amount includes foreign gr	ants, check here		30 a
31	Other program services (attach schedule (Grants \$) If the) is amount includes foreign gr	ants, check here	▶ 🗍 :	31 a
	Total program service expenses (add line				32
Par	t IV List of Officers, Directors				
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans deferred compensatio	and and other allowances
P_0	<u>IN HOWARTON</u> D BOX 1452 GUIN, TX 78156-1452	PRESIDENT 0	0.		0.
7	GELA V. HOWARTON) BOX 1452 GUIN, TX 78156-1452	SECRETARY O.	O.		0.
CHAI 129	RIES E. BILDERBACK	TREASURER	O.	(D. O.
	BRAUNFELS, TX 78130	O,			
			,		
				:	
BAA	·	TEEA0812L (01/30/10	·	Form 990-EZ (2009)

Other Information (Note the statement requirements in the instrs for Part V 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 Х 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 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, Х 35 a reporting, and proxy tax requirements? b if 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b 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 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Х b Did the organization file Form 1120-POL for this year? 37 b 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? X 38 a b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A 38 b Section 501(c)(7) organizations. Enter. N/A 39 a a Initiation fees and capital contributions included on line 9 N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 0. section 4911 ► 0.; section 4912 ► 0., 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 Х 40 b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization 0 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 40 e Х 41 List the states with which a copy of this return is filed ► NONE 42a The organization's books are in care of Telephone no. ► (830) 303-5595 Located at ► P_O BOX 1452 SEGUIN No Yes **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 Х 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 a Foreign Bank and Financial Accounts. Х 42 c c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 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

J Section 501(c)(3) organization 501(c)(3) organizations and se	s and section 494 3 ction 4947(a)(1) no	7(a)(1) nonexem _l onexempt charita	pt charitable trusts on ble trusts must answe	l y. All sec rauestion	ction ns
, 46-49b and complete the table	s for lines 50 and	51.	SEE ST	ATEMENT	3
he organization engage in direct or indirec	t political campaign act	ivities on behalf of or	in opposition to candidates		es No
· • • • • • • • • • • • • • • • • • • •	•	Salvadula O. Danii II	•	F	X
	•		adula E		X
•	. , . , . , . ,	•	equie L .		$\frac{x}{x}$
-	•	ciatod organization.		49b	
plete this table for the organization's five t	nighest compensated er	nployees (other than	officers, directors, trustees a	and key	
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) Exper account a other allowa	and
					
					
				.	
number of other employees paid over \$11			-		
plete this table for the organization's five to pensation from the organization. If there is	nighest compensated in none, enter 'None.'	dependent contractor	s who each received more th	nan \$100,00	0 of
(a) Name and address of each independent conti	ractor paid more than \$100,000	<u> </u>	(b) Type of service	(c) Compen	sation
				(, = , , , , , , , , , , , , , , , , , ,	
	-				
number of other independent contractors	each receiving over \$1	00,000	>		
		 			
true, correct, and complete Declaration of preparer	nined this return, including acc (other than officer) is based on	ompanying schedules and s all information of which pre			et, it is
Also of the same	₁)		3/19/201	0	
Signature of officer	1 0	· / b	Date		
John J. Howa	irton - Pr	esident'			
Type or print name and title	·		· · · · · · · · · · · · · · · · · · ·		
Preparer's July Collection	Us Com	Date / /	Check if Prep	arer's Identifyin	g Number
signature ERIC VORDENBAUM	, CPA	3/18/2			
voure if self.	BAUM CPA'S PC				
employed), PO BOX 1140	6 1140			/A	
			EIN ► N Phone no ► (830)		519 No
	1501(c)(3) organizations and se 146-49b and complete the table of 146-49b and complete the table of 146-49b and complete the table one organization engage in direct or indirect of ince? If 'Yes,' complete Schedule Complete organization engage in lobbying activities organization aschool as described in section of the organization ascetion of the organization ascetion of the organization of the organization's five flowers) who each received more than \$100,000 organization of the organization. If there is the organization of the organization o	501(c)(3) organizations and section 4947(a)(1) no. 46-49b and complete the tables for lines 50 and 5 and 5.46-49b and complete the tables for lines 50 and 5.46-49b and complete the tables for lines 50 and 5.46-49b and complete the tables for lines 50 and 5.46-49b and complete the tables for lines 50 and 5.46-49b and complete Schedule C, Part 1 are organization engage in lobbying activities? If 'Yes,' complete 5 are organization a school as described in section 170(b)(1)(A)(ii)? If the organization make any transfers to an exempt non-charitable riss,' was the related organization a section 527 organization? Solete this table for the organization's five highest compensation of oversologically who each received more than \$100,000 of compensation of Name and address of each employee paid more than \$100,000 for compensation of the first stable for the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 polete this table for the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 polete this table for the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 polete this table for the organization of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on true, correct, and complete Declaration of preparer (other than officer) is based on tr	46-49b and complete the tables for lines 50 and 51. 46-49b and complete the tables for lines 50 and 51. 46-49b and complete the tables for lines 50 and 51. 46-49b and complete the tables for lines 50 and 51. 46-49b and complete the tables for lines 50 and 51. 46-49b and complete the tables for lines 50 and 51. 46-49b and complete the tables for lines 50 and 51. 46-49b and complete Schedule C, Part II are organization engage in lobbying activities? If "Yes," complete Schedule C, Part II are organization make any transfers to an exempt non-charitable related organization? is, was the related organization a section 527 organization? who each review of more than \$100,000 of compensation from the organization is five highest compensated employees (other than oyees) who each review of more than \$100,000 of compensation from the organization in the organization in the organization from the organization in the organization from the organization if there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and strue, correct, and complete Declaration of preparer (other than officer) is based on all information of which provides the penalties of penjury. I declare that I have examined this return, including accompanying schedules and strue, correct, and complete Declaration of preparer (other than officer) is based on all information of which provides the penalties of penjury. I have a penalties of penjury in the penalties o	46-49b and complete the tables for lines 50 and 51. SEE ST ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes', complete Schedule C, Part II as organization engage in oblogibying activities? If 'Yes', complete Schedule C, Part II as organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes', complete Schedule E ne organization make any transfers to an exempt non-charitable related organization? s; was the related organization a section 527 organization? s; was the related organization as action 527 organization? si, was the related organization as action 527 organization. If there is none, enter None. Name and address of each employee paid devoted to position number of other employees paid over \$100,000 number of other independent contractor paid more than \$100,000 number of other independent contractor paid more than \$100,000 number of other independent contractors each receiving over \$100,000 the contractor of penny, i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge to the penny of the p	thic office? If "Yes," complete Schedule C, Part II 46 47 47 48 48 49 49 49 49 49 49 49 49 49 49 49 49 49

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

		organization									on number			
WITH										85900		_		
Part				s (All organizations	•				<u>.) See</u>	instruc	tions			
The or	gai	nization is not a priv	ate foundation becaus	e it is: (For lines 1 through	gh 11, cl	heck on	y one b	ox.)						
1	┙	A church, convention	on of churches or asso	ciation of churches desc	ribed in	section	1 70(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3		A hospital or 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	\exists	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bx1)xAxvi). (Complete Part II)												
8	╝	A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	Part II.)								
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 org	anized and operated	exclusively to test for put	olic safet	y. See s	section !	509(a)(4	l).					
11	۷	more publicly suppodescribes the type	orted organizations de of supporting organiza	exclusively for the beneficescribed in section 509(a) ation and complete lines)(1) or so 11e thro	ection 56 ough 11h	09(a)(2) 1.	. See s e	, or carn ection 50	y out the)9(a)(3). . □	Check the t	oox th	nat	
	_	a ∐Type I	b ∐Type II	··	l — Func	•	•			d ∐	Type III— C			
е		By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	panization is not controlle i one or more publicly su	ed directi pported	y or ind organiza	irectly b ations d	y one o escribed	r more d d in sect	isqualifie ion 509(a	ed persons a)(1) or sect	other ion		
ſ		. , . ,	eceived a written dete	ermination from the IRS t	hatis a	Type I	Type II (or Type	III sunne	ortina or	nanization			
g g		check this box		ion accepted any gift or	•	•					gamzanom		Ш	
7		omico riagast tr, Et	ood, was are organizat	on acceptos any give or	001111100		, .		.о9 р	0,00,,0,	٦	Yes	No	
		(i) a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or to ipported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	ıd (ııı)	11 g (i)	100		
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)			
		(iii) a 35% control	led entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)			
h			•	ne supported organization							L			
-	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) I organizat (i) listed	s the ion in col I in your irning ment?	(v) Did y the organ col your st	nzation in	(vi) l organizati (i) organiz U S	on in col	(VII) Amount of Support			
					Yes	No	Yes	No	Yes	No				
		-												
							l							
					1									
														
					<u> </u>									
Total					Ī									

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009					27-0785900	
Pai	till Support Schedule for	-			0(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sac	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			
			T			<u> </u>	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning 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 form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in:	structions).			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(3)) ▶ □
	Public support percentage for 20			o 11 column (f)	.	14	%
	Public support percentage from 2	• '	• • • • • • • • • • • • • • • • • • • •	e i i, columni (i).		15	
	a 33-1/3 support test - 2009. If the		·	, bac 12 and a	the line 14 is 22 1		-
104	and stop here. The organization	qualifies as a put	olicly supported or	ganization.	the line 14 is 55-1		. P
ļ	b 33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a put	not check a box o plicly supported or	on line 13, or 16a ganization	, and line 15 is 33	-1/3% or more, che	eck this box ►
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	e. Explain in Part IV	V how
ĺ	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	e. Explain in Part I	
18	Private foundation. If the organiz		-	The second secon			ructions ►

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr 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 'unusual grants.')					2,000.	2,000.
2	Gross receipts from					2,000.	2,000.
-	admissions, merchandise sold or services performed, or facilities furnished in a activity						
	that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or		 				0.
	facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	2,000.	2,000.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of	0.			<u> </u>	0.	
	the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						2,000.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ndar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005 0.	(b) 2006 0.	(c) 2007	(d) 2008	(e) 2009 2,000.	(f) Total 2,000.
9							2,000.
9 10 <i>a</i>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511						2,000.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	2,000.	0. 0. 0.
9 10 a E	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	0.	2,000.	0. 0.
9 10 a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	0.	0.	0.	2,000.	0. 0. 0.
9 10a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	0.	0. 0. 0. 0. 2,000.
9 10a t 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in the sale of capital assets (Explain in Part IV.)	0. 0.	0.	0.	0.	0.	0. 0. 0. 0.
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9 10a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and tion C. Computation of Put	o. o. s for the organizarstop here blic Support I	tion's first, second	0.	0.	2,000. 0.	2,000. 0. 0. 0. 0. 2,000. ► [X]
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9 10a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupublic support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage for Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage for Inv	o. s for the organizar stop here bblic Support I 09 (line 8, column 2008 Schedule A, vestment Inco	tion's first, second Percentage (f) divided by line Part III, line 15. me Percentage	0. I, third, fourth, or 13, column (f))	0.	2,000. 0.	2,000. 0. 0. 0. 0. 2,000. ► X
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Schedule A	(Form 990	or 990-8	EZ) 2009	WI	TH G	OD							27-07	85900		Page 4
Schedule A Part IV	Supplen Part II	nental	Inform	ation.	Con	nplete t	his pa	art to p	provide	e the e	explanation	ons rec	uired b	y Part	II, line	10;
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2009	FEDERAL STATEMEN	NTS		PAGE 27-078590
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES				
OFFICE EXPENSES TRAVEL			\$ TOTAL \$	182. 1,732. 1,914.
STATEMENT 2 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES				
PAYABLE TO OFFICERS, DIRECTO	ORS, ETC.	TOTAL		1,389. 1,389.
STATEMENT 3 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOC	CIATED WITH PERSONAL BENE	FIT CON	TRACTS	
(A) DID THE ORGANIZATION, INDIRECTLY, TO PAY PREMIUMS (B) DID THE ORGANIZATION, INDIRECTLY, ON A PERSONAL BI	ON A PERSONAL BENEFIT CO DURING THE YEAR, PAY PREM	NTRACT?		NO NO

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