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990 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 Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

	_		2009 calendar year, or tax year beginning , 2009, an		, 20			
		Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP couse IRS		lentification number 6214006			
	Н	Address ch	DESTRUCTION OF THE PROPERTY OF	E Telephone n				
	Н	lame chan	- type.	'				
	Н"	nitial return			-893-0150			
	۲Щ	erminated	Instruc- 1112 N NOTHENTONE BEVE	1000.p.0	\$			
		Amended n		H(a) Is this a				
		Application ending	F Name and address of principal officer W ANDREW ADAMS TR	US for affilia	ates? Yes X No			
		·	801 MOORELAND MURFREESBORO TN 37128		ates included?			
	ΙT	ax-exen	npt status: X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	If "No", atta (see instru				
	JW	/ebsite:	>		mption number			
	K F	orm of orga	nization Corporation Trust Association X Other L Year	of formation	M State of legal domicile TN			
	Pa	art I	Summary					
			riefly describe the organization's mission or most significant activities:					
		E	ENEVOLENCE AND CHRISTIAN EDUCATION THROUGH	PROGRAMS T	HAT BENEFIT			
	ည	T	HOSE THAT ARE NEEDY IN THESE AREAS					
	Activities & Governance							
	Š.	2 C	heck this box If the organization discontinued its operations or disposed of more	than 25% of its net	assets			
	ၓ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3			
	රේ ග	[4			
	ţį		otal number of employees (Part V, line 2a)		5			
	ξį		otal number of volunteers (estimate if necessary)		6			
	Ă		otal gross unrelated business revenue from Part VIII, column (C), line 12		7a			
			et unrelated business taxable income from Form 990-T, line 34		7b			
			et difficulted business diagnosi mestre front form 550 1, and 57	Prior Year	Current Year			
		8 C	ontributions and grants (Part VIII, line 1h)	11101 1011	- Carrent rear			
	Revenue		rogram service revenue (Part VIII, line 2g)					
	Je V		, , ,	22694	7. 163213.			
CD	8		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	22094	7. 103213.			
Q		11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22694	7. 163213.			
SCANNED				13800				
Z		13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	13800	0. 165000.			
		14 B	enefits paid to or for members (Part IX, column 👸 line 🕦 🙎 🖇 2010 📗 👸					
	es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-100)					
AUG	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 15 DEN, UT		l			
<u>D</u>	×							
\vdash		Į.	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	53				
ಅ		•	otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	13853				
2		19 R	evenue less expenses Subtract line 18 from line 12	8841				
010	o s			Beginning of Yea				
	sets	20 T	otal assets (Part X, line 16)	266489	9. 2662563.			
	Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)					
			et assets or fund balances. Subtract line 21 from line 20	266489	9. 2662563.			
	Pa	irt II	Signature Block	<u> </u>				
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my k	nowledge			
			and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer has any know	nedge .			
			1200 1/ </td <td></td> <td>- , ,</td>		- , ,			
	Sig	n	Wallam H. Drown		120110			
	Hei	re	Signature of officer	Date	e			
			WILLIAM SLOAN TRUSTEE					
			Type or print name and title					
			Preparer's Date	Check if	Preparer's identifying number (see instructions)			
	Paid		signature Plantia H Shore CPA 07/15/2010	self- employed ▶ 🂢	P00013113			
	•	parer's	Firms name (or yours CLAUDIA H SHERER CPA	EIN ▶	▶ 62-1627621			
	Use	Only	if self-employed), address, and ZIP+4 1907 WINDS MURFREESBORO TN 371		615-896-1030			
	May	the IRS	discuss this return with the preparer shown above? (See instructions)		X Yes No			
			Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)			
		vacy	rior and i appring in traduction rate from ea, see the separate iniciaetrens.					

Pai	it III Stat	ement of Program Service.	Accomplishments			
1		ribe the organization's mission.				
	BENEVO	LENCE & CHRISTIAN	N EDUCATION			
				·		
	Did the same			rahaa mat listad aa		
2			program services during the year wh			٦.
					Yes X	No
	-	scribe these new services on Sche				
3	Did the orga	anization cease conducting, or mak	e significant changes in how it condu	icts any program services?	Yes X	No
	If "Yes," des	scribe these changes on Schedule	O.		_	.
4			or each of the organization's three larg	gest program services by expenses.		
				uired to report the amount of grants an	ıd	
			evenue, if any, for each program serv	-	iu .	
	allocations	o others, the total expenses, and i	evenue, il ally, for each program serv	nce reported.		
				140000		
4a	(Code.) (Expenses \$	including grants of \$	140000.)(Revenue\$		
	INNER	CITY MINISTRIES				
	NASHVI	LLE, TN				
					_	
	-					
4b	(Code.) (Expenses \$	including grants of \$	25000.)(Revenue\$		
40	(Code.) (Expenses \$	including grants of \$	23000.) (Revenue \$,
		MOMILY NUMBERODIZ				
		MOTHY NETWORK				
	MURERE	ESBORO, TN				
	-					
			-			
			· · · · · · · · · · · · · · · · · · ·			
	_					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$		
	`			, (•
					· 	
						
						
4d	Other progra	am services. (Describe in Schedule	e O.)			
	(Expenses \$	•	g grants of \$)(Revenue \$)	
4e		am service expenses >		A received *	'	
<u></u>	, ctar progr	UNDO UNDO IN			Form 990	(2000)
					1 01111 330	(2003)

Form 990 (2009) ADAMS CHRISTIAN TRUST

62-6214006

Page 2

Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			_
	Part II	4		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
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		Х
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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	,		
_	Schedule D, Part VI	i I		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	i		
_	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII.	1		
•	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.			
	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 separate or consolidated invarious statements for the tax year include a roomote 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 a separate, independent audited financial statement for the tax year? If "Yes," complete			
12		12		X
124	Schedule D, Parts XI, XII, and XIII	12		
IZA	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No 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	ı	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14h		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
15		45		Х
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), line 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	.		٠,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.	}	v
	If "Yes," complete Schedule G, Part III	19		<u> X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	!	X

Form 990 (2009) ADAMS CHRISTIAN TRUST 62-6214006 Page 4 Part IV · Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Χ 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," Χ complete Schedule J 23 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 question 25 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Х 24d Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction Χ 25a 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 990EZ? If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 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 Х Was the organization a party to a business transaction with one of the following parties, directly or indirectly 28 (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV Х **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ c 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 owner? If "Yes," complete Schedule L, Part IV Χ 28c 29 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 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Form 990 (2009)

Х

Х

X

36

37

37

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Ŀ	Statements Regarding Other IRS Fillings and Tax Compliance			
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
		! !		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ĺ		
C	gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		L
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ı		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	==		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	:		
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
	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)?	4a		Х
b	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	1		
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	_	
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			!
	gifts were not tax deductible?	6b		X
7	Organizations that mayreceive deductible contributions under section 170(c).	:	,	
а	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		v
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	_7c_		_ X
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
٠	benefit contract? benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7a		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	''	'	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			
	have excess business holdings at any time during the year?	8	_ I	Χ
9	Sponsoring organizations maintaining donor advised funds.		'	
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations.Enter:			
а	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 . 10b			
11				
а	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.)	I	1	
	Section 4947(a)(1) non-exempt charitable trusts s the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent h 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? . . b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? ĹÚ. X a The governing body? 8a Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Χ 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Does the organization have a written whistleblower policy? Х 13 14 Does the organization have a written document retention and destruction policy? Χ . . . 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 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? 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? Section C. Disclosure ► TN 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(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►WILLIAM H SLOA RUTHERFORD MURFREESBO TN 37130 615-893-0150

Part VII 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.
- 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
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's fivecurrent 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.
- 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.
- 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	Posit	on (ch	ieck	all t	hat ap	ply)	Reportable	Reportable	Estimated
	hours per	우들	2	Q	Κe	g 프	F	compensation	compensation	amount of
	week	흑	ŧ	Officer	Key employee	ghe	Former	from	from related	other
		cto	tor	7	mр	st c	Ψ.	the	organizations	compensation
		7 2	<u>a</u>		oye	, a		organization	(W-2/1099-MISC)	from the
		Individual trustee or director	Institutional trustee		ě	pen		(W-2/1099-MISC)		organization
		"	lee			Highest compensated employee			'	and related
						ed			<u></u>	organizations
W ANDREW ADAMS										
TRUSTEE								0	0	0
DOROTHY ADAMS	1									
TRUSTEE								0	0	0
WILLIAM H SLOA								,		
TRUSTEE								0	0	0
RANDALL MATLOC										
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JOE MAYES	_							;		
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No	, (A)	(B) (C)				-1. A	(D)	(F)			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No	name and uue	hours per	-		$\overline{}$			1	compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No		-									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No								_		<u> </u>	-
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No		1									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No		<u> </u>									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No			i								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Yes No											
from the organization Yes No 3 Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than											_
Total number of independent contractors (including but not limited to those listed above) who received more than		ot limited t	o thos	e liste	d ab	ove)	who r	ece	ived more than \$100,	,000 in reportable	compensation
employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than	nom are organization.										Yes No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				-		-		_	· ·		
individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than											. <u>3</u> _ A
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than) If "\	Yes,	" com	olete	Schedule J for such	ì	,
services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than										•••••	4 _ X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than	services rendered to the organization? If "Y					-			-	<u></u>	. 5 X
compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors					-4		l 4 -		100.000 5	
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		mpensaæo	inaep	enaer	it co	ntra	ctors t	natr	eceived more than \$	100,000 of	
NONE Total number of independent contractors (including but not limited to those listed above) who received more than								_			(C)
2 Total number of independent contractors (including but not limited to those listed above) who received more than		s address							Description of s	ervices	Compensation
								<u>.</u>			<u>-</u>
			ıt not l	mited	to th	ose	listed	abo	ve) who received mo	pre than	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Rev 1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all colu	ımns.
--	-------

	All other organizations must complete				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21	165000.	165000.		
2	Grants and other assistance to individuals in			1	
	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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			· · ·	-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	·		-	
	Management				
a	Legal		549.		
b		J- J	242.		
C	Accounting				
d	Lobbying			4 × *	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			· · · · · · · · · · · · · · · · · · ·	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not	1			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	1			
а	,				
b		ļ ————————————————————————————————————			
c					
d				-	
e					
f	All other expenses	-			
25	Total functional expenses.Add lines 1 through 24f	165549.	165549.		
25 26	Joint Costs. Check here Infollowing	100070	100049.	-	_
20	_		ļ		
	SOP 98-2. Complete this line only if the org				
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising solicitation	<u> </u>	JOGGGGGG Book 4		Form 990 (2009)
BCA	Copyright form software only, 2009 Universal Tax Systems, Inc. All no	µಾರ್ (ಆರಿಕ್ Vಆರಿ (JS990\$10 Rev 1		1 UIIII 330 (4003)

Pai	t X	Balance Sheet	<u> </u>									
	•		(A) Beginning of year		(B) End of year							
	1	Cash - non-interest-bearing	41929.	1	6451.							
	2	Savings and temporary cash investments		2								
	3	Pledges and grants receivable, net		3								
	4	Accounts receivable, net	241.	4	241.							
	5	Receivables from current and former officers, directors, trustees, key										
	-	employees, and highest compensated employees. Complete Part II of Sch 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	The second secon	6								
"	7	Notes and loans receivable, net		7								
Assets	8	Inventories for sale or use		8								
As	9	Prepaid expenses and deferred charges		9	- ·							
	10a	Land, buildings, and equipment: cost or other										
	Iva	basis Complete Part VI of Schedule D 10a										
	ь	Less accumulated depreciation 10b	n on western	10c	-							
	11	Investments - publicly traded securities		11								
	12	Investments - other securities. See Part IV, line 11	2622729.	12	2655871.							
	13	Investments - program-related. See Part IV, line 11	2022129.		2033071.							
		· · · · -		13 14	-							
	14	Intangible assets										
	15	Other assets See Part IV, line 11	2664899.	15 16	2662563.							
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2004099.		2002303.							
	17 18	Accounts payable and accrued expenses		17								
		Grants payable		18								
	19	Deferred revenue	··-	19								
	20	Tax-exempt bond liabilities		20								
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21								
Liabilities	22	Payables to current and former officers, directors, trustees, key	8									
ie de		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								
		Organizations that followSFAS 117, check here ▶ ☐ and										
S		complete lines 27 through 29, and lines 33 and 34.										
Ü	27	Unrestricted net assets		27	<u> </u>							
Sale	28	Temporarily restricted net assets		28								
Ā	29	Permanently restricted net assets		29								
Net Assets or Fund Balances		Organizations that do not followSFAS 117, check here										
ō		and complete lines 30 through 34.	· 1		-							
ets	30	Capital stock or trust principal, or current funds	541811.	30	541811.							
155	31	Paid-in or capital surplus, or land, building, or equipment fund	47914.	31	47914.							
et /	32	Retained earnings, endowment, accumulated income, or other funds	2075174.	32	2072838.							
Ž	33	Total net assets or fund balances	2664899.	33	2662563.							
	34	Total liabilities and net assets/fund balances	2664899.	34	2662563.							

Form **990** (2009)

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	1		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both.	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
		Form 9	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

	AL	DAMS	CHRISTI	LAN TRUST						62	-621	4006			
F	art		Reason fo	r Public Charity	Status	(All organization	ns must co	mplete t	his part)	See ins	tructions	3			
Th	e org	anızatı	on is not a priva	ite foundation becau	se it is: (Fo	or lines 1 through 1	1, check c	nly one	box)						
1	\prod	A chui	rch, convention	of churches, or asso	ciation of d	churches described	Insection	170(b)(1)(A)(i).						
2	П		•	section 170(b)(1)(A)					,						
3	Ħ			rative hospital service			ction 170(h)(1)(A)(iii)						
4	Н			rganization operated	_		•		•	/1\/ / \/iii) Enter (he hosn	ıtal'e nar	me	
•	Ш		nd state:	rganization operated	iii wiijuiic	Juon Willia Hospita	i describe	ı ilgectio	11 17 0(10)	(•)(-) (···	, cinci	ale flosp	iwai 3 mai	ne,	
_	П	•		atad for the benefit of	. collogo	or unworsely owns	d or opera	tod by a		antal ur	ut doops	had maa			
5	Ш	_	•	ated for the benefit of	a conege	or university owner	u oi opeia	ieu by a	governin	ieniai ui	iii uescii	Dea met	lion		
_	\Box)(1)(A)(iv). (Com												
6	Н			al government or go											
7	Ш	_	_	ormally receives a s			rom a gov	ernment	al unit or	from the	e genera	I public			
	$\overline{}$			1 70(b)(1)(A)(vi) (Con											
8	Ц	A com	nmunity trust des	scribed in section 17	0(b)(1)(A)(vi). (Complete Part	: II.)								
9	Ш	An org	ganization that n	ormally receives: (1)	more than	n 33 1/3 % of its su	pport from	contribu	itions, m	embersh	np fees,	and gros	ss		
		receip	ts from activities	s related to its exemp	ot functions	s - subject to certain	n exceptio	ns, and (2) no m	ore than	33 1/3 %	6 of its			
		suppo	ort from gross in	vestment income and	d unrelated	business taxable	ıncome (le	ss section	on 511 ta	x) from	business	es			
		acquir	ed by the organ	ization after June 30	, 1975. Se	esection 509(a)(2)	(Complet	e Part III	.)						
10		An org	ganızatıon orgar	nized and operated e	xclusively	to test for public sa	fety. Sees	ection 50	09(a)(4).						
11	X	An org	ganızatıon organ	nized and operated e	xclusively	for the benefit of, to	perform	the funct	ions of, o	or to car	y out the	•			
		purpos	ses of one or m	ore publicly supporte	d organiza	tions described in	secton 50	9(a)(1) c	r section	1 509(a)((2). Se s e	ction			
		509(a)	(3). Check the b	oox that describes the	e type of s	upporting organiza	tion and c	omplete	ines 11e	through	າ 11h.				
		a	Type I	b Type II		L	Functional			d 🛚	,	II - Othe	r		
е		•	•	I certify that the orga			•	, ,			•				
				undation managers a	and other t	nan one or more p	ublicly sup	ported o	rganızatı	ons des	cribed in	section			
)(1) or section 5	, , , ,											
f		If the o	organization rec	eived a written deter	mination fr	om the IRS that it i	s a Type I	, Type II	or Type	III suppo	rting				_
		-	zation, check th												. L
g		Since	August 17, 200	6, has the organization	on accepte	d any gift or contri	bution fron	n any of	the follow	ving per	sons?				
		(i) A	person who dire	ectly or indirectly con	trols, eithe	r alone or together	with perso	ons desc	ribed in ((ii)			,	Yes	No
				e governing body of t		=	-						11g(i)		X
		(ii) A	family member	of a person describe	d in (ı) abo	ve?	-						11g(ii)		X
		. ,		entity of a person de							• • • • • • • • • • • • • • • • • • • •		11g(iii)	L	X
h		Provid	le the following	information about the	supporte	d organization(s).					_				
	(i)	Name o	of supported	(ii) EIN	(iii) Ty	pe of organization	(iv) Is t	he organ-	(v) D	nd you	(vi) l	s the	(vii) A	Amour	nt of
		orga	nızation		(desc	ribed on lines 1-9	ızatıon	ın col	notify	the	organiz	zation in	SU	upport	
					abov	e or IRC section	(i) iste	d in your	organiza	ation in	col	. (i)			
					(se	e instructions))	gove	eming	col (i)	of your	orga	nızed			
							docui	ment?	supp	ort?	ın the	U.S.?			
					ļ. <u>.</u>		Yes	No	Yes	No	Yes	No			
					-			ļ. <u>-</u>							
										}					
					<u> </u>			<u> </u>	-						
	_			 	1			1	ı <u></u>	L	<u> </u>				
Tot	al														

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990.
► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer Identification number ADAMS CHRISTIAN TRUST 62-6214006 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

Schedule D (Form 990) 2009

Rev 1

62-6214006

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	163,213.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	165,549.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(2,336.)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		(2,336.)
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Re	turn
1	Total revenue, gains, and other support per audited financial statements	[1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1
а	Net unrealized gains on investments		*
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d]	2e
3	Subtract line 2e from line 1	····[3
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	i	t t
b	Other (Describe in Part XIV) 4b		; - ₁
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines3 and 4c. (This should equal Form 990, Part I, line 12.)		5
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	-	2e
3	Subtract line 2e from line 1	.	3
4	Amounts included on Form 990, Part IX, line 25, but not on line1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines3 and 4c (This should equal Form 990, Part I, line 18.)		5
Pa	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines X: Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any add		
			· · · · · · · · · · · · · · · · · · ·

SCHEDULE (Form 990)

Internal Revenue Service

Department of the Treasury

▶ Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047 2009

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Open to Publid Inspection

(h) Purpose of grant Employer identification number or assistance Yes 62-6214006 X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more non-cash assistance (g) Description of • Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, other) : : assistance than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 140,000 25,000 grant Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance ıf applicable (c) IRC section (p) EIN Enter total number of other organizations used to award the grants or assistance? ADAMS CHRISTIAN TRUST INNER CITY MINISTR TNM organization or government 37215- TN NETWORK 1 (a) Name and address of 37133-Name of the organization TIMOTHY Part II Part I

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

US990I\$1

Schedule I (Form 990) 2009

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Evennt Organization Return

			OMB No 1545-170	ე9				
Department of the Treasury Internal Revenue Service			File a separate ap	plication for each return.				
If you are filling for an Automatic 3-Month Extension, complete only Part I and check this box								
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unlessyou have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Part I		ic 3-Month Extensi		submit original (no copies n			_	
rarer				, coommon gimen (inc copied in	••••			
A corporation	required to	file Form 990-T and req	uesting an automatic 6-mo	nth extension - check this bo	x and complete Part	t only ▶ 🏻	7	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time								
to file income tax returns.								
			ronically file Form 8868 if	ou want a 3-month automation	c extension of time to	o file one of the returns		
		* * *	•					
noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead.								
•	•	, , •		8. For more details on the ele		•	e.	
		arities & Nonprofits				, go		
Type or		xempt Organization			Emplo	oyer identification numbe		
print		S CHRISTIAN	TRUST			6214006		
File by the due date for	Number, s	treet, and room or suite r	io. If a P.O. box, see instr	uctions				
filing your		N RUTHERFOR						
return See Instructions	City, town	or post office, state, and	ZIP code. For a foreign ac	Idress, see instructions.			_	
		REESBORO TN						
Check type o	f return to	be filed (file a separate	application for each return):			_	
Form 99	720							
Form 99	90-BL		Form 990-T (sec 401(a) or 408(a) trust)	Form 52	227		
Form 99	Form 990-EZ Form 990-T (trust other than above)				Form 60	Form 6069		
Form 990-PF						370		
 The books 	s are in the	care of ▶						
Telephone No. ▶ FAX No. ▶								
 If the organization does not have an office or place of business in the United States, check this box								
	x ▶ ∐, If i	t is for part of the group,	check this box 🕨 📙 an	d attach a list with the names	and EINs of all men	nbers the extension		
will cover.								
1 I request	an automat	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ile Form 990-T) extension of				
	_	, 20	$_$, to file the exempt orga	nization return for the organiz	ration named above	The extension is for the		
· · ·	ion's return							
-	alendar year							
► ∐ ta	x year begir	nning	, 20	, and ending		, 20		
				n n				
2 If this tax	year is for le	ess than 12 months, che	ck reason Initial re	turn Final return	Change in account	ting period		
								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable								
credits. See instructions.						3a \$	_	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include								
any prior year overpayment allowed as a credit.						3b \$		
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD						1-1-		
coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.						3c \$	_	
Caution. If you	u are going	to make an electronic fu	nd withdrawal with this For	m 8868, see Form 8453-EO a	and Form 8879-EO f	for payment instructions		
Car Dalina in A		amunale Dadicasta a A. 4. 4.	attan and Instruction			Form 8868 (Rev 4-200	_	
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.							9)	