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Form	

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

		of the Treasury enue Service	⁷ ▷ T	The organization	may have to use a	copy of this return	to satisfy sta	te repo	orting requ	iirements.	Inspection
A	For th	ne 2009 ca	lendar		r beginning <i>JA√(</i>		2009, and en				, 20 0 9
В	B Check if applicable: Please C Name of organization TIMM & BIAC KWOOD MINISTRIES INC. D Employer identification number										
		s change	use IRS label or	Doing Business	As SAME.						: 1275392
	Name o		print or		t (or PO box if mail is no	delivered to street add	ress) Room	n/suite			one number
	nitial re		type. See	P.O.BOX	28932					(901)	386-2707
	remina		Specific Instruc-	City or town, st	ate or country, and ZIF	2+4				-	
		ed return	tions.	Memth	US TH 3	8168-2419	<i>5</i>			G Gross re	ceipts \$
		on pending	F Nan	ne and address of	principal officer: Jir	MMY BIACH W	Jood, PAC	5.	H(a) is this	a group return	for affiliates? Yes No
	~ p•a	on ponuing	389,	1 Lesy Sha	dows ct, 1	Nemphis, Tr	r. 38019			• .	ncluded? ☐Yes ☐No
ī	Tax-ex	empt status		501(c) ()⊲ (inse	_						list. (see instructions)
J	₩ebs	ite: ▷							H(c) Group e	exemption nur	nber ▷
ĸ	Form of	f organization:	Corpo	oration 🔲 Trust 🔲	Association Other	>	L Year of for	mation:		M State of	legal domicile
Pa	ii ii	Summ	ary								
				the organization	n's mission or m	ost significant a	ctivities: 8	VAN	90/15	A ANO	Singing
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Governance	2	Check this	box ⊳ l	if the organizat	tion discontinued its o	perations or dispose	d of more than a	25% of ı	its net asse	ts.	
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3S &				_	members of the	- '		1b)		4	N/A
Activities				employees (Pa						5	2
Acti	i .				timate if necessar	v)				6	- 0 -
-					revenue from Pa		C), line 12.			. 7a	_ 0 -
					income from For					. 7b	-0-
				MERPRIN	05				Prior Ye	ar	Current Year
•	8	Contribut	tions ar	nd e (Part	ى VIII, line 1h) . .			. 2	3, 2 44	:31	69214.24
Ž				revenue (Part				. L			
Revenue	t .	_		•	olumn (A), lines 3	, 4, and 7d) .			···		
Œ					ın (A), lines 5, 6d,		d 11e) .	. <u>Z</u>	9,991	. 82	26,411.03
	12	Total reve	nue-a	dd lines 8 throu	gh 11 (must equal	Part VIII, column	(A), line 12)	10	3, 2 3 5	5,33	95, 625.29
	13	Grants ar	nd simi	lar amounts pa	id (Part IX, colum	n (A), lines 1-3)					
	14	Benefits	paid to	or for member	rs (Part IX, colum	n (A), line 4) .					
Ses	15	Salaries, d	ther co	ompensation, en	nployee benefits (P	art IX, column (A)	, lines 5–10)				
Expenses	16a	Professio	nal fun	draising fees (P	art IX, column (A),	line 11e)					
ă	b	Total fund	draising	expenses (Part	IX, column (D), line	e 25) ⊳					
	17	Other exp	oenses	(Part IX, colum	nn (A), lines 11a-1	1d, 11f-24f) .					
					17 (must equal Pa), line 25).		5,181.		96,960,12
		Revenue	less exp	penses. Subtrac	t line 18 from line	12 DFA	(1)	<	1,945	.76)	(-1,334.85)
s or						I FIELD	IVED	Begii	nning of Cu		End of Year
Sala	20	Total ass	ets (Pa	rt X, line 16) .		8 · · ·		r 	<u> 89,</u>	52	488.17
Net Assets or Fund Balances	21	Total liab	ilities (F	Part X, line 26)			2 20m ·	8			10010
		Net asset	ts or fu	nd balances. S	Subtract line 21 fr	m line 20	2 2010 F	<u> </u>	<i>38</i> 9, .	<u>52 </u>	488-17
W.E		0.000		DIOON				2			
		and belief	nalties of f, it is tru	penury, I declare the correct, and con	hat I have examined the	return including a	dompanying sc officerus based	hedules I on all in	and statem oformation	nents, and to of which pro	o the best of my knowledge eparer has any knowledge.
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Paid		signature	V					employ	/ed ▷ ∐		•
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		address,		+ 4 V				_	Phone no). ▷ ()

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	N/A
	/V / Pt
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/\// <i>H</i>
	`
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► o

Pao	® IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		χ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4.		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
0	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
0	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
0	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		χ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			. -
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_{-}
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	×
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_ X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X

18 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S., Information Returns. Enter -0- if not applicable be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 be 20 or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 or Statements, field for the calendar year ending with or within the year covered by this return 1 or 1 in a to 1 in a to 1 in a to 2 or 1 in a to	Par	n ♥ Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Enter -0 - if not applicable Definet the number of Forms W-26 included in line 1a. Enter -0 - if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. See instructions If a large of the calendar year and the organization files all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. See instructions If yes, has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O. A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial accounts? If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? If "Yes," enter the name of the foreign country; or see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. We she organization a party to a prohibited tax shelter transaction at any time during the tax year? Bid and the during the calendary law of the organization file Form 8888-T, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? Did any tax of the property of the property of the property or property or property for which it was required to file Form 8882 in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the org			لــــا	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambing) winnings to prize winners? 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 23 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 24 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 25 Statements, field for the calendar year ending with or within the year-covered by this return. (see instructions) B If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) B If "Yes," has if filed a Form 990-T for this yea?" If "No," provide an explanation in Schedule O. B If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account; and account; and the organization have an interest in, or a signature or other authority over, a financial accounts. B Was the organization a party to a prohibited tax shelter transaction and financial Accounts. B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization reverse not tax deductible? C Tyranizations with the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? C Tyranizations with the greating and the property of the organization and party for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization and the property did the organization file Form 8898 are required? Did the organization make a payment mexes of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the or	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on line 2a, did the organization flie all required federal employment tax returns? Notes, if the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5 If "Yes," has it flied a Form 990-T for this year? If "No." provide an explanation in Schedule O. 6 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? 6 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 6 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 6 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 6 If "Yes," to line 5 aor 5b, did the organization that it was or sa party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should reversely that were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or giving the		U.S. Information Returns. Enter -0- if not applicable			'
gaming (gambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Statements, field for the calendar year ending with or within the year covered by this return 28 / Robe. If the sum of lines 2a, did the organization fiel all required federal employment tax returns? Robe. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4c 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 in a foreign country (such as a bank account, securities account, or other financial accounts) 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes" to line Sa or 5b, did the organization file Form 8886+T, pisclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If "Yes" (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8899 as required? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8280? 7c Did the organization sell, exchange or otherwise	С		1c		LX_
b if at least one is reported on line 2a, clid the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a Form 990-T for this yea? If "No," provide an explanation in Schedule O. 4a At any time during the calendary year, clid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; location have an interest in, or a signature or other authority over, a financial account in a foreign country; location have an interest in, or a signature or other authority over, a financial account in a foreign country; location have an interest in, or a signature or other authority over, a financial account in a foreign country; location have an interest in, or a signature or other authority over, a financial account in a foreign country; location have an interest in, or a signature or other authority over, a financial account in a foreign country; location have an interest in an approach of Foreign Bank and Financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction and promote of the specific of the foreign state in the specific of the promote of the promote of the view of the approximation solicit any contributions that were not tax deductible? 5b If "Yes," location solicit any contributions that were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8822? 6c Did the organization of qualified intellectual property, did the o	2 a				!
a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 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, leach as a bank account, securities account, or other financial account? b If "Yes," enter the name of the foreign country, leach as a bank account, securities account, or other financial accounts. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. We she organization a party to a prohibited tax shelter transaction? or If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? or If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? or If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? b If "Yes," indicate the number of Forms 8882 filed during the year arequired to file Form 8282? If "Yes," indicate the number of Forms 8882 filed during the year indication sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8882 filed during the year indication sell, exchange, or otherwise dispose of tangible personal poperty for which it was required to file Form 8282?	b	Statements, med for the calendar year ending with or within the year covered by this return	2b	N	VA
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Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		organization, have excess business holdings at any time during the year?	8	-	X
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	9	•	00		V
Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_				-
a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		· · · · · · · · · · · · · · · · · · ·	"		ļ <i>Ċ</i>
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		1			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		initiation lees and capital contributions included on late vin, line 12.			[
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		·			
amounts due or received from them.)		100-1 0// 0			! !
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			<u>'</u>
		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		-	==
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
•		-		 / `
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		-X
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		v
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		ΙΔ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			. '
•	The governing body?	8a	W	l A
	Each committee with authority to act on behalf of the governing body?	8b	\sim	7 Å
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-05	, ,	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
800	tion B. Policies (This Section B requests information about policies not required by the International Control of the International		L	-
	enue Code.)	si i iai		
7100	cinac oddc.)		V	Na
		40	Yes	Νo χ
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	!	.1	11
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		('-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			10
	form?	11	~	1/1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		L	11
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	N	VA
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	}		
	rise to conflicts?	12b		X
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
v	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
,,,	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		1
_		15a	1	X
	The organization of the control of t	15b		X
p	Other officers or key employees of the organization	130		'
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			·
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			· -
	the organization's exempt status with respect to such arrangements?	16b	L	1_
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20		rds o	f the	_
	State the name, physical address, and telephone number of the person who possesses the books, and reconganization: MONH BIACKWOOD 3891 Lost Shadows (V. MAMPhis, TN	38	019	7
	901.38	16.2	700	1

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- o List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - o List all of the organization's current key employees. See instructions for definition of "key employee."
- o List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- o List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- o List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Positi	Position (check all that apply)				ply)	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Jimmy Black wood - PRes 389/ Lost Shadows CV. mphs. Tol MONA Black wood - Sec 3891 Lost Shadows CV. mphs Tol MARCI Se Well Y. PRess.	-Vas			1				SalaryoN	y -0°	0	
mona Black wood - See. 3891 Lost Shadows evemple To	far			1				Salaryon	-0-	-0-	
MARCI Sewell Y. PRes. 4536 LAGEVISTO-MPLS.Tol	_ 0 -		_	1				-0-	-01	-0-	
4536 LAGE VISTA-MPNS.TW JO ANN HAINS - TRES. 5187 Meadow PYDr. Suffixled, MS	-0-		_	1				-0-	- 0-	-0-	
	_										

Part VII Section A. Officers, Directors, Tr		/ Emp	loy			u riigi	iesi			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	S) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-									
			-							
	-									
	-									
					-					
	-									
	-									
	-									
	-									
	-									
	-									
	-			,				<u> </u>		
	-							* * *		
1b Total		: .				·	•			
2 Total number of individuals (including but reportable compensation from the organizer)		to th	ose	list	ed a	above) wh	no received mo	ore than \$100,0	00 in
reportable compensation norm the organiz	ation						_			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete 5							oyee	e, or highest o	=	3 X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of rep	ortabl	e c	om	oens	sation		d other compe	nsation from	
ındividual										4 X
5 Did any person listed on line 1a receive services rendered to the organization? If	"Yes," com	olete	Sch	edu	ile J	for s	uch	person	anization for	5 X
Section B. Independent Contractors		d ind	000	ndo		ontro		re that receive	d mare than \$1	00 000 of
Complete this table for your five highest of compensation from the organization.				HUE			T		u more man \$1	
Name and business ad	ldress							(B) Description of s	ervices	(C) Compensation
							-			
/\ / 										
2 Total number of independent contractors of more than \$100,000 in compensation from	(including b m the orgar	ut not	ilim n ▶	iitec •	l to	those	liste	ed above) who	received	

-onn s								rage 5
Para	Y YQQ	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ង ង	12	Federated campaigns	1a				i	<u> </u>
퉏	ı		16		1		ļ	
۵٤	ı	Membership dues	1c		1			•
ફ =	ı	Fundraising events	_		i '		ĺ	
2.E		Related organizations	10		1			ļ
Sins	e	Government grants (contributions).	10					
	1	All other contributions		40	l i			1
흔등	ļ	and similar amounts not included above	18	69,214.24	ļ i			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1	lf: \$					
ଠ୍¦'ଖି	h	Total. Add lines 1a-1f		<u></u> . ▷	69,214,24			
छ				Business Code]
Program Service Revenue	2a							
<u>8</u>	b							
8	1 -							
ervi	_ اد	•••••			·- ·- ·			
ď,	d							
튵	e	All other program service revenue						
ဦ		· ·		D	 			
	9					<u> </u>		
	3	Investment income (including divi						
		other similar amounts)						
	Income from investment of tax Royalties	Income from investment of tax-exemp	ot bon	d proceeds ▷				
		Royalties Fe GIEVES.			2,883.11			<u> </u>
		(i) Real		(ii) Personal]		İ	
	6a	Gross Rents						1
	ь	Less: rental expenses						
		Rental income or (loss)					l	1
		Nist vental income on (local		<i>.</i> >				}
	72	Gross amount from sales of (i) Securition	 es	(ii) Other				
	1 ' 4	assets other trian inventory		31,419,37				
	_ ا	·		7-	1		•	
	0	Less: cost or other-basis Royalfies and sales expenses Recondings Gain or (loss) Fig. 2 1 1000 1500	יל	7.891.45				1
	_	and sales expenses of the control of		70-71.7-	1			
	ا ا	Net gain or (loss)		>	23,527.92			†
_	"			· · · · · · · ·	00,201110			
ğ	8a	Gross income from fundraising		İ				
Š		events (not including \$						
Other Revenue		of contributions reported on line 1	c).				j	
>		See Part IV, line 18						
ş		Less: direct expenses						}
0	C	Net income or (loss) from fundrais	sing e	events D				
	9a	Gross income from gaming activities	es.					
		See Part IV, line 19		- · <u>-</u>]			
	b	Less: direct expenses	. b					<u></u>
	С	Net income or (loss) from gaming	activ	uties ⊳				
	10a	Gross sales of inventory, le	99					
	-	returns and allowances			[i			1
	b	Less: cost of goods sold			1 ;			+
		Net income or (loss) from sales of in			1		1	
		Miscellaneous Revenue		Business Code	<u> </u>			
	440				 	-	İ	1
	Ι.				 			
	b			1	 		 	
	C				 			
	4	All other revenue		l	 		<u> </u>	
	, e	Total Add lines 11a-11d		Þ	9562597		<u> </u>	
		HOVEL POMOBILO SOCIENTATIONS		1			i e	i

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				- · ·				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			-					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members			ļ <u>.</u>					
5	Compensation of current officers, directors, trustees, and key employees	49,927.40							
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	850,00							
8	Pension plan contributions (include section 401(k)								
^	and section 403(b) employer contributions)								
9	Other employee benefits	14,028.90		· · · · · · · · · · · · · · · · · · ·					
10	Payroll taxes	17,020,10		 					
11	Fees for services (non-employees):			1					
a	Management			 					
b	Legal								
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17			 					
f	Investment management fees								
g	Other	-1 5 7 1 2 2							
12	Advertising and promotion PRIATING	1,034,50							
13	Office expenses Telephone/web page	3,07/./0		ļ					
14	Information technology of FICE SUPPLIES	653.30							
15	Royalties								
16	Occupancy Rest	1,668.35							
17	In The 10/17 & POSTA-90	1,695.22							
18	Payments of travel or entertainment expenses	5,958,20							
19	Conferences, conventions, and meetings .								
20		/35, 49							
21	Interest Principle Rental, MAINT. and								
22	Depreciation, depletion, and amortization.	1,984.69							
23	Insurance & Repair	3, 516.04							
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below.)	177711			<u>-</u>				
а	Utilities; dues; subs; BK. Clas. FURNITURE-OFFICE	1,777.48		 					
b	TUKNITUKE-OFFICE	1, 2/8.38		 					
C	Panation	9,413.92							
d	MISC.	27,15		 					
е				<u> </u>					
f	All other expenses			 					
25	Total functional expenses. Add lines 1 through 24f	96,960,12		 	-				
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Po	7X 35	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	389.52	1	488.19
	2	Savings and temporary cash investments	C-() 1	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
	3	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
«	9	Prepaid expenses and deferred charges		9	
Ì	10a	Land, buildings, and equipment: cost or 10a			
	_	other basis. Complete Part VI of Schedule D		10c	
		Less: accumulated depreciation		11	
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3:89.52	16	488.17
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	· <u>··</u> ·
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi	_	employees, highest compensated employees, and disqualified]	
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117, check here \rhd \Box and complete lines 27 through 29, and lines 33 and 34.			
쿒	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets	-	28	
2	29	Permanently restricted net assets		29	<u> </u>
or Fund Balances		Organizations that do not follow SFAS 117, check here \triangleright \square and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Æ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net.	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	i	34	

Pai	t XI Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990: 🛣 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
20		2a		X
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		A
	If the organization changed either its oversight process or selection process during the tax year, explain in			İ 1
	Schedule O.			Ì '
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			}
	issued on a consolidated basis, separate basis, or both:]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in] ,
	the Single Audit Act and OMB Circular A-133?	<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ì		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charky 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.

2000 2000

Open to Public Inspection

		renue Service	l	itaen to ronn 353 or ri	onn seo-e	Z. > 389	26051216	NISUUCU			mabacina		
Rama	909 8	nodastnagro en		1 . 1		,			1		don number		
				d ministrie					62	1275			
Pa	rt ()	Reason	for Public Cl	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instruc	ctions.		
The	orga	anızation is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)			
1													
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		• • • • • • • • • • • • • • • • • • • •											
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		_	organization operated for the benefit of a college or university owned or operated by a governmental unit described in tion 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	図	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	_		-			•		m contrib	outions, m	nembershi	p fees, and gr	ross	
	An organization that normally receives: (1) more than 33% % 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% % 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 502(a)(2). (Complete Part III.)												
10		An organiza	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety	. See sec	tion 509	(a)(4).			
11				and operated exclusive									
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2).										tion		
	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												
е	Ш												
persons other than foundation managers and other than one or more publicly supported organizations described in										scribed in sec	:tion		
_		509(a)(1) or section 509(a)(2).											
î		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting											
		•	, check this box									L	
8		_		the organization acce	epted any	giπ or c	ontributio	on from a	any of the)			
		following pe			-146			·			Yes	No.	
				r indirectly controls, e				in persor	is descri	sea in (ii)	11g(j)		
	and (iii) below, the governing body of the supported organization?							11g(ii)					
			•	ember of a person described in (i) above?					11g(ii)				
(h		• •	-	ation about the suppo							134-11		
	Name	of supported	(II) EIN	(III) Type of organization	, 			ou notify	(vi)	s the	(vii) Amount o		
•		anization		(described on lines 1-9	in cal. (1) listed in your the organization in		organization in col.		support				
			above or IRC s		governing	document?	col. (1) of your support?				(I) organized in the U.S.?		
				1	Yes	Мо	Yes	No	Yes	No			
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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.

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OMB No. 1545-0172 Depreciation and Amortization **20**09 (Including Information on Listed Property) Attachment Department of the Treasury Sequence No. 87 See separate instructions. Attach to your tax return. Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number JIMMY Blackwood Midistores, Idc. MINISTER/EVANGE ISM 62-1275392 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. \$250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Ą 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) ß 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c) lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 D Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Port 00 (Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 16 Other depreciation (including ACRS) Part 100 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 18. If you are electing to group any assets placed in service during the tax year into one or more general Section 8 - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only see instructions) SERVICE 19a 3-year property ь 5-year property c 7-year property ิ d 10-year property a 15-year property ₹ 20-year property g 25-year property S/L 25 yrs. n Residential rental 27.5 vrs. MM 9/L property 27.5 yrs. S/L MM : Nonresidential real 39 yrs. MM 5/L property ММ S/L

Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 5/1 b 12-year 12 yrs. S/L c 40-vear 40 yrs. MM PaidW Summary (See instructions) Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2009) Pend V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. 24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No │ 245 If "Yes," is the evidence written? ☐ Yes ☐ No (e) Basis for depreciation Business/ Type of property (list Date placed in Method/ Depreciation Elected section Cost or other basis (business/investment nvestment use vehicles first) service Convention deduction 179 cost percentage use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use SONY SCONNER/CEMP 3/04 100% 1,879.05 S 09,52 9/01 545.00 5 Yrs 077ice FoRd. MISC. FURN. 153.00 51.00 Property used 50% or less in a qualified business use File Cab 100 200,00 200.00 100 188,00 128.00 £/1. − 62.64 % 315.00 OFFICE CARACT ,515.00 1,575,00 100 984.69 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (e) (d) Vehicle 4 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 5 Vehicle 6 during the year (do not include 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal No No Yes No Yes No Yes No use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) (b) (a) (c) (d) Amortization Date amortization Amortization for this year Description of costs Amortizable amount Code section period or begins

Amortization of costs that begins during your 2009 tax year (see instructions):

43 Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f). See the instructions for where to report.

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