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Form **990-E**Z

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 \$5,00,000 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

OMB No 1545-1150

Open to Public Inspection

Dep	artment o	of the Treasury		assets less than \$1,250,000 at the en The organization may have to use a copy of this				J.(4)	Inspection
			lar year.	or tax year beginning , and er	ndina		 	-	
В		applicable	Please	C Name of organization				D Em	ployer identification number
		change	use IRS	Christian Outreach Minist	tries O	£		,	stay of the state of the state of
Н	Name c	_	label or	Fayetteville, Inc.		_		56	5-1388744
H	Initial re	_	print or type.	Number and street (or P O box, if mail is not delivered to st	reet address)		Room/suite		ephone number
Н	Termina		See	3620 Cape Center Dr.	acci addicas,		Roomsake		.0-323-0191
H	Amende		Specific	City or town, state or country, and ZIP + 4					oup Exemption
H		ion pending	Instruc- tions.		28304				mber •
طــا				zations and 4947(a)(1) nonexempt charitable trusts			G Accounting		X Cash Accrual
	• •••			mpleted Schedule A (Form 990 or 990-EZ).	s must attach	•	Other (specify)	· .	Casii Accidai
ī	Websi	te: No		Appeted Contouring A (Torring Coo Ci Coo Ez).		•	H Check		e organization is not
J	_	empt status (ch		e) — X 501(c) (3) ◀ (insert no) 494	17(a)(1) or	527		attach Sci	hedule B (Form 990,
K	Check	•		rganization is not a section 509(a)(3) supporting organi					
		ے 190-EZ or Forr		turn is not required, but if the organization chooses to				-	ore than \$20,000 A
				to determine gross receipts, if \$500,000 or more, file Form 99			me a complete i	<u> </u>	s 117,234
F	arti			penses, and Changes in Net Assets or F			ee the instri		
	1			nts, and similar amounts received	<u> </u>	000 (0	oo tho mon	1	95,000
	2			enue including government fees and contracts				2	30,000
	3	•		nd assessments				3	
30	4	Investment						4	22,234
\mathbb{Z}	5a			sale of assets other than inventory	5a	. 1		7	22,231
∞	Ь			asis and sales expenses	5b		·	\dashv	
ç	c			of assets other than inventory (Subtract line 5b from line 5a)		<u></u>		5c	1
> 0	6			vities (complete applicable parts of Schedule G) If any amount	t is from namin i	n check he	re 🕨 🗆	30	
2	a			ncluding \$ of contribution	_	g, check he			
Š Š		reported on	•	of contribution	6a	. 1			
Q."	b	•	•	s other than fundraising expenses	6b	+		\dashv	
	6		•	from special events and activities (Subtract line 6b from		<u>' </u>	****	ا _{ده} ا	1
5	7a			tory, less returns and allowances	7a	1		6c	
d	'a	Less cost of		• •	7a 7b			\dashv	
SCANNED NOV	"		•	from sales of inventory (Subtract line 7b from line 7a)	-	<u>l</u>			
. W	8	Other revenu						, 7c	
	9		•	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 8	117,234
	10				ECEIV	/ED	Stmt 1	10	19,560
	11	Benefits paid		V-E		330	O)		19,300
	12			anastran and ampleuse hanefts			လ	11	
Expenses	13	•	•	ensation, and employee benefits d other payments to independent contractors	10 V 0 1	7111H L	O O		,
Ë	14			ities, and maintenance	_	1	S	13	
Ä	1			nestage and chinaria	GDEM.	0.052.	景	14	<u> </u>
_	15 16			, postage, and shipping scribe ► See Statement 2	COTTACTION.	سياليالية		15	42,917
	17) 16	62,477
	18			d lines 10 through 16 r the year (Subtract line 17 from line 9)				17	54,757
ŧ		-	-		(muct acces	wath		18	34,131
Net Assets	19			alances at beginning of year (from line 27, column (A))	(musi agree i	witti		40	799,813
Ę	20		-	ported on prior year's return)				19	199,613
ž	20	-		t assets or fund balances (attach explanation)				20	954 570
	art II			alances at end of year Combine lines 18 through 20		CI. E		21	854,570
	artii	Dalani	e Sne	ets. If Total assets on line 25, column (B) are \$1,250	1,000 or more,				
	C		waster.	(See the instructions for Part II)		(A)	Beginning of year		(B) End of year
		savings, and it	ivestmei	ills		-	443,23		445,618
		nd buildings		Soc Statement 3		<u> </u>	256 51	23	400.050
		issets (descrit	pe 🚩	See Statement 3		'├──	356,58		408,952
	Total a						799,81	_	854,570
		abilities (des			 -	'├──	700 00	0 26	· · · · · · · · · · · · · · · · · · ·
27	Net as:	sets or fund l	palances	s (line 27 of column (B) must agree with line 21)			799,81	13 27	854,570

Form 990-EZ (2009) Christian Outreach Ministr:		<u>5-1388744</u>			Page 2				
Part III Statement of Program Service Accomplishment	s (See the instruct	ions for Part II	l.)	E	Expenses				
What is the organization's primary exempt purpose?				(Require	d for section				
Spread of Christian Faith				501(c)(3	501(c)(3) and 501(c)(4)				
Describe what was achieved in carrying out the organization's exempt purposes				1 -	tions and section				
manner, describe the services provided, the number of persons benefited, or other	er relevant information fo	ſ			1) trusts, optional				
each program title	_			for other	s)				
28 Spread of Christian faith through religious contribution	ons								
to charitable organizations and puppet ministry for									
children			_		10 560				
(Grants \$ 19,560) If this amount includes foreign grants	s, check here		4	28a	19,560				
29									
(Grants \$) If this amount includes foreign grants	a shock hara	_	щ	29a					
30	s, check here			298					
•									
(Grants \$) If this amount includes foreign grants	s check hara		٢٠	30a					
31 Other program services (attach schedule)	S, CHECK HEIC			304					
(Grants \$) If this amount includes foreign grants	s check here	•	\Box	31a					
32 Total program service expenses (add lines 28a through 31a)	, <u>0.100K 11010</u>		 -	32	19,560				
Part IV List of Officers, Directors, Trustees, and Key Employees. List	st each one even if not co	mpensated (See t	he in:						
	(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense				
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		oyee benefit plans rred compensation					
William T. Allen	President/Di		1						
		٥							
Nancy J. Allen	Director								
		0	,						
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	990-EZ (2009) Christian Outreach Ministries Of 56-1 ort V Other Information (Note the statement requirements in the instructions				F	Page 3
	ort V Other Information (Note the statement requirements in the instructions	tor Pa	art V.)		T	г
33	Did the executation account to the state of the IDOO Killy IDOO KI				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					- T
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed cop	v of		33	 	X
-	the changes	y Ui		34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	it not re	norted	34		
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		portod			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	n				
	6033(e) notice, reporting, and proxy tax requirements?			35a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	3				
	during the year? If "Yes," complete applicable parts of Schedule N			36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	37a				
b	Did the organization file Form 1120-POL for this year?			37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or	were				
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?			38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b				
39	Section 501(c)(7) organizations Enter					
a	Initiation fees and capital contributions included on line 9	39a				
b	Gross receipts, included on line 9, for public use of club facilities	39b				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			- [
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess by			ŀ		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualific person in a prior year, and that the transaction has not been reported on any of the organization's prior	ea				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part !			40b		x
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			400		
•	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	-	<u> </u>	-		
	reimbursed by the organization	>				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			_		
	transaction? If "Yes," complete Form 8886-T			40e		X
41	List the states with which a copy of this return is filed NC					
42a	The organization's books are in care of ▶ William T. Allen	Те	lephone no	910-32	3-0	191
	3620 Cape Center Dr.					
	Located at ▶ Fayetteville, NC		ZIP + 4 ▶	28304		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authors.	•		ı		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	al			Yes	No
	account)?			42b		X
	If "Yes," enter the name of the foreign country			— I I		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	ank				
_	and Financial Accounts.			1.0		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c	L!	<u> </u>
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041—Check here					▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43			
	and and an amount of tax exempt interest received of accided during the tax year		- 43			
				1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	f			. 50	
	Form 990-EZ			44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13))? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ			45		X
			-	Form 99	0-EZ	(2009)

	n 990-EZ (2009) Christian Outreach Ministrie art Vi Section 501(c)(3) organizations and section 4947(a	a)(1) nonexempt			ection	Page 4
	501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.	exempt charitabl	e trusts must a	answer question	ıs 46-49t)
46	Did the organization engage in direct or indirect political campaign activities or	hobalf of or in oppos	ution to		. Iv.	T N =
70	candidates for public office? If "Yes," complete Schedule C, Part I	i benan or or in oppos	ation to		Yes	No X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	o C. Bort II			46	$\frac{1}{X}$
48	· · · · · · · · · · · · · · · · · ·	•	shadula C			$\frac{\mathbf{x}}{\mathbf{x}}$
49a	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	•	riedule E		48	X
b	Did the organization make any transfers to an exempt non-charitable related of	organization?			49a	+≏-
50	If "Yes," was the related organization a section 527 organization?	- /	dona at a control of		49b	⊥
30	Complete this table for the organization's five highest compensated employees					
	employees) who each received more than \$100,000 of compensation from the	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account a other allow	and
None	e					
						 -
	Total number of other employees paid over \$100,000		1	1		
	, , , , , , , , , , , , , , , , , , ,	· —				
51 ——	Complete this table for the organization's five highest compensated independe \$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000	n				
No	one	(6)	Type of service	(6) 0	ompensation	
					_	
d	Total number of other independent contractors each receiving over \$100,000	>		<u> </u>		
		<u>. </u>				
Sigr	Under penalties of perjury, I declare that I have examined this return, including and belief it is true, correct, and complete Patitiration of preparer (other than		formation of which pro			
Here	Signature of officer TRAFIDELT Type or print name and title		Date			
		Date	Check if	Preparer's Ident	fying Number (S	Gee instr)
Paic	d Preparer's signature Mullerin Liple allen, (PA, Pi	10/25	self- employed			,
Pre	parer's Firm's name (or yours William Temple Allen				6-1833	865
	Only f self-employed), 3620 Cape Center Driv	•	-	Phone		
		304			-323-0	191
Mav	the IRS discuss this return with the preparer shown above? See instructions			<u> </u>	Yes	No
		·		'Fo	m 990-E2	

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

Christian Outreach Ministries Of Fayetteville, Inc.

Employer identification number 56–1388744

P	art I	Reas	on for Public Charity	Status (All organ	nizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
The	orga		a private foundation because											-
1			nvention of churches, or asso					A)(i).						
2	П		cribed in section 170(b)(1)(A					~ ~						
3	П		a cooperative hospital service			on 170(b)(1)(A)(iii))_						
4	П		search organization operated						MAMiin	Enter ti	ne hosn	ıtal's name		
		city, and stat		,			00011011		,,,,,,,,,,	Linter ti	іс позр	itar 3 riamo,		
5	П	•	on operated for the benefit o	f a college or universit	ty awaed ar	onerated	by a gove	eroment	al unit de	e cribos	t in			
•	ш		b)(1)(A)(iv). (Complete Part		ly Owned of	operated	by a gove	criment	ai uiiii ut	SSCHOOL	,			
6	\Box		ite, or local government or go	•	rihad in saa	tion 170(61/41/A1/s	۸.						
7	Н													
•	ш		on that normally receives a s		upport ironi	i a govern	mental ur	III OF ITO	n ine ge	nerai pu	DIIC			
			section 170(b)(1)(A)(vi). (Co		nlata Dant II	,								
8	X	-	trust described in section 17			•								
9	1		on that normally receives (1)								•			
			activities related to its exemp								t its			
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
40	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of the perform the functions of exclusively for the benefit of the perform the functions of exclusively for the performance of exclusive for the exclusive for the perf													
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the													
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section													
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
	a Type I type III c Type III—Functionally integrated Type III—Other													
ө	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
	persons other than foundation managers and other than one or more publicly supported organizations described in section													
			section 509(a)(2).											
f			ation received a written deter	mination from the IRS	that it is a	Туре І, Ту	pe II, or T	ype III s	upportin	ig				LJ
		-	check this box											Ш
g			: 17, 2006, has the organizati	on accepted any gift o	or contribution	on from a	ny of the							
		following per												
			n who directly or indirectly coi		•	th persons	s describe	ed in (ii)					Yes	No
			pelow, the governing body of	•	zation?							11g(i)		
		• •	member of a person describe	• •								11g(II)	-	
		•	ontrolled entity of a person de	** **								11g(in)	
h			ollowing information about th			,	_							
(i)		e of supported anization	(ii) EIN	(iii) Type of organ (described on line			organization sted in your		ou notify	(vi) organizat	is the	(vii) Amount of support		
	U. g	anzason		above or IRC se			document?		of your		zed in the	sup	JOIL	
				(see instruction	ns))		· · · · ·		port?	 	\$7			
						Yes	No	Yes	No	Yes	No			
						<u> </u>								
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				-										
														
Tata			Į.			1			1	1				

				inistries		6-1388744	Page 2
P	art II Support Schedule for O				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support		<u></u>				
Ca	llendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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	l.,,, , , , , , , , , , , , , , , , , ,	<u> </u>				
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
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 activities, etc. ((see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here		-				▶ □
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2009 (line 6,	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	%_
16a	33 1/3 % support test—2009. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 33	1/3 % or more, che	eck this box	_
	and stop here. The organization qualifies a	as a publicly suppor	rted organization				▶ ∐
b	33 1/3 % support test—2008. If the organi	ization did not chec	k a box on line 13	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this	_
	box and stop here. The organization qualit	•	• • •				▶ 🗌
17a	10%-facts-and-circumstances test200	If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fac-	cts-and-circumstan	ces" test, check thi	s box and stop he r	e. Explain in Part I	V how the	_
	organization meets the "facts-and-circumst		•		•		▶ 🗌
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fac			•	•		_
	organization meets the "facts-and-circumst				-		▶ _
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see ii	nstructions	▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box o	<u>n line 9 of Part</u>	: l.)			
	ction A. Public Support		-				
Ca	llendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	225,880	163,790	276,915	144,677	95,000	906,262
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					257,000	300,202
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	225,880	163,790	276,915	144,677	95,000	906,262
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					10,000	10,000
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		ĺ				
	amount on line 13 for the year						
С	Add lines 7a and 7b					10,000	10,000
8	Public support (Subtract line 7c from line 6)						896,262
	tion B. Total Support						
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	225,880	163,790	276,915	144,677	95,000	906,262
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,251	17,336	23,722	28,941	22,234	107,484
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	15,251	17,336	23,722	28,941	22,234	107,484
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,	-			0	
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.)	241,131	181,126	300,637	173,618	117,234	1,013,746
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		▶ [
Sec	tion C. Computation of Public Sup	port Percentag	je-				
15	Public support percentage for 2009 (line 8,	column (f) divided by	line 13, column (f))		15	88.41%
16	Public support percentage from 2008 Sched					16	91.54%
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin		•	umn (f))		17	11 %
18	Investment income percentage from 2008 S					18	8 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this box	x and stop here. The	e organization quali	ifies as a publicly su	ipported organizati	on	► X
b	33 1/3 % support tests—2008. If the organ						. —
	line 18 is not more than 33 1/3 %, check this	s box and stop here	. The organization of	qualifies as a public	ly supported organ	ization	▶

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Christian Outreach Ministries Of 56-1388744

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

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Federal Statements

97777 Christian Outreach Ministries Of 56-1388744 FYE: 12/31/2009

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	Name and Address		Class of Activity				
	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Shannon Forest Christian School	: Christian &	School School					
829 Garlington Rd	ı Rd.		11,000				
Greenville, SC 29615	2 29615						
Total							
-	-		11,000				

97777 Christian Outreach Ministries Of

56-1388744

Federal Statements

10/25/2010 12:23 PM

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Insurance	7,169
Utilities - COMF	3,132
Maintenance & Repairs - C	3,110
Taxes	11,359
Dues and Subscriptions	4,784
Telephone	568
Travel & Entertainment	11,997
Janitorial	660
Bank Charges	138
Total	\$ 42,917

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beginning of Year	 End of Year
Buildings	\$	356,583	\$ 408,952
		356,583	 408,952

10/25/2010 12:23 PM · 2005 2006 Schedule A, Part III, Line 7a - Support from Disqualified Persons 2007 Federal Statements 2008 10,000 10,000 2009 97777 Christian Outreach Ministries Of Donor Name FYE: 12/31/2009 56-1388744 Total