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Form **990**

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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		For the	2009 calen	dar year, 🛚	or tax year beginning		, 2009, and e	nding						
	В	Check if a	applicable		С				D Employ	er Identifi	cation Number			
	_	_	ess change	Please use IRS label	CHRIST FOR HUMANI	TY. TNC			73-	14210	83			
		\vdash	•	or print	6314 E. 13TH STRE				E Telepho					
		\vdash	e change	or type. See	TULSA, OK 74112				i '					
		Initia	al return	specific Instruc-	102011, 011 / 1224				918	918-836-2424				
		Тегл	nination	tions.										
		Ame	nded return						G Gross receipts \$ 4,777,860.					
		Appl	lication pending	F Name a	and address of principal officer			H(a) Is th	is a group retur	n for affilia	tes? Yes	X No		
		_		SAME A	AS C ABOVE				Are all affiliates included? Yes No					
	$\overline{}$	Tax-e	exempt statu) 4947	(a)(1) or 527	7	If 'No,' attach a list (see instructions)					
	Ť		site: N/		<u> </u>	<u> </u>	```	 i	ip exemption nu	ımber ►				
	š		of organization	X Corpora	ation Trust Association	Other >	L Year of F				al domicile OK			
	Pa		Summa		ation riust Association	Oulei	L Teal Off	Offination 4.5	<u> </u>	tate of leg	jar domicile O1			
	Га				ganization's mission or mos	t constinant ac	tuutios HIIMANI	TTADTAN	ATD AND	EMAN	CELTCM			
		ı b	orieny descri	be the ort	gariization's mission or mos	i significant ac	uaures TOMAIA	TIVVIVI	VIN VIND	TO AVI	<u> </u>			
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	le l	_ =							050/ -(
	် ဗ				if the organization discontin			or more than	25% OF ITS			۵		
	व्य				ibers of the governing body it voting members of the go					4		3		
	ē.			-	yees (Part V, line 2a)	verning body (rait vi, iiic ib)			5				
2010	Activities & Governance			•	eers (estimate if necessary)	١				6		9 3 5 25		
7	₽				ousiness revenue from Part		C), line 12			7a		0.		
-		b N	Jet unrelated	i husinese	taxable income from Form	990 - Hne 34	W (ED			7b		0.		
0	-		tet diliciated	Dusines	taxable income from Form	RECE	:IVED		Dui V		C			
		• •		•		<u> </u>			Prior Year	107	Current Y			
DEC	e e				its (Part VIII, line 1h)	I VOV 1	2 2010 SSO-SS		4,505,7	91.	4,774	,010.		
	Revenue		-		ue (Part VIII, line 2g)	3 140 A T	L LUIU O		A 7	52.		002		
	ا ۾				art VIII, column (A), lines β,					32.		,892. 150.		
岁	-	11 0	Other revenu	e (Part V	III, column (A), lines 5, 6d, 8						4 777			
Ż					nes 8 through 11 (must equ			<u> </u>	4,511,8	88.	4,777			
SCANNED					ounts paid (Part IX, column						4,140	<u>,187.</u>		
ည			-		members (Part IX, column			ļ						
47	ø	15 S	Salaries, oth	er compei	nsation, employee benefits	(Part IX, colum	ın (A), lines 5-10)	ļ	184,6	67.	172	<u>,503.</u>		
	136	16a P	Professional	fundraisir	ng fees (Part IX, column (A)	, line 11e)								
	Expenses	hТ	otal fundrai	sina exne	nses (Part IX, column (D), I	ıne 25) ►	27,98	35.	٠		v _k	1.4		
	ũ			_	IX, column (A), lines 11a-11		3,974,1			,207.				
					nes 13-17 (must equal Part		4,158,7		4,540					
						-								
	_	19 F	Revenue less	s expense	s Subtract line 18 from line	! 12			353,0			<u>, 963 .</u>		
	or ICO							Beg	inning of Y		End of Ye			
	Net Assets Fund Balan		otal assets						1,727,1		1,964			
	A P	21 T	otal liabilitie	es (Part X	, line 26)					86.		288.		
	žž	22 N	Net assets of	r fund bal	ances. Subtract line 21 from	ı line 20			1,727,1	.12.	1,964	,075.		
	Pa	rt II		ure Blø		····				•	•			
				//	4	eturn including acc	ompanying schedules a	nd statements a	nd to the hest o	of my know	ledge and belief	ıt ıs		
			true correct,	and complete	declare that I have examined this re Declaration of preparer (other than	officer) is based on	all information of which	preparer has a	ny knowledge					
	Sig	ın		11.	Med Kellen									
	He	jii re	Signatur	ot officer					Date .					
			Name	70 L L	Ralling	2	Vice-Presi	· La +	1 Acti	٦)irector			
				rint name an	d title	>	116-1681	cjeni	Incli	<u> </u>	JH ECIM			
			турс от р				Date			Prei	narer's identifying	aumber		
							Date		Check if self-	(see	parer's identifying instructions)	710-11001		
	Pa		Preparer's		secu 40 f		1,1-	. / .	employed P	Ш				
	Pre	:- rer's	signature		ECCA DOZIER		11/2	-110		IP0	1038796			
	Us		Firm's name (or ELL		LLAND, P.								
	On		yours if self- employed),	► 580	O E. SKELLY DRIVE	, SUITE 9	00		EIN ► 2	6-110				
			address, and ZIP + 4	TUL	SA, OK 74135				Phone no	(918		36		
	May	the IR	S discuss th	nis return	with the preparer shown ab	ove? (see insti	ructions)				X Yes	No		
					rwork Reduction Act Notice				TEEA0113	12/29/0	9 Form 99	(2009)		

Form 990 (2009) CHRIST FOR HUMANITY, INC.	73-1421083 Page	<u> 2</u>
Part III Statement of Program Service Accomplishments		_
Briefly describe the organization's mission		
HUMANITARIAN AID AND EVANGELISM		_
		_
		-
2 Did the organization undertake any significant program services during the year	which were not listed on the prior	
Form 990 or 990-EZ?	Yes X No	,
If 'Yes,' describe these new services on Schedule O		
3 Did the organization cease conducting, or make significant changes in how it con	nducts, any program services? $igsqcup {\sf Yes} \begin{tabular}{c c c c c c c c c c c c c c c c c c c $)
If 'Yes,' describe these changes on Schedule O	0 1 501(1)(0)	
4 Describe the exempt purpose achievements for each of the organization's three land 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	argest program services by expenses. Section 501(c)(3) the amount of grants and allocations to others, the total	
expenses, and revenue, if any, for each program service reported	-	
		—
4a (Code (Expenses \$ 4,484,917. including grants of \$) (Revenue \$	_)
CHRIST FOR HUMANITY IS A HUMANITARIAN RELIEF ORGAN		_
CLOTHING AND MEDICAL SUPPLIES TO THE POOR IN THE U		_
SOVIET UNION, MEXICO AND WORLDWIDE. HELD 8 BOARD M SOMETIMES WEEKLY PRAYER MEETINGS DISTRIBUTED MEDIC		_
20WEITHE2 MEEVEL LYNIEW MEETINGS DISTYIDULED MEDIC	INE AND SOFF BIES THROUGHOUT 2009.	_
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4b (Code) (Expenses \$ including grants of \$) (Revenue \$	_)
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4c (Code) (Expenses \$ including grants of \$) (Revenue \$	_)
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		· –
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$) (Revenue \$	
4e Total program service expenses ► 4, 484, 917.		_

73-1421083 CHRIST FOR HUMANITY, Page 3 Form 990 (2009) Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X **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 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, 6 Х Part I 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 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V Х 10 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 11 X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI 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 167 If 'Yes,' complete Schedule D, Part VII 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 167 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete 12 Х Schedule D. Parts XI, XII, and XIII 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 112 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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* Х 14b 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 Х 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 Х 16

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 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 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

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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73-1421083 CHRIST FOR HUMANITY, INC Page 4 Form 990 (2009) Partily Checklist of Required Schedules (continued) Yes No 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 Х 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 Х 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 Х 23 Schedule J 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, and 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 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a 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 25<u>a</u> Х 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 25b Х Schedule L, Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV 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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule MХ 30 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II X 32 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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Page 5

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 1 a 0 1 b 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 gaming X 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 5 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Х 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 X 3 a this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **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 and Financial Accounts 5 a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х 7 e benefit contract? 7 f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10 b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b 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? 122

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12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

1 a

1 b

Yes

No

Section A.

Governing Body and Management

1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent

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.

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? SEE SCHEDULE 0

3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents	4		X
_	since the prior Form 990 was filed?	_		v
5	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	5 6		X
6		-		
/ 8	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
ı	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
í	The governing body?	8a		_X
ı	Each committee with authority to act on behalf of the governing body?	8b		X
	Is there any officer, director or 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	9		х
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code)		Yes	No
10.	a Does the organization have local chapters, branches, or affiliates?	10 a	162	X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00		
	and branches to ensure their operations are consistent with those of the organization?	10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		Х
13	Does the organization have a written whistleblower policy?	13		X
14	·	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?			ا ا
	a The organization's CEO, Executive Director, or top management official	15 a		X
	b Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			:
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
l	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		.]
Sec	ction C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed ► OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request	/aılabl	e for	public
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol	ıcy, ar	nd fina	ancial
	statements available to the public SEE SCHEDULE O	_		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization KASEY CARRADINI 6314 E. 13TH STREET TULSA OK 74112 918-855-7111		. — — .	
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Form 990 (2009)

BAA

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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.
- 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 n		Tale a	illy (onicer	, an		(E)	/F\
(A)	(B) Average	Pos	ition /	•	:)	hat app	h/A	(D)	(E)	(F)
Name and Title	hours per week	or director	Institutional trustee	Officer		Highest compensated employee	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
MARK ROLLINS										
EXECUTIVE DIREC	0	X					ļ	0.	0.	0.
CONNIE HUDSPETH DIRECTOR	- 0	x						0.	0.	0.
JERRY LEDFORD	 	 	 							
BOARD MBR	<u> </u>	Х						0.	0.	0.
BOB HUDSPETH										
EXECUTIVE DIREC	0	X	_					0.	0.	0.
ROBERT ASHINHURST		l							_	
BOARD MBR	0	_ X	-		\vdash	<u> </u>	ļ	0.	0.	0.
BRUCE_RANDALL_	-	,,	1						0.	0
EXECUTIVE DIREC	0	X	├		_	-	\vdash	0.	0.	0.
BRYAN_CHRISMANPRESIDENT	- 0			х				0.	0.	0.
TINA ROLLINS	 		t		-		-			
PRESIDENT	28	ļ	<u> </u>	X	Х			10,500.	0.	0.
CAMILLE WELNITZ						,				
<u>COO</u>	28	 -	├	Х	Х		_	45,403.	0.	0.
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	 	├	-			-	-		-	
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	_									
							\vdash			
	<u></u>	<u> </u>			<u> </u>					F 000 (2000)

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus		\ey	EII			es,	and		(E)	(F)
(A) Name and Title	(B) Average	Posi	tion (-	c) call (hat a	pply)	(D) Reportable	, ,	Estimated
Name and the	hours per week			Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
								····		
	ļ	_								
				_	_	_				
					i					
1 b Total								55,903.	0.	. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	ab.	ove)) wh	o re	ceived more than	\$100,000 in repor	Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tindividual 	<i>ndıvıdua</i> :portable	a/ e coi	mpe	nsa	tion	and	d oth	er compensation	from	3 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens	satio <i>I for</i>	n fre	om a	any erso	unre	elate	ed organization fo	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	ted inde	pen	deni	cor	ntra	ctors	s tha	it received more t	han \$100,000 of	
(A) Name and business addres	ss			-				Description (of Services	(C) Compensation
				-						
		_								
O Table and a decided and a state of the sta		luee	•••	10.41		. 1	ا مط	hava) wha ****	ad mare than	
2 Total number of independent contractors (including \$100,000 in compensation from the organization •		mni	tea	io il	IUS	<i>-</i> 1151	ieu a	above) who receiv	eu more triañ	,.

Pai	t VIII Statement or Revenue	(A)	(B) Related or	(C)	(D) Revenue
		Total revenue	exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
· s	1a Federated campaigns 1a		revenue		012, 010, 01 014
ANT	b Membership dues 1b				1
R O	c Fundraising events 1c				
R A	d Related organizations 1 d				
S,E	e Government grants (contributions) 1e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 4,774,818.				1 department
NO	g Noncash contributes included in line 1a-1f \$ 4,388,776.	4 774 010			
<u>ي</u>	h Total. Add lines 1a-1f Business Code	4,774,818.			
IN CE	Business code				<u> </u>
Ę	2a				
CEI	b				
ER	d				
S E	e				
GR/	f All other program service revenue				
PRO	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts) .	2,892.			2,892.
	4 Income from investment of tax-exempt bond proceeds				ļ
	5 Royalties				ļ
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				!
	c Rental income or (loss)				
	d Net rental income or (loss)				
	/a Gross amount from sales of				
	assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
			_		
핔	8a Gross income from fundraising events (not including \$				
ZEN VEN	of contributions reported on line 1c)				
RE	See Part IV, line 18				1
OTHER REVEN	b Less direct expenses b				
6	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				i !
	b Less direct expenses . b				
	c Net income or (loss) from gaming activities				
!	10 a Gross sales of inventory, less returns and allowances				,
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS INCOME	150.	150.		
	b				
	c			···	
	d All other revenue.	150			
	e Total. Add lines 11a-11d	150.	150		2 222
	12 Total revenue. See instructions	4,777,860.	150.	0.	2,892.

Form 990 (2009) CHRIST FOR HUMANITY,	INC.		73-1421	083 Page 1
Part IX Statement of Functional Expens	es			
		tions must complete a		
All other organizations must comp	lete column (A) but are	not required to comple	ete columns (B), (C), and	(D).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	4,140,187.	4,140,187.		
4 Benefits paid to or for members	.,.,.			
5 Compensation of current officers, directors, trustees, and key employees	55,903.	44,722.	5,591.	5,590
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages	104,341.	83,473.	10,434.	10,434
Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,259.	9,807.	1,226.	1,226
11 Fees for services (non-employees)				
a Management				
b Legal				·
c Accounting	6,218.	4,974.	622.	622
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees				
g Other				
12 Advertising and promotion	438.	350.	44.	44
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,320.	1,856.	232.	232
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				
	22 170	26 626	2 217	2 217

22 Depreciation, depletion, and amortization	33,170.	26,536.	3,317.	3,317.
23 Insurance	11,366.	9,093.	1,137.	1,136.
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)				,
a DONATIONS: CASH	99,437.	99,437.		
b FOOD-PROGRAM EXPENSES	12,818.	12,818.		
c BENEVOLENCE	10,489.	8,391.	1,049.	1,049.
d UTILITIES	8,845.	7,076.	885.	884.
e AUTO EXPENSE	8,776.	7,021.	878.	877.
f All other expenses	34,330.	29,176.	2,580.	2,574.
25 Total functional expenses. Add lines 1 through 24f	4,540,897.	4,484,917.	27,995.	27,985.

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

Form 990 (2009)

Page 11

243,060.

226,817.

27,901.

288

288

Part X Balance Sheet (A) Beginning of year (B) End of year 230,295 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net 1,221,516 8 1,466,585. Inventories for sale or use 9 9 Prepaid expenses and deferred charges 666,639. 10a Land, buildings, and equipment cost or other basis. 10 a Complete Part VI of Schedule D 10b 439,822 247,547 10 c **b** Less accumulated depreciation 27,840 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 1,727,198 16 1,964,363. Total assets Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 86 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 86 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, and equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

1,964,363. Form 990 (2009)

1,964,075.

1,964,075.

31

32

33

34

1,727,112

1,727,112

1,727,198

33

34

	Form 990 (2009)	CHRIST FOR	HUMANITY, I	INC.	73-1421083
-	Part XI Fina	ncial Statemen	ts and Reporti	ing	
					-

		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	_		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c 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?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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			
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		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

BAA

Form 990 (2009)

Page 12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

NAME OF TAXABLE PARTY OF THE PARTY OF TAXABLE PARTY OF TA

2009

2009

Department of the Treasury Internal Revenue Service Name of the organization

Total

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

Open to Public Inspection

Employer identification number

CHR	IS.	r F	OR HUMAN	ITY,	INC.						73-14	121083	3	
Parl	t I	Re	ason for P	ubli	c Charity Statu	s (All organizations	must o	comple	ete this	part.)	See i	nstruct	ions	
The c	rga					ise it is (For lines 1 thro	-		-	-				
1	Ш	A ch	nurch, conver	ition (of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	•			
2	Ц	A so	chool describe	ed in	section 170(b)(1)(AXii). (Attach Schedule I	E)							
3	Ш		•	•	•	e organization described								
4	\Box				ganization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	0(ь)(1)(А	A)(iii). Er	nter the hospital	'S
5	$\overline{}$	nam	ie, city, and s	state	tad for the benefit	of a college or university		or oper	ated by	2 0000	omenta	Lunit de	scribed in section	
_		170	(b)(1)(A)(iv).	(Com	nplete Part II)						mnema	i umit ue	scribed iii sectii	<i>,</i> ,,
6 7	X	In section 170(b)(1)(A)(vi). (Complete Part II.)												
8	\sqsubseteq		•			170(b)(1)(A)(vi). (Comple		-						
9		An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)												
10	Ш			-		exclusively to test for pu		•		٠,	• •			
11														
		а	Туре І		b Type II	c Type II	I – Fund	ctionally	ıntegrat	ted		d 🗌	Type III- Othe	er
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f		If th	e organizatio ck this box	n rec	eived a written det	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,	
g		Sind	ce August 17,	2006	5, has the organiza	ition accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	yes	T No
		(i)	a person wi	ho dir	rectly or indirectly	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)	No No
		(ii)		_		cribed in (i) above?							11 g (ii)	+-
		٠,	•		•	n described in (i) or (ii) a	hove?						11 g (iii)	
h						the supported organization		,					7.8 ()	
) Nam	e of Supported ganization		(ii) EIN	(ii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat (i) lister	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the 5 ?	(vii) Amount of Su	.pport
							Yes	No	Yes	No	Yes	No		
				+										
				\top										

che	edule A (Form 990 or 990-EZ) 200	9 CHRIST F	OR HUMANITY	, INC.		73-142108	
Pai	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
•	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	tl)			
ale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	2,804,319.	4,335,464.	5,058,247.	4,505,797.	4,774,818.	21,478,645.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
	Total. Add lines 1-through 3	2,804,319.	4,335,464.	5,058,247.	4,505,797.	4,774,818.	21,478,645.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).		, ,		,		3,163,286.
6	Public support. Subtract line 5 from line 4						18,315,359.
Sec	tion B. Total Support		<u> </u>			· · · · · · · · · · · · · · · · · · ·	T
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,804,319.	4,335,464.	5,058,247.	4,505,797.	4,774,818.	21,478,645.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	664.	3,155.	3,946.	4,752.	2,892.	15,409.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	16,366.	13.	5,378.	1,339.	150.	23,246.
11	Total support. Add lines 7 through 10						21,517,300.
12	Gross receipts from related activ	vities, etc (see in	structions)	<u> </u>	<u>' </u>	12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c))(3) ► □
	ction C. Computation of Pu	ıblic Support F					
	Public support percentage for 20 Public support percentage from			ne 11, column (f).		14 15	85.1%
16	a 33-1/3 support test – 2009. If the and stop here. The organization	ne organization did n qualifies as a pu	i not check the bo	ox on line 13, an organization	d the line 14 is 33	3-1/3 % or more, o	check this box
	b 33-1/3 support test — 2008. If the and stop here. The organization	ne organization did	d not check a box	on line 13, or 16			
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Par	t IV how
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Par	t IV how the

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

CHRIST FOR HUMANITY, 73-1421083 Schedule A (Form 990 or 990-EZ) 2009 INC Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in)▶ Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage

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

19 a 33-1/3 support tests -	- 2009.	If the organization did	not check the box	on line 14,	and line 15 is	s more than 33-1/3	3%, and line 1	7 is not
more than 33-1/3%,	check	this box and stop he	ere. The organiz	ation qualif	ies as a pul	blicly supported	organization	

b 33-1/3 support tests — 2008. If the organization did not check a	a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18
is not more than 33-1/3%, check this box and stop here. The or	rganization qualifies as a publicly supported organization

17

18

%

%

Schedule A	(Form 990 o	r 990-E	Z) 2009	CHRIST	FOR	HUMANITY,	INC.	7	3-1421083	Page 4
Part IV	Suppleme	ental Ir	nformat	ion. Com	plete	this part to p	provide	. 7 the explanations require other additional informa	ed by Part II, line	10;
	Part II, Iin	e 17a	or 17b;	and Part	'III, In	ne 12. Provid	de any	other additional informa	tion. See instructi	ons.
		· · · · · · · · · · · · · · · · · · ·				*			· · · · · · · · · · · · · · · · · · ·	
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Schedule A (Form 990 or 990-EZ) 2009

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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Name of the organization Employer Identification number

CHE	RIST FOR HUMANITY, INC.			72 1401002
78.	SIAN I			73-1421083
Pai	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other o Form 990, Part IV, line 6	Similar Funds or Acco	ounts Complete if
		(a) Donor advised fun	nds (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year).			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the as to the organization's exclusive le	sets held in donor advised gal control?	Yes No
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private bening the purpose conferring impermissible private bening the privat	the benefit of the donor or donor	that grant funds may be advisor or for any other	Yes No
Pai	t II Conservation Easements Comple	ete if the organization ansv	vered 'Yes' to Form 99	00. Part IV. line 7.
•	Purpose(s) of conservation easements held b			
•	Preservation of land for public use (e.g.,		Preservation of an historica	ally important land area
	Protection of natural habitat		Preservation of certified his	
	Preservation of open space			
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation		a conservation easement on the
				Held at the End of the Year
ä	a Total number of conservation easements		2 a	
ŀ	Total acreage restricted by conservation ease	ments	2 b	
	Number of conservation easements on a certi-		(a) 2c	
•	d Number of conservation easements included	n (c) acquired after 8/17/06	2 d	
3	Number of conservation easements modified, year ▶	transferred, released, extinguish	ed, or terminated by the or	ganization during the tax
4	Number of states where property subject to co	onservation easement is located	-	
5	Does the organization have a written policy re and enforcement of the conservation easeme	nt it holds?		ations, Yes No
6	Staff and volunteer hours devoted to monitoring the year			
	Amount of expenses incurred in monitoring, induring the year ►		\$ _	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revito the organization's financial sta	enue and expense statement, stements that describes the	, and balance sheet, and organization's accounting for
Pai	organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Tr wered 'Yes' to Form 990, F	reasures, or Other Sim Part IV, line 8.	nilar Assets
1 :	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	lic exhibition, education, or resea	evenue statement and bala arch in furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,
ı	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	r SFAS 116, to report in its rever lic exhibition, education, or resea	nue statement and balance arch in furtherance of public	sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	ort, historical treasures, or other s 116 relating to these items	similar assets for financial g	gain, provide the following
i	a Revenues included in Form 990, Part VIII, line	e 1		► \$
1	b Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2009 CHRIS				73-142			Page
Part III Organizations Mainta	ining Collection	s of Art, Histo	<u>rical Treasures, or</u>	Other Similar Ass	sets (cor	ntınu	ed)
3 Using the organization's acquisiti items (check all that apply)	on accession and o	ther records, chec	k any of the following t	hat are a significant us	se of its co	llectio	nc
a Public exhibition		d Loan o	r exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations	_					
4 Provide a description of the orga Part XIV	nization's collection	s and explain how	they further the organ	ization's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive	e donations of art	, historical treasures, of the organization's col	r other sımılar lection?	Yes	Γ	No
Part IV Escrow and Custodia 9, or reported an amo	Arrangements	Complete if oi	ganization answer		90, Part	IV, I	line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or c	ther intermediary	for contributions or oth	er assets not	Yes	Г	No
b If 'Yes,' explain the arrangement					_	_	_
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an a	mount on Form 990), Part X, line 21?	•		Yes		No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if organi	zation answere	d 'Yes' to Form 99	0, Part IV, line 10			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	ır years	back
1 a Beginning of year balance						٠.	• ••
b Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance.			,	, , , , ,		-	
2 Provide the estimated percentage	e of the year end ba	alance held as:					
a Board designated or quasi-endov	vment ►	<u> </u> 8					
b Permanent endowment ►	8						
c Term endowment ►	*						
3a Are there endowment funds not	in the possession of	the organization	that are held and admi	nistered for the			
organization by	·					Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related of					3b		
4 Describe in Part XIV the intended							
Part VI Investments—Land, B							
Description of investment		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bo	ok Va	ilue ———
1a Land .	ļ.		200 155	- * '*\\\ \`\\\	-	1.00	005
b Buildings			396,155.	226,270.		<u>169,</u>	
c Leasehold improvements	<u> </u>		9,349.	917.			432
d Equipment	ļ		161,707.	113,271.		48,	436
e Other			99,428.	99,364.			64
otal. Add lines 1a through 1e (Colum	n (d) must equal Fo	orm 990, Part X, c	olumn (B), line 10(c))	►		226,	817

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Part VII	Investments—Other Securities See	e Form 990, Part X, line 1	2. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial c	derivatives.		
Closely-he	ld equity interests		
Other	·		
			
Total. (Colu	mn (b) must equal Form 990 Part X, col (B) line 12.)		
Part VIII	Investments-Program Related (Se	ee Form 990, Part X, line	13) N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	mn (b) must equal Form 990, Part X, Col (B) line 13)	<u> </u>	- "
Part IX	Other Assets (See Form 990, Part		
	(a) Description	(b) Book value
			····
			
-		· · · · · · · · · · · · · · · · · · ·	
			
Total (Co	olumn (b) must equal Form 990, Part X, col (b	3) line 15)	•
Part X	Other Liabilities (See Form 990, P		
Taltx	(a) Description of Liability	(b) Amount	1
Endoral In	come Taxes	(b) Amount	†
rederariii	come raxes		-{
			1
			1
			†
			1
			1
	· · · · · · · · · · · · · · · · · · ·		1
			1
			1
			1
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25)		1
			financial statements that reports the organization's liability

Schedule D (Form 990) 2009 CHRIST FOR HUMANITY, INC.

73-1421083

Page 3

Sche	dule D (Form 990) 2009 CHRIST FOR HUMANITY, INC.	73-142	21083	Page 4
Par			N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12) .	,		
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses .			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8		•	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
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	a		
a	Net unrealized gains on investments			
t	Donated services and use of facilities			
c	Recoveries of prior year grants . 2c			
	Other (Describe in Part XIV)			
	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 line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	\neg		
	Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
	Donated services and use of facilities	į		
Ŀ	Prior year adjustments 2b			
	Other losses 2c			
c	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2 e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
á	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	: Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	t XIV Supplemental Information			
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines part to p	1b and 2b, P provide any ac	art V, Iditional

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 CHRIST FOR HUMANITY, INC. RartXIVE Supplemental Information (continued)	73-1421083	Page 5
RartXIVE Supplemental Information (continued)		
	·	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545 0047 2009

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.
 See separate instructions.

Open to Public

Inspection

Internal Revenue Service
Name of the organization

CHRIST FOR HUMANITY TNC Employer identification number

CHI	RIST FOR HUMANITY,				73-14210	
Pai	to Form 990, Part	on on Activiti IV, line 14b.	es Outside th	e United States. Complet	e if the organizatio	n answered 'Yes'
1	For grantmakers. Does the grantees' eligibility for the	organization mai grants or assistan	intain records to sice, and the selec	substantiate the amount of the tion criteria used to award the	grants or assistance, the grants or assistance?	ne X Yes No
2	For grantmakers. Describe	ın Part IV the orç	ganization's proce	edures for monitoring the use o	of grant funds outside th	e United States
3	Activities per Region (Use	Schedule F-1 (Fo	orm 990) if addition	nal space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
			-			
-						
	-					
	7					
Γota	uls ►	0	0			0.

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Schedule F (Form 990) (2009)

73-1421083

Page 2

Schedule F (Form 990) 2009 CHRIST FOR HUMANITY, INC.

(f) Methodof valuation (book, FMV, appraisal, other) FAIR MARKET VALUE Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance SUPPLIES MEDICAL Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 4,140,187. (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant SEE ATTACHED (c) Region SCHEDULE (b) IRS code section and EIN (if applicable) (a) Name of organization

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Gifts from Christ for Humanity to other Ministries

International — CFH Year In Review — 2009

Name/Organization	Destination	Destination Type of Aid	Est Value	Name/Organization	Destination	Type of Aid	Est Value
Christian Hands in Action	Chihuahua	Medicine	\$ 44,352	United Aviation	Мехісо	Medicine	\$ 22
Grace Gospel Missions	Sonora	Medicine, Med Eqpt	\$ 5,500	Unted Indian Missions	Guadalayaha	Pastoral Support	\$ 3,000
Hands of Luke	Мехісо	Medicine	\$ 1,394,387	New Tribes Mission	Cavorishi	Church Building Materials	\$ 10,000
New Tribes Mission	Sierra Madre	Medicine	\$ 1,022	New Tribes Mission	Мехісо	Dental/financial	\$ 1,200
Total Estimated Value of Donations to Mexico - 8 Ministries	nations to Mexic	co - 8 Ministries				[\$	\$1,459,483
CFH Shared Emmanuel, Kiev	Ukrane	Childrens clothes, baby bouncers	\$ 86,880	CFH Shared Simferopol Baptist Church Ukraine	Ukraine	Tricycles, wheelchairs, special needs	\$ 85,120

\$ 85,120 \$ 85,150

Used clothing & shoes

Ukrame

Simferepol Baptist Church

\$ 85,050

Special needs, wheelchairs, eqpt.

Ukrame

CFH Shared Donetsk Christian Univ

Bless the Children Ministnes Uganda Med Eqpt \$ 1,500 New Life Fellowship International The Gambia Christian School Land Purchase Bless the Children Ministnes Africa Medicine \$ 3,000 New Life Fellowship International Ghana Med Eqpt \$ 1,70,000 E3 Partners Sudan Well Project Sudan Well Project Total Estimated Value of Donations to Africa - 10 Ministries Sudan Uganda Church Building Project Total Estimated Value of Donations to Africa - 10 Ministries				,				54,45
Africa Home Items \$ 520 New Life Fellowship International The Gambia Uganda Med Eqpt \$ 1,500 New Life Fellowship International The Gambia Africa Med Eqpt \$ 3,000 New Life Fellowship International The Gambia Ghana Med Eqpt \$ 170,000 E3 Partners The Gambia Financial Aid, Pastoral Support \$ 10,623 Pearl Haven Uganda Of Donations to Africa - 10 Ministries								
Uganda Med Eqpt \$ 1,500 New Life Fellowshup International The Gambia Africa Med Eqpt \$ 3,000 New Life Fellowshup International The Gambia Ghana Med Eqpt \$ 170,000 E3 Partners Sudan The Gambia Financial Aid, Pastoral Support \$ 10,623 Pearl Haven Uganda Of Donations to Africa 10 Ministries	Baloyı, Rev Clifford	Africa	Home Items	\$ 520	New Life Fellowship International	The Gambia	Christian School Land Purchase	\$ 20,000
Africa Medicine \$3,000 New Life Fellowshup international The Gambua Chana Med Eqpt \$170,000 E3 Partners Sudan The Gambia Financial Aid, Pastoral Support \$10,623 Pearl Haven Uganda of Donations to Africa - 10 Ministries	Bless the Children Ministries	Uganda	Med Eqpt	\$ 1,500	New Life Fellowship International	The Gambia	Outreach Projects	\$ 8,149
Chana Med Eqpt \$ 170,000 E3 Partners Sudan The Gambia Financial Aid, Pastoral Support \$ 10,623 Pearl Haven Uganda of Donations to Africa 10 Ministries	Charles Trombley Munistries	Africa	Medicine	\$ 3,000	New Life Fellowship International	The Gambia	Safety Mobilization	\$ 1,426
The Gambia Financial Aid, Pastoral Support \$ 10,623 Pearl Haven Uganda of Donations to Africa - 10 Ministries	Manna Missions	Ghana	Med Eqpt	\$ 170,000	E3 Partners	Sudan	Well Project	\$ 9,000
Total Estimated Value of Donations to Africa - 10 Ministries	New Life Fellowship International	The Gambia		\$ 10,623	Pearl Haven	Uganda	Church Building Project	\$ 2,000
	Total Estimated Value of I	onations to Africa	a · 10 Ministries	-				\$226.218

Budge the Gan Refuse Int			3 12,000	Moons, George	Guatemala	Medicine	\$ 881,537
	Iraq, Kosova	Medicine, Med Eqpt	\$ 6,821	Oromo Project/Arr Hgts Baptast Ch	Ethiopia	Medicine	\$ 1,012
Cam International	Guatemala	Medicine Home Items	\$ 11,060	Real Impact Missions	San Pedro Sula	Medicine	\$ 48,334
Conerstone Muustnes	Honduras	Med Eqpt	\$ 200	Service International	Kosova	Medicine	\$ 3,000
Cornerstone Missions, Int'l	Honduras	Med Eqpt	\$ 2,470	World Ministnes	India	Water Filters & Nets	\$ 5,000
Costa Rica Cystic Fibrosis	Costa Rica	Medicine	\$ 1,500	World Ministries	India	Tentinaking Project	\$3,000
First Baptist Church Broken Arrow	Bihor	Med Eqpt	\$ 2,793	Name Withheld	China	2.000 Ryre Basic Christianity	000'a 7
First Baptist Church Sapulpa	Nicaragua	Medicine	\$ 1,000	Name Withheld	China	Evangelism	\$ 10,000
Kids Against Hunger	Haiti	Medicine	\$ 5,356				20,01
rust Bapust Church Broken Arrow First Bapust Church Sapulpa Kuds Agamst Hunger	Binor Nicaragua Haiti	Medicine Medicine Medicine	\$ 2,793 \$ 1,000 \$ 5,356	Name Withheld Name Withheld	China China		2,000 Ryre Basic Christianity Evangelism

Benefits
of Foreign
Value
Estimated
Fotal

\$4,140,187

\$3,033,284

TOTAL 2009 CFH WORLDWIDE BENEFITS

Part II Schedule

Page 3

73-1421083

CHRIST FOR HUMANITY, INC.

Schedule F (Form 990) 2009

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F	(Form 990) 2009	CHRIST FO	R HUMANITY,	INC.		73-1421083	Page 4
Partil	Supplemental	Information	,				
1 41 631,44	Complete this par	t to provide the	information requi	red in Part I. line	2, and any additional	information	
	Complete this par	t to provide the	mornia de la regali	Too HTT GIVEN, HING	z, and any additional		
			- -				
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Schedule F (Form 990) 2009

SCHEDULE M (Form, 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047 2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> 7 8

9 10

16 17

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21

22

23

24

25

26 27

28

Taxidermy

Other ►

Other ►

Other ►

Historical artifacts

Scientific specimens

Archeological artifacts

CHRIST FOR HUMANITY,

Employer identification number

73-1421083

Part I Types of Property (c) (d) (a) (b) Method of determining Check if Number of Revenues reported on Form 990, applicable Contributions revenues Part VIII, line 1g Art-Works of art Art-Historical treasures Art-Fractional interests Books and publications. Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities-Publicly traded Securities-Closely held stock Securities-Partnership, LLC, or trust interests Securities-Miscellaneous Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other Real estate-Residential Real estate—Commercial Real estate-Other 18 Collectibles Food inventory 2,941,825. SELLING PRICE Х 12

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempurposes for the entire holding period?
 - b If 'Yes,' describe the arrangement in Part II
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - b If 'Yes,' describe in Part II

Drugs and medical supplies

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

		,
pt	30 a	 X
	31	X
	32 a	Х
		E
-		

Yes

No

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Schedule M (Form 990) 2009

Schedule	M (Form 990) 20	09 CHRIST	FOR	HUMANIT	Y, IN	NC.		73-142108	3 Page 2
Rartill	Supplementa and 33. Also	I Information	on. Co ns par	mplete thit for any a	s part idditioi	to provide nal informa	the information i tion.	required by Part I, lin	es 30b, 32b,
					- -				
	· 								
	. _								
	~								
						-			
									
	,							 	

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Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

CHRIST FOR HUMANITY, INC.	73-1421083
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECT
MARK AND TINA ROLLINS	·
HUSBAND AND WIFE.	
BOB AND CONNIE HUDSPETH	
HUSBAND AND WIFE	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
WHEN REQUESTED FOR ABOVE ITEMS THEN MAIL TO INDIVIDUAL OR ORGAN	NIZATION

Schedule 0 (Form 990) 2009		Page 2
Schedule 0 (Form 990) 2009 Name of the organization	Employer identification number	
CHRIST FOR HUMANITY, INC.	73-1421083	
CIRTST FOR HOPANTIT, THE.	170 = 1==000	

12/31/09	2	009 F	EDER,	\ 	300K	(DEP	2009 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				_	PAGE 1
				Ċ	HRIST F	OR HU	CHRIST FOR HUMANITY, INC.	INC.							73-1421083
NOLIGIBOSSICI	DATE	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	当	RATE	, CURRENT DEPR.
4 990/990-P															
AUTO / TRANSPORT EQUIPMENT															
1 2000 ISUZU TRUCK	00//0/9		29,256							29,256	16,236	200DB	က		0
43 BUS	10/24/06	•	58,117	,						58,117	24,699	S/L MQ	2	20000	11,623
TOTAL AUTO / TRANSPORT EQUIP			87,373		0	0	0	0	0	87,373	40,935				11,623
BUILDINGS															
2 BUILDING	10/18/96		350,000							350,000	190,895	SVL	22		15,909
3 CONCRETE WORK	10/12/98		21,029							21,029	9,759	S/L	22		956
4 FURNACE	12/02/98		6,375							6,375	2,912	S/L	22		230
5 R00F	12/19/00		926'9							956'9	2,541	S/L	22		316
6 R00F	1/25/01		2,000							2,000	1,019	S/L	93		128
7 ROOF	2/07/01	•	6,795	•					ĺ	6,795	1,371	S/L MM	33	.02564	174
TOTAL BUILDINGS			396,155		0	0	0	0	0	396,155	208,497				17,773
FURNITURE AND FIXTURES															
8 SHEVLING	6/01/93		1,355							1,355	1,291	200DB	9		0
9 WOODCRAFT FURNITURE	11/04/95		240							240	240	S/L	4		0
10 FURNITURE/FIXTURES	10/18/96		88,470							88,470	88,470	200DB	4		0
11 CHAIR-REALX THE BACK STOR	10/11/99		523							523	523	200DB	4		0
12 CARPETING	10/13/00	·	8,840	,						8,840	8,840	20008	4		0
TOTAL FURNITURE AND FIXTURE			99,428		0	0	0	0	0	99,428	99,364				0
						;								ļ	

12/31/09	2009	2009 FEDERAL	BOO	(DEP	AL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PA	PAGE 2
		·	CHRIST	FOR HU	CHRIST FOR HUMANITY, INC.	INC.						73-1	73-1421083
NO. DESCRIPTION	DATE DATE SOLD	COST/ BUS	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD LIFE RATE	역 범 기	ļ	CURRENT DEPR.
IMPROVEMENTS													
44 BUILDING IMPROVEMENTS	10/03/06	5,200						5,200	553	S/L MQ	92	.05000	260
49 GARAGE DOOR	5/07/09	4,149						4,149		S/L HY	70	02500	104
TOTAL IMPROVEMENTS		9,349	0	0	0	0	0	9,349	553				364
MACHINERY AND EQUIPMENT													
13 GENERATOR	6/01/92	1,200						1,200	1,136	200DB	9		0
14 DENTAL AIR COMPRESSOR	6/01/92	1,352						1,352	1,280	200DB	9		0
15 DUPLICATION EQUIPMENT	6/01/92	029						0/9	634	200DB	9		0
16 COMPUTER EQUIPMENT	3/30/94	1,199						1,199	1,199	S/L HY	က		0
17 COMPUTER EQUIPMENT	4/05/94	2,100						2,100	2,100	S/L HY	m		0
18 COMPUTER-DELL	11/13/97	2,892						2,892	2,892	200DB	m		0
19 ZEROX MACHINE	8/53/97	1,200						1,200	1,200	200DB	ო		0
20 EQUIPMENT	10/18/96	200						200	200	200DB	₹		0
21 FORKLIFT	9/16/97	14,865						14,865	14,865	200DB	4		0
22 COMPUTER	12/07/98	006						900	900	20008	က		0
23 SECURITY SYSTEM	3/17/98	1,142						1,142	1,142	200DB	4		0
24 CAMERA	3/19/99	863						863	863	200DB	4		0
25 COMPUTER	3/23/99	1,588						1,588	1,588	200DB	က		0
26 TELEPHONE	5/28/99	539						536	539	200DB	က		0
27 DIGITAL CAMERA	12/21/00	839						836	839	20008	4		0
28 PHONE SYSTEM	2/08/01	1,800						1,800	1,601	200DB	7		0
29 PHONE SYSTEM	2/20/01	1,681						1,681	1,498	20008	7		0
30 PHOTOCOPY & PRINTER	2/25/01	810						810	810	200DB	2		0
31 COMPUTER	1/06/01	196						196	961	200DB	5		0
							l						

12/31/09	2	1 600.	2009 FEDER	AL B	00K	(DEPI	RECIA	TION	SCHI	AL BOOK DEPRECIATION SCHEDULE				PA	PAGE 3
				<u>ე</u>	IRIST F	OR HUI	CHRIST FOR HUMANITY, INC.	INC.	:					73-14	73-1421083
NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS. PCL. E	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /Basis Reduct	DEPR. BASIS	PRIOR DEPR.	METHOD_LIFE_RATE	LIFE RA	!	CURRENT DEPR.
COMPUTER	11/06/01		1,200							1,200	1,200	200DB	5		0
	6/06/02		3,000							3,000	2,659	200DB	7		41
34 EQUIPMENT	12/17/03		750	_						750	695	200DB	5		0
35 COMPUTERS	4/15/03		2,925							2,925	2,925	200DB	က		0
36 CAMERA	10/22/03		1,562							1,562	1,434	200DB	2		0
37 COMPUTERS	8/03/04		5,846							5,846	5,261	S/L HY	5 .1(.10000	285
38 LAPTOP COMPUTER	8/03/04		1,160	_						1,160	1,044	S/L HY	2	10000	116
39 SOFTWARE	8/05/04		1,907							1,907	1,907	S/L HY	က		0
40 NETWORKING SOFTWARE	8/05/04		349	_						349	349	S/L HY	က		0
41 PRINTER	12/14/04		309	_						309	279	S/L HY	5 .1	.10000	30
42 COMPUTER COMP USA	8/01/05		1,425							1,425	866	S/L HY	5 2	.20000	282
45 40' CONTAINER-3	1/01/07		4,500							4,500	1,350	S/L HY	5 .2	.2000	006
46 COMPUTER COMP USA-TINA	7/01/07		2,080							2,080	624	S/L HY	5 .2	.2000	416
47 SECURITY SYSTEM	4/01/08		2,109							2,109	211	S/L HY	5 2	20000	422
48 FORKLIFT #2	. 60/90/8		7,500	_						7,500		S/L HY	7 0	07140	536
50 COMPUTER	3/17/09		791			j				791		S/L HY	5 .1	.10000	79
TOTAL MACHINERY AND EQUIPME			74,334		0	0	0	0	0	74,334	57,303				3,410
TOTAL DEPRECIATION			666,639				0			966,639	406,652				33,170
GRAND TOTAL DEPRECIATION			666,639	II		0	0	0	0	966,639	406,652				33,170

1 1

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CHRIST FOR HUMANITY, INC.

73-1421083

PART II.	LINE 10 -	OTHER	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
INCIDENTIAL RENTAL	150	1 220	F 270	1.2	16,366.
MISCELLANEOUS INCOME	<u> 150.</u>	1,339.	<u>5,3/8.</u>	13.	
TOTAL	\$ 150.	\$ 1,339.	\$ 5,378.	\$ 13.	\$ 16,366.

Form 8868	(Rev 4-2009)		Page 2	
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Par	rt II and check this box	► X	
Note. Only	complete Part II if you have already been granted an automatic 3-month extensio	on on a previously filed For	m 8868	
•	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		_	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	the original (no copie:	s needed).	
	Name of Exempt Organization		tification number	
Tuna or				
Type or print	CHRIST FOR HUMANITY, INC.	73-1421083		
•	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only		
File by the extended	ELLIOTT, DOZIER & HELLAND, P.C.			
due date for filing the	5800 E. SKELLY DRIVE, SUITE 900			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		•	
	TULSA, OK 74135			
Check type	e of return to be filed (File a separate application for each return)			
X Form 9		Form 1041-A	Form 6069	
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870	
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227		
STOP! Do i	not complete Part II if you were not already granted an automatic 3-month extens	sion on a previously filed F	orm 8868.	
The boo	oks are in care of KASEY CARRADINI			
	one No ► 918-855-7111 FAX No ►			
• If the o	rganization does not have an office or place of business in the United States, che	ck this box	▶ [
If this is	s for a Group Return, enter the organization's four digit Group Exemption Number	(GEN)	If this is for the	
whole grou	ip, check this box ► ☐ If it is for part of the group, check this box ► ☐ and	attach a list with the name	s and EINs of all	
members tl	he extension is for.			
4 I requ	uest an additional 3-month extension of time until 11/15 , 20 10			
5 For ca	alendar year 2009, or other tax year beginning, 20	, and ending	, 20	
6 If this	s tax year is for less than 12 months, check reason Initial return Fir	nal return 🔲 Change	in accounting period	
	in detail why you need the extension TAXPAYER RESPECTFULLY RE			
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AND AC	CURATE TAX RETUR	1	
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative efundable credits. See instructions.	tax, less any	\$	
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credit	ts and estimated tax		
payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868			\$	
c Balar with f	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syst	required, deposit tem) See instrs 8c	\$	
	Signature and Verification			
Under penaltie correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and complete, and that I am authorized to prepare this form		, .	
Signature >	1 Resecu Do Title CPA	C Date ► 8/13/10		
BAA	FIFZ0502L 03/11/09		Form 8868 (Rev 4-2009)	

NTERNAL REVENUE SERVICE W&I-FIELD ASSISTANCE TULSA OK 74128 AUG 1 5 2010

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