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# 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)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public Inspection**

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

**A For 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b> MISSION SUPPORT SERVICES INC</p> <p>Number &amp; street (or P O box, if mail is not delivered to street addr) Room/suite 37152 RUTLEDGE DRIVE</p> <p>City or town, state or country, and ZIP + 4 Zephyrhills FL 33541</p>	<p><b>D Employer identification number</b> 59-3635308</p> <p><b>E Telephone number</b> (813) 782-7600</p> <p><b>F Group Exemption Number</b> ▶</p>
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• 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:** ▶ N/A

**J Tax-exempt status** (check only one) -  501(c)(3) (insert no )  4947(a)(1) or  527

**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** ▶ \$ 26,360

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

	1 Contributions, gifts, grants, and similar amounts received		26,360
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe _____)	8	
	9 Total revenues. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	26,360
EXPENSES	10 Grants and similar amounts paid (attach schedule) #1	10	24,472
	11 Benefits paid or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	125
	14 Occupancy, rent, utilities, and maintenance	14	754
	15 Printing, publications, postage, and shipping	15	44
	16 Other expenses (describe ▶ See attachment #2)	16	100
	17 Total expenses. Add lines 10 through 16	17	25,495
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	865
ASSETS	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	
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	865

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	865
23	Land and buildings	23	
24	Other assets (describe ▶ _____)	24	
25	<b>Total assets</b>	0 25	865
26	<b>Total liabilities</b> (describe ▶ _____)	0 26	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0 27	865

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

SCANNED AUG 19 2010

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**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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	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 benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	NONE	
42a	The organization's books are in care of	See attachment #5	
	Located at	Telephone no	
		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 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 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 |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   |     | X  |
| b If "Yes," was the related organization a section 527 organization?  |     | X  |
- 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 ▶ \_\_\_\_\_

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.

**Sign Here** ▶ Charlotte A. Grams Signature of officer Date 7/27/10

▶ CHARLOTTE GRAMS VICE PRESIDENT  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Theresa Sommers Date 7/27/10 Check if self-employed  Preparer's identifying no. (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ T. SOMMERS ACCOUNTING SERVICES  
5316 8th St.  
Zephyrhills, FL 33542

EIN ▶ \_\_\_\_\_ Phone no ▶ 813-788-3369

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2009**

Open to Public  
Inspection

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

Name of the organization: **MISSION SUPPORT SERVICES INC**  
Employer identification number: **59-3635308**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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 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 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? . . .

	Yes	No
<b>11g(i)</b>		X
<b>11g(ii)</b>		X
<b>11g(iii)</b>		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**SCHEDULE OF OTHER EXPENSES**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MISSION SUPPORT SERVICES INC		Employer Identification Number 59-3635308

Description of Other Expenses	Amount
STATE FILING FEE	70
BANK FEES	30
<hr/>	
Total	100

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar year 2009, or tax year period beginning	and ending
Name of Organization	Employer Identification Number	
MISSION SUPPORT SERVICES INC	59-3635308	

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	REV JONATHAN SOI PO BOX 90 MOGOGOSICK, KENYA, KE, THE SCARLET THREAD 4939 18TH ST ZEPHYRHILLS, FL 33542 DAVID THELSURMAR 211 PARKSPRING CIRCLE APT 7 PLANT CITY, FL 33565 MISSION OF HOPE PO BOX 325 LEE'S SUMMIT, MO 34063 ED HUGHES PO BOX 407139 FORT LAUDERDALE FL 33340	2,485  125  500  8,212  6,385 17,707	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		2,485  125  500  8,212  6,385 17,707			
<b>Total</b>					

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection For Calendar year 2009, or tax year period beginning and ending

Name of Organization MISSION SUPPORT SERVICES INC Employer Identification Number 59-3635308

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	CAMPUS CRUSADE 100 LAKE HART DR ORLANDO FL 32832 EDUARDO BALDADI CUIAB, MATO GROSSO MATO GROSSO, BRAZIL, MA, PHYLLIS NEWBY 100 AIRPORT AVE VENICE, FL 34285 PASTOR JEAN ST CYR PORT A PRINCE PORT A PRINCE, HAITI, EVERY HOME FOR CHRIST PO BOX 64000 COLORADO SPRINGS, CO 80962	110  1,262  100  72  50  1,594	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		110  1,262  100  72  50  1,594			
<b>Total</b>		<b>1,594</b>			

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

MISSION SUPPORT SERVICES INC

Employer Identification Number

59-3635308

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	COMPUTERS FOR MISSIONS  REV. BEN BAKATI PO BOX 9060 ELDORET, KENYA, KE,	216  4,955	
		5,171	
Relationship	Description of Property	Book Value	How Book Value is Determined
		216  4,955	
	Total	5,171	
		How FMV is Determined	Date of Gift

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning		, and ending	
Name of Organization MISSION SUPPORT SERVICES INC			Employer Identification Number 59-3635308	
Part III - Statement of Program Service Accomplishments				
Grants and allocations	24,472	Amount includes foreign grants	Program service expenses	
Exempt Purpose Achievements				
TO HELP SUPPORT VARIOUS MINISTRIES				

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning _____, and ending _____
---------------------------	--

Name of Organization MISSION SUPPORT SERVICES INC	Employer Identification Number 59-3635308
--	--

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
CHARLOTTE GRAMS 37152 RUTLEDGE DRIVE Zephyrhills, FL 33541	OFFICER 15.00	0	0	0
STANLEY GRAMS 37152 RUTLEDGE DRIVE Zephyrhills, FL 33541	OFFICER 0.00	0	0	0

**BOOKS ARE IN CARE OF**

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MISSION SUPPORT SERVICES INC		Employer Identification Number 59-3635308
Part V - Line 42a		

Individual Name CHARLOTTE GRAMS  
or  
Business Name

Street Address 37152 RUTLEDGE DR

U S Address  
Zip code 33541 City Zephyrhills State FL

Foreign Address  
City \_\_\_\_\_  
Province or State \_\_\_\_\_  
Country \_\_\_\_\_  
Postal code \_\_\_\_\_  
Phone Number (813) 782-7600  
Fax Number \_\_\_\_\_