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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organizationBrittain Ministries Inc.

Number and street (or P O box, if mail is not delivered to street address)

323 Third Street NW

Room/suite

City or town, state or country, and ZIP + 4

Hickory NC 28601-4910**D** Employer identification number56-1626293**E** Telephone number828-327-8888**F** Group Exemption

Number ►

◦ 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 Method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► www.brittainministries.net**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 47179.60**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	43962.29	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0	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)
3	Membership dues and assessments	3	0	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
b	Less: cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	0		
b	Less: direct expenses other than fundraising expenses	6b	0		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0		
7a	Gross sales of inventory, less, returns and allowances	7a	972.39		
b	Less: cost of goods sold	7b	486.20		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	486.19		
8	Other revenue (describe) ► <u>See Attached</u>	8	2244.92		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	46693.40		
10	Grants and similar amounts paid (attach schedule)	10	0		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	33438.45		
13	Professional fees and other payments to independent contractors	13	1405.00		
14	Occupancy, rent, utilities, and maintenance	14	0		
15	Printing, publications, postage, and shipping	15	1894.14		
16	Other expenses (describe) ► <u>See Attached</u>	16	10240.86		
17	Total expenses. Add lines 10 through 16	17	46978.45		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2285.05		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	6295.16		
20	Other changes in net assets or fund balances (attach explanation)	20	1290.82		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4719.29		

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	2442.72	2157.67
23	Land and buildings	0	0
24	Other assets (describe) ► <u>Equipment, Furniture, Supplies, Media</u>	4205.50	2970.80
25	Total assets	6648.22	5128.47
26	Total liabilities (describe) ► <u>Visa Card</u>	353.06	409.18
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	6295.16	4719.29

SCANNED AUG 12 2010

9-9

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? Outreach Ministry - Spreading the Gospel of Jesus Christ
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Ministry by letters, cd's, books

26,180

(Grants \$) If this amount includes foreign grants, check here . ☐

28a

29 Counseling ministry (by phone + in person)

20,000

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 Ministry Conference

1,000

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32	47180.00
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
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 ▶ 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 ▶ 0		
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	X
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Sheila W. Driver</u> Telephone no ▶ <u>828-327-8888</u> Located at ▶ <u>323 Third St. NW, Hickory, NC</u> ZIP + 4 ▶ <u>28601-4910</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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

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

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Sheila W. Driver</u>		Date <u>7-26-10</u>	
Paid Preparer's Use Only	Type or print name and title <u>Sheila W. Driver, Treasurer</u>			
	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____		EIN ▶ _____		
		Phone no ▶ _____		
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Form **990-EZ** (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

Brittain Ministries Inc

Employer identification number:
5611626293

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
1	Section 501(c)(3) organization
2	Section 501(c)(29) organization
3	Section 501(c)(6) organization
4	Other

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

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

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

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

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

[illegible]

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(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) ►	(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						

Section B. Total Support

Calendar 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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 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		<input type="checkbox"/>
b 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	42,103	46,670	48,367	54,131	45,562	236,833
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	1,338	2,503	1,183	457	972	6,453
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	43,441	49,173	49,550	54,588	46,534	243,286
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,511	6,118	10,378	7,583	5,392	36,982
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	7,511	6,118	10,378	7,583	5,392	36,982
8 Public support. (Subtract line 7c from line 6.)						206,304

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	43,441	49,173	49,550	54,588	46,534	243,286
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,277	2,430	619	1,142	645	9,113
13 Total support. (Add lines 9, 10c, 11, and 12.)	47,718	51,603	50,169	55,730	47,179	252,399
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	82 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	81 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 %

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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.

Other Income:

Conference Luncheons

Uncashed Check - Returned to
Acct.



Brittain Ministries, Inc.
EIN: 56-1626293
990-EZ (2009)

Part I, Line 8

Other Revenue:

Conference Luncheon	506.00
License Fee	150.00
Ordination Fees	1450.00
Return to Acct.-(Uncashed Check)	<u>138.92</u>
	2244.92

Part I, Line 20

Other changes in net assets or fund balances:

**Equipment Depreciation, Sale of Media,
Difference of Visa Card Balance Owed**

EIN: 56-1626293

Brittain Ministries, Inc.
323 Third St. NW
Hickory, NC 28601

Cash Flow Report
1/1/09 Through 12/31/09

7/20/10

Page 1

Category Description	1/1/09- 12/31/09
OUTFLOWS	
Air Travel - Visa Card	383.69
Benevolence	100 00
Board Meeting Meal	52.44
Books and Tapes	194 99
Business Mtg Meal	21.83
Casual Labor	1,405.00
Cell Phone	546.12
Checks	19.45
Conference Flowers	101.65
Conference Meeting Room	321 00
Conference Photos	23.47
Credit Due Hilda Brittain	50.00
Fees	105.00
Finance Charge - Visa Card	52.20
Licensing-Ord Ceremony Supplies	20 81
Luncheon - Conference	531.10
Memorial Gift	500.00
Ministers' Fellowship	56 70
* Net Sal. HFB	13,745.70
* Net Sal. Sctry. (Sheila)	12,197.10
New Baby Gift	25 00
Office Equip.	19.25
office Ins.	351 96
Office supply	619.37
Ordination-Licensing Service	8.64
* Payroll Tax St	1,581 00
* Payroll Taxes	5,914 65
Phone & Internet Service	1,418.72
* * * Postage	1,214.41
* * * Printing	679 73
Sales & Use Tax	40.39
Staff Birthday Fellowship	42.95
Tape Supplies	135 55
Tithes	4,816.00
Travel Meals - Visa	29.46
travel reimb. - Mileage	114.40
Void ck.	0.00
Website Fee	24.92
TOTAL OUTFLOWS	47,464 65

990-EZ

2009

Part 1, Line 16

* *

0.00 *

47,464.65 +

10,240.86 *

* Included on Line 12

\$ 33,438.45

* * Included on Line 13

1,405.00

* * * Included on Line 15

1,894.14

* * * * \$ 486.20

of the above expenses
is subtracted from
expenses for cost of
goods sold (Part I, Line 7b)

Brittain Ministries, Inc.
EIN: 56-1626293
990-EZ (2009)
Part IV

MEMBERS OF THE 2009 BOARD OF BRITTAIN MINISTRIES

(A) <u>Name/Address</u>	(B) <u>Title/Hours Per Week</u>	(C)	(D)	(E)
Brittain, Dr. Hilda 323 Third Street NW Hickory, NC 28601	President (25 hrs per week)	\$17,350 00	0	0
Cherry, June 17605 Spinnakers Reach Dr Cornelius, NC 28031	Vice-President	0	0	0
Driver, John	Trustee	0	0	0
Driver, Sheila 5545 Clover Street Hickory, NC 28602	Treasurer/Administrator (20 hrs. per week)	\$14,163.44	0	0
Gerami, Dennis	Trustee	0	0	0
Gerami, Lynne 6242 Ruffin Lane Conover, NC 28613	Asst Secretary	0	0	0
Lindsay, Bill	Trustee	0	0	0
Lindsay, Margaret 7499 Burke County Ln Rd Hickory, NC 28602	Secretary	0	0	0
Reynolds, Faye 109 Angela Court Fort Mill, SC 29715	Trustee	0	0	0
Stamey, Harvey	Trustee	0	0	0
Stamey, Mary 323 Third Street NW Hickory, NC 28601	Trustee	0	0	0