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## Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection 2

Department of the Treasury Internal Revenue Service

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.

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SAN ANTONIO, TX 78213  * Section 501(s)(3) organizations and 4947(s)(1) nonexampt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Washits: ► N/A	Γ												F Grou	Group Exemption				
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K Check							( <b>V</b> ) cr	11(0) ( 3	\	201 4047	/(n)/(1) or	7 52	I	-		=		
Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.  Add lines 5b, 6b, and 7b, to line 3 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ.  3 282,424.  [Portial Revenue, Expenses, and Changes in Next Assets or Fund Balances (Sea the instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including operations the state of	_																	
Add lines 5b, 6b, and 7b, 1b line 8 to determine gross receipts; if \$900,000 or more, the Form 990 instead of Form 990-EZ	K	Chec	K 📂		_					-	_	•	=		iiaii ֆZ	5,000. A FOITH 990-EZ 01		
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9329-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)		1 1 2171 -08-10									inetructi-		<u>4</u>	, <del>1</del> ] ]	• <u>)                                    </u>	Form <b>990-EZ</b> (2009)		

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Form 990-EZ (2009) AND CHILDREN			74-	<u> 29058</u>	25 Page 2
Part III Statement of Program Service Accomplishme	ents (See the instructions for				penses
				1	section 501(c)(3)
What is the organization's primary exempt purpose? SEE STATEMEN					organizations and
Describe what was achieved in carrying out the organization's exempt pu			be	section 4947	(a)(1) trusts; optional
the services provided, the number of persons benefited, and other releva	nt information for each prog	ram title.		for others)	
28 THE CHARITY GOLF TOURNAMENT TO PRO	VIDE 100% OF I	T'S PROFI	${f T}$	1 1	
TO BENEFIT THE SAN ANTONIO BATTERE	D WOMEN AND CH	TLDREN'S			
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31 Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign			·· <del>···</del>	31a	
					0.
32 <u>Total program service expenses (add lines 28a through 31a)</u> Partilivi List of Officers, Directors, Trustees, and Key	Employees			1 02	
Egantaly List of Officers, Directors, Frastees, and Key	List each one e	ven if not compensated			or Partiv.)
	(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
• •	position	-0)		eferred	other allowances
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GREGG PRESCOTT, 1919 NW LOOP 410,	VP			-	
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932172 02-08-10	<del></del>			Form	990-EZ (2009)

	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	1		
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
2	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			1
	and proxy tax requirements?	35a		X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	This		
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved		<b>##</b>	
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 a				
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶			
ь	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	PWWAN	ANN METERS.	KARRAMA
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			W
4	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			34
u	organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE	100	<u> </u>	
	The organization's books are in care of ► JACE E. PEARSON, CPA  Telephone no. ► 210-40	2_1	201	
42 a		821		
	Located at ► 10823 WEST AVENUE, SAN ANTONIO, TX  At any time during the calendar year, did the organization have an interest in or a signature or other authority	041	<u> </u>	
D			Voo	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	404	Yes	X
	account)?	42b	1003333415	
	If 'Yes,' enter the name of the foreign country:	140		
	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	L	X
	If "Yes," enter the name of the foreign country:		_	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>&gt;</b>	L
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u></u>	
		face also us	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			23
	completed instead of Form 990-EZ	45	1	1 7

Form 990-EZ (2009)

Page 3

D	CHILDREN			7	4-2905825

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 Yes No 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 X X 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49. 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 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." (d) Contributions (c) Compensation (e) Expense (b) Title and average hours to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances compensation NONE Total number of other employees paid over \$100,000 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." 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 ..... ined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, than office of a based on all information of which preparer has any knowledge Sign Here Paid Date Check if self-Preparer's signature 05/12/10 employed ► X Preparer's Use Only PEARSON, CPA E E. EIN > Firm's name (olivours rf self-employed 0823 WEST AVENUE Phone > address, and ZIP no. SAN ANTONIO, TX 78213 210-402-1201

Form 990-EZ (2009)

Form 990-EZ (2009)

May the IRS discuss this return with the preparer shown above? See instructions

## **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

200

Department of the Treasury

Name of the organization

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.

CHRISTY'S HOPE FOR BATTERED WOMEN

Employer identification number

OMB No. 1545-0047

		AND CHI	LDREN						<b>74</b>	<u>-2905</u>	<u>825</u>	
Part I	Reason	or Public Char	<b>ty Status</b> (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
The organ	ization is not a	private foundation l	because it is: (For lines 1	through	11, check d	only one b	ox.)					
1 🔲	A church, cor	vention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🗀	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	earch organization o	perated in conjunction	with a hos	spital descr	ibed in se	ction 170	(b)(1)(A)(iii	). Enter the	hospital	's nam	Θ,
	city, and state	ə:			•							
5 🗔	An organization	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governr	nental unit	described	in		
	section 170	<b>b)(1)(A)(iv).</b> (Comple	ete Part II.)									
6 🔲	A federal, sta	te, or local governm	ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 🗀		=	eives a substantial part					r from the	general pu	blic desc	ribed i	n
	_	b)(1)(A)(vi). (Comple		• •		_			•			
8 🗀	A community	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 X	_		eives: (1) more than 33 1			rom contri	ibutions, m	embershir	fees, and	gross red	ceipts (	from
	•	-	nctions - subject to certa				·=	•	· <del>=</del>	•	•	
		•	axable income (less sect	-	-	-				_		
		509(a)(2). (Complete			•		•				•	
10 🔲			perated exclusively to te	st for pub	lic safety. S	See sectio	on 509(a)(4	i).				
11	_		perated exclusively for the	-	•			•	out the p	urposes d	of one	or
			ations described in secti									
			organization and compl				,		-7			
	a Type I		7 . ·		e III - Fund		tegrated		d□.	Type III - (	Other	
e 🗀			t the organization is not	controlle	d directly o	r indirecth	y by one o	r more disc		••		n
_	-	•	han one or more publicly		-							
f			ten determination from						(-)(-)		·-/·-/-	
•	_	ganization, check th			-							
g		-	organization accepted ar							••••••••		
9			irectly controls, either al			-					Yes	No
			upported organization?	-		-		•	•	11g(i)	1.00	-110
			n described in (i) above?							11g(ii)	$\vdash$	
	(iii) A 35% (	controlled entity of a	person described in (i)	or (ii) abov	 19	• • • • • • • • • • • • • • • • • • • •						
h			about the supported or			• • • • • • • • • • • • • • • • • • • •		••• •••••		1.3/(11)		
	i iovido dio i	onowing information	about the supported of	gai neatioi	1(3).							
//> Alama		///> FIN	(iii) Type of	fiv) le the	organization	(v) Did vo	u notify the	(vi) ls	the			
	e of supported anization	(ii) EIN	organization	P '	isted in your	14.7	tion in col.	i organizatio	on in col. i	(vii) An		τ
uly	anzalion		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	.?	Sup	port	
		•	(see instructions)	Yes	No	Yes	No	Yes	No			
TINITIE	D WAY		(coo modernon)		+		<del> </del>					
	Y VIOLE		501(C)3	X		x	1	X	\ \ \	17	70,7	20
LWMII	N ATOTE	<u> </u>	501(0/3	<del>  ^</del>	<del>                                     </del>		·	<del>  ^</del>	<del>                                     </del>	<u> </u>	0,1	30.
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										<b>.</b> -		
Total						LAND MARK				17	70,7	38.

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009	_		Sections 170(l	b)(1)(A)(iv) and	I 170(b)(1)(A)(vi)	Page 2			
<u> </u>	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)  Section A. Public Support									
_	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Gifts, grants, contributions, and	(a) 2003	(B) 2000	(6) 2007	(4) 2000	(e) 2005	(i) iotai			
-	membership fees received. (Do not					<u> </u>				
	include any "unusual grants.")			_						
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to				l					
	or expended on its behalf			·						
3	The value of services or facilities									
	furnished by a governmental unit to	1		,						
	the organization without charge									
4	Total. Add lines 1 through 3	Endade uniter Surface LAZINA MARKET	Second Company	ALANAMA MARKANA (CANAMA	MEMBER WHICH AND HAR COME M. M. MODERNES W	MARCHANIA MARKANIA MARCANIA MA				
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)									
•										
	Public support, Subtract line 5 from line 4. ction B. Total Support	THE PROPERTY OF THE PROPERTY O	では、			Helpering State County				
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	(a) 2005	(0) 2000	(6) 2001	(4) 2000	(e) 2009	(I) Total			
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			ļ ļ						
	business is regularly carried on	1								
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					1 (A) 1 (A) 1 (A) 1 (A)				
12	Gross receipts from related activities	etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo									
	organization, check this box and stor	o here					<b>&gt;</b> 🔲			
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del> </del>				
	Public support percentage for 2009 (					14	<u>%</u>			
							<u>%</u>			
16	a 33 1/3% support test - 2009. If the o	_								
	stop here. The organization qualifies									
I	b 33 1/3% support test - 2008. If the o	-								
	and stop here. The organization qua									
17	a 10% -facts-and-circumstances tes	_								
	and if the organization meets the "facts-and-circumstances"			•	=	rt IV how the organi	zation			

Schedule A (Form 990 or 990-EZ) 2009

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

	rtain:   Support Schedule for C				t 7 (complete siny i	i you oncore	THIS DON'T INTO O OFF UTELLY
Cale	ndar year (òr fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	114,799.	177,140.	187,055.	184,926.	282,3	48. 946,268.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		L			L	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	114,799.	177,140.	187,055.	184,926.	282,3	48. 946,268. 0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						946,268.
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning ın)		<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	114,799.	177,140.	187,055. 2,093.	184,926.	282,3	76. 3,247.
t	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				1,078.		
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			2,093.	1,078.		76. 3,247.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						24. 949,515.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) o	organization,
<del>-</del>	check this box and stop here					······································	<b>.</b>
	ction C. Computation of Publ				<del></del>	1	00.55
15						15	99.66 %
16	Public support percentage from 2008				······ ·····	16	99.57 %
	ction D. Computation of Inve				<del></del>	T T	
17						17	.34 %
18	Investment income percentage from					18	.43 %
	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	<b>&gt;</b> \mathbb{X}
ŀ	<b>33 1/3% support tests - 2008.</b> If the line 18 is not more than 33 1/3%, ch	eck this box and st	t <b>op here.</b> The orga	inization qualifies a	as a publicly suppo	orted organiz	zation ▶ 🔲
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	la, or 19b, check ti			
					Sch	nedule A (Fo	orm 990 or 990-EZ) 200

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1	
DESCRIPTION	AMOUNT			
BANK CHARGES OFFICE EXPENSE		2,4	56. 70.	
TOTAL TO FORM 990-EZ, LINE	16	2,5	26.	

FORM 990-EZ PAYMENTS T	O AFFILIATES	STATEMENT 2
AFFILIATE'S NAME	AFFILIATES ADDRESS	
BATTERED WOMEN AND CHILRENS SHELTER	SAN ANTONIO AS	
PURPOSE OF PAYMENT		AMOUNT
		170,738.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		170,738.

FO:	RM 990-EZ	INFORMATION ASSOCIATED WITH				S		TATEI	MENT	3
A)	DIRECTLY OR	NIZATION, DURING INDIRECTLY, TO P	AY PREMIUM	IS ON A I	PERSONAL		[ ]	YES	[X]	NO
В)		NIZATION, DURING INDIRECTLY, ON A	-		-	?	[ ]	YES	[X]	NO

4

990-EZ PG 2

STATEMENT

TO OPERATE A CHARITY GOLF TOURNAMENT TO PROVIDE 100% OF IT'S PROFIT TO BENEFIT THE SAN ANTONIO BATTERED WOMEN AND CHILDREN SHELTER