See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
MISSIONS IN HAITI, INC

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
P.O. BOX 2996

City or town, state or country, and ZIP + 4
CLAREMORE, OK 74018

D Employer identification number
73-1594533

E Telephone number
918-341-8911

F Group Exemption Number ▶ N/A

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method: ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 279405

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	279405
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	279405
Expenses	10	Grants and similar amounts paid (attach schedule) STATEMENT # 1	10	139863
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20152
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	15235
	15	Printing, publications, postage, and shipping	15	30416
	16	Other expenses (describe ▶ STATEMENT # 2)	16	48451
	17	**Total expenses.** Add lines 10 through 16 ▶	17	257157
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22248
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	521390
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	543638

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

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	23645	22	38218
23	Land and buildings	497745	23	505420
24	Other assets (describe ▶)		24	
25	**Total assets**	521390	25	543638
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	521390	27	543638

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT # 1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 SEE STATEMENT # 1

(Grants $) If this amount includes foreign grants, check here ▷ ☐ 28a 139863

29

(Grants $) If this amount includes foreign grants, check here ▷ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▷ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 139863

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID LLOYD 10124 E. 470 ROAD, CLAREMORE, OK 74017	BOARD MEMBER / 40	14400	0	8792
ALICIA LLOYD 10124 E. 470 ROAD, CLAREMORE, OK 74017	BOARD MEMBER / 40	0	0	0
WANDA MCCRATE 10124 E. 470 ROAD, CLAREMORE, OK 74017	BOARD MEMBER / 20	0	0	0
DOUG PEPER RT 2 BOX 354-1, CHELSAE, OK 74016	BOARD MEMBER / 1	0	0	0
RANDY PERRY P.O. BOX 157, AMBER, OK 73004	BOARD MEMBER / 1	0	0	0
DARRELL MEADOW P.O. BOX 102, CLAREMORE, OK 74018	BOARD MEMBER / 1	0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	37b		✓
b	Did the organization file **Form 1120-POL** for this year?	38a		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▷ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▷ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ OKLAHOMA

42a The organization's books are in care of ▶ WANDA MCCRATE Telephone no. ▶ 918-341-8911

Located at ▶ 10124 E. 470 ROAD, CLAREMORE, OK ZIP + 4 ▶ 74017

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▷ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

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

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

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 . . . . ▶ NONE

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Wanda McCrate — Signature of officer — Date 5/13/2010

▶ Wanda McCrate - Secretary — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
James P. Seifried	5/12/10		P00440550

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no ▶
WATERS & SEIFRIED, P.C. 115 N CHEROKEE, CLAREMORE, OK, 74017	73-1366389	918-341-5424

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▷ **Attach to Form 990 or Form 990-EZ.** ▷ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
MISSIONS IN HAITI, INC	73 : 1594533

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

Part III **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▷	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any "unusual grants ")	203677	274339	321866	322470	279405	1401757
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	203677	274339	321866	322470	279405	1401757
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)						326106
6 **Public support.** Subtract line 5 from line 4.						1075651

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	203677	274339	321866	322470	279405	1401757
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						1401757

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▷ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	76.74 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	76.85 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▷ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▷ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▷ ☐

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 ▷ ☐

MISSIONS IN HAITI, INC
EIN: 73-1594533
FORM 990EZ

FYE 12/31/2009

PART I: LINE 10 - Grants and similar amounts paid; and

PART III: LINE 28 - Statement of Program Service Accomplishments

Missions in Haiti, Inc provides help to underprivileged children and their families through various efforts.

Provided housing for 58 orphans.

Provided clothing, food, medical care, and support services to 1050 families.

Provided school supplies and school uniforms to 750 children.

Program Service Expenditures:

Housing and dorm expense	35,110
Food and nutrition programs	32,869
School supplies	36,541
Clothing and medical supplies	35,343
	139,863

MISSIONS IN HAITI, INC
EIN: 73-1594533
FORM 990EZ

FYE 12/31/2009

PART I: LINE 16 - Other Expenses

Bank Charges	53
Travel Expense	9,342
Reimbursed Mileage	788
Depreciation Expense	38,268
	48,451

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See Separate Instructions ▶ Attach this form to your return

OMB No 1545-0172

2009

Attachments Sequence No **67**

Name(s) shown on return: MISSIONS IN HAITI

Business or activity to which this form relates:

Identifying number:

Part I Election to Expense Certain Property Under Section 179

Note: *If you have any "listed property", complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	14,942
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the smaller of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	0
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	0
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13		

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009		17	35,957
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐			

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only--see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property			3 yrs.	HY		
b	5-year property			5 yrs.	HY		
c	7-year property		13,642	7 yrs.	HY	200DB	1,949
d	10-year property		1,300	10 yrs.	HY	200DB	130
e	15-year property			15 yrs.	HY		
f	20-year property			20 yrs.	HY		
g	25-year property			25 yrs	HY	S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property	09/01/09	31,000	39 yrs	MM	S/L	232
				39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed Property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S Corporations--see instructions	22	38,268
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note. *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes [X] No 24b If "Yes," is the evidence written? Yes [X] No

(a) Type of property (list vehicles first)	(b) Date place in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property use more than 50% in a qualified business use								
2003 HAUNDI	10/15/03	100 %	10,300	10,300	5 yrs	200DB		
		%						
		%						
27 Property use 50% or less in a qualified business use								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27 Enter the total here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter the total here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total bus /investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (non-commuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

		Yes	No
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total Add amounts in column (f) See the instructions for where to report				44	

Form 4562 - Depreciation and Amortization
Election Not to Claim Additional Depreciation for Specific Classes

Name as shown on return: MISSIONS IN HAITI

Taxpayer's ID#:

Year: 2009

Taxpayer makes the following elections pertaining to additional first year depreciation:

Classes	Assets Acquired in 2008/2009
	Elect Out
7 year class	YES
10 year class	YES
	YES

ASSET DEPRECIATION SHORT REPORT
MISSIONS IN HAITI Dec. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL Std Conv Applied

Range BUILDINGS - VEHICLES
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: BUILDINGS - BUILDINGS								
08/01/03	POLE BARN	MACRS/22 00	4,500 00	0 00	4,500 00	1,099 45	204 55	1,304 00
08/30/05	WALL & GATE	MA200/10 00	24,000 00	0 00	24,000 00	12,940 80	2,211 84	15,152 64
06/31/06	BUILDING FOR ORPHANGE/CHURCH	MACRS/39 00	139,803 40	0.00	139,803 40	8 513 66	3,584 70	12,098 36
06/30/07	BUILDING - HOUSE OF COMPASSION	MACRS/39 00	162,702 00	0.00	162,702 00	6,431 60	4,171 85	10,603 45
01/01/08	BUILDING COSTS	MACRS/39 00	70,450 00	0 00	70,450 00	1,731 14	1,806 41	3,537 55
02/01/00 A	BUILDING ADDITIONS	MACRS/39 00	31,000 00	0 00	31,000 00	0 00	231 84	231 84
09/25/09 A	BUILDINGS - CHICKEN HOUSE	MA200/10 00	1,300 00	0 00	1,300 00	0.00	130 00	130 00
Grand totals	BUILDINGS - BUILDINGS (7 assets)		433,755 40	0 00	433,755 40	30,716 65	12,341 19	43,057 84
ASSET A/C#: EQUIPMENT - EQUIPMENT								
08/15/03	INVERTER	M*200/ 7 00	1,600 00	0 00	1,600 00	1,385 81	142 79	1,528 60
08/31/03	GENERATOR	M*200/ 7 00	4,000 00	0 00	4,000 00	3,464.51	356 99	3,821 50
06/30/05	GENERATOR	MA200/ 7 00	700 00	0.00	700 00	481 34	62 47	543 81
06/30/06	COMPUTER	MA200/ 5 00	748.00	0 00	748.00	532.58	86 17	618 75
06/30/06	LAPTOP COMPUTER	MA200/ 5 00	2,052 00	0 00	2,052 00	1,461 02	236 39	1,697 41
01/05/07	SMALL GENERATOR	MA200/ 5 00	1,084 95	0 00	1,084 95	564 17	208 31	772 48
07/31/07	GENERATOR	MA200/ 5.00	11,500 00	0 00	11,500 00	5,980 00	2,208 00	8,188 00
02/01/08	550 GALLON DIESEL TANK FOR	MA200/ 7 00	1,000 00	0 00	1,000 00	142 86	244 90	387 76
07/01/08	WEEDEATER & 4 WHEELER	MA200/ 7 00	1,846 00	0 00	1,846 00	263 71	452 08	715.79
07/01/08	7 LARGE FISH TANKS	MA200/ 7 00	8,000 00	0 00	8,000.00	1,142 86	1,959 18	3,102 04
07/01/08	SOUND SYSTEM	MA200/ 7.00	3,800 00	0 00	3,800 00	542 86	930 61	1,473 47
07/01/08	GAS GENERATOR	MA200/ 7.00	650.00	0 00	650 00	92 86	159 18	252 04
08/01/08	GARDEN TILLER	MA200/ 7 00	450 00	0.00	450 00	64 29	110 20	174 49
08/09/09 A	INVERTER BATTERIES	MA200/ 7 00	2,000 00	0.00	2,000.00	0 00	285.71	285 71
08/11/09 A	20KW ISUZU GENERATOR	MA200/ 7.00	7,442 00	0 00	7,442 00	0 00	1,063 14	1,063.14
Grand totals	EQUIPMENT - EQUIPMENT (15 assets)		46,872 95	0.00	46,872 95	16,118 87	8,508 12	24,624 99
ASSET A/C#: FURNITURE - FURNITURE & FIXTURES								
06/30/05	PULPIT, BLACKBOARD, BENCHES	MA200/ 7 00	1,300.00	0.00	1,300 00	893 92	116 02	1,009 94
07/30/05	BENCHES, DESKS, BLACKBOARD	MA200/ 7 00	1,000 00	0 00	1,000.00	687 64	89 25	776.89
11/28/06	36 BUNK BEDS	MA200/ 5 00	3,366 00	0.00	3,366 00	2,396 59	387 76	2,784 35
09/15/07	20 BENCHES & TABLES	MA200/ 7 00	1,200 00	0 00	1,200 00	465 31	209 91	675 22
09/01/08	64 SCHOOL BENCHES	MA200/ 7.00	3,840 00	0 00	3,840 00	548 57	940 41	1,488 98
09/01/08	STRAW TABLES & CHAIRS	MA200/ 7 00	1,200 00	0 00	1,200 00	171 43	293 88	465 31
12/01/08	CHURCH PEWS	MA200/ 7.00	4,060.00	0 00	4,060 00	580 00	994.29	1,574 29
01/26/09 A	CHURCH PEWS	MA200/ 7 00	2,500.00	0.00	2,500 00	0 00	357.14	357 14
10/27/09 A	5 CHURCH PEWS	MA200/ 7.00	1,700.00	0 00	1,700 00	0 00	242 86	242 86
Grand totals	FURNITURE - FURNITURE & FIXTURES (9 assets)		20,166 00	0 00	20,166 00	5,743 46	3,631 52	9,374 98
ASSET A/C#: LAND - LAND								
03/15/05	LAND- 1 59 ACRES	LAND/99 00	35,000.00	0 00	35,000 00	0 00	0.00	0 00
10/15/08	3/4 ACRE LAND	LAND/99 00	26,000 00	0.00	26,000 00	0.00	0 00	0 00
Grand totals	LAND - LAND (2 assets)		61,000.00	0.00	61,000 00	0 00	0 00	0 00
ASSET A/C#: VEHICLES - VEHICLES								
10/15/03	2003 HAUNDI ACCENT	M*200/ 5 00	10,300.00	0 00	10,300 00	10,300 00	0 00	10,300 00
11/01/07	JMC (CHINA TRUCK)	MA200/ 5 00	19,400 00	0.00	19,400 00	10,088.00	3,724 80	13,812 80
11/01/07	CAGE FOR TRUCK	MA200/ 5 00	3,000 00	0 00	3,000 00	1,440 00	624 00	2,064.00
12/01/08	2008 ISUZU PICKUP	MA200/ 5.00	29,500.00	0 00	29,500.00	5,900 00	9,440 00	15,340 00
Grand totals	VEHICLES - VEHICLES (4 assets)		62,200 00	0.00	62,200 00	27,728.00	13,788.80	41,516 80

ASSET DEPRECIATION SHORT REPORT
MISSIONS IN HAITI Dec. 31. 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range BUILDINGS - VEHICLES
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (37 assets)			623,994 35	0 00	623,994 35	80,306 98	38,267 63	118,574 61

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	623,994 35	0 00	0 00	623,994 35	80,306 98	38,267 63	118,574 61	505,419 74
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	623,994 35	0 00	0 00	623 994 35	80,306 98	38,267 63	118,574 61	505,419 74

Total Additional First Year Depreciation Taken at 30% Rate: ***0 00***

Total Additional First Year Depreciation Taken at 50% Rate: ***0.00***

Total Additional First Year Depreciation Taken: ***0.00***