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Form **990-EZ**

Short Form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2009 cale	endar year, or tax year beginning	, 2009, and en			
В	Check if applicable	C Name of organization		DE	mployer id	lentification number
_	Address change	Please use IRS CHILD EVANGELISM FELLOWSHIP	OF WEST TEXAS		75- <u>12</u> 4	40070
_	I comme containing to	Number and street (or P O box, if mail is not delivered to	o street address) Roo	m/suite E T	elephone n	number
<u> </u>	Initial return	ype. 818 West 9th			(806)	374-3024
\vdash	remination	Specific City or town, state or country, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·		·	
		AMARILLO	TX 79		roup Ex umber	emption ► 2029
				G Accounting meth		Cash Accrual
		01(c)(3) organizations and 4947(a)(1) nonexempt char ust attach a completed Schedule A (Form 990 or 990-l	Habic Hasis	Other (specify)		
1	Website: ► N/	/A				anızatıon ıs not ule B (Form 990,
i.	Tax-exempt status (4947(a)(1) or 527	990-EZ, or 990-F		
K		he organization is not a section 509(a)(3) supporting o		oss receints are norr	nally no	t 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 su		
L	instead of Form				► \$	58,003.
Pa	art I Reve	nue, Expenses, and Changes in Net Assets	s or Fund Balanc	es (See the insti	uction	
	1 Contributio	ons, gifts, grants, and similar amounts received			1	57,988.
	2 Program s	ervice revenue including government fees and contrac-	ts		2	
>	3 Membersh	ip dues and assessments			3	
2	4 Investment	t income			4	15.
	5a Gross amo	ount from sale of assets other than inventory	5a		_	
3 2	b Less cost	or other basis and sales expenses	5 b		J	
R F) from sale of assets other than inventory (Subtract line 5b from line			5с	
JUL '	6 Special event	s and activities (complete applicable parts of Schedule G). If any ami	ount is from gaming, chec	k here		
₹ Ñ	a Gross reve	enue (not including \$ of contri	ibutions			
~ E	reported or	n line 1)	6a		- 3	
นี	b Less direc	ct expenses other than fundraising expenses	6b		<u> </u>	
	c Net income or	r (loss) from special events and activities (Subtract line 6b from line	e 6a)		6 c	
~	7a Gross sale	s of inventory, less returns and allowances	7a		_	
3	b Less cost	of goods sold	7 b		_	
0	c Gross prof	it or (loss) from sales of inventory (Subtract line 7b fro	om line 7a)		7c	
	8 Other revenue	e (describe >)	8	
	9 Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	The same of the sa	<u> </u>	9	58,003.
	10 Grants and	d similar amounts paid (attach schedule)	1 _RECFI	VED	10	0.
_	11 Benefits pa	aid to or for members		ALD ()	11	0.
X	12 Salaries, o	other compensation, and employee benefits	MAY 17	101	12	21,415.
E	13 Profession	al fees and other payments to independent contractors	s 4 MAY 17	2010	13	0.
EXPENSE	14 Occupancy	y, rent, utilities, and maintenance	1 4	%	14	2,759.
E S	15 Printing, p	ublications, postage, and shipping	OCDEAL		15	509.
•		es (describe - See Other Expenses Statement	LOGDEN	LUT	16	26,263.
	1	nses. Add lines 10 through 16			17	50,946.
	18 Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	7,057.
N S		or fund balances at beginning of year (from line 27, c	olumn (A)) (must aar	ee with end-of-vear		
N S E T	figure repo	orted on prior year's return)			19	10,773.
Š		nges in net assets or fund balances (attach explanation			20	17 020
D.		or fund balances at end of year Combine lines 18 thr				17,830.
Pa	art II Balar	nce Sheets. If Total assets on line 25, column (B) a	re \$1,∠50,000 or mor			
^-	0	(See the instructions for Part II)		(A) Beginning of y	1 1	(B) End of year
		and investments		10,77		<u>17,983.</u>
23		•			0. 23	0.
24		Jescribe •)		10,77		17 003
25		· (decembe >	`		-	17,983.
	Total liabilities Net assets or t	fund balances (line 27 of column (B) must agree with) line 21)	10,77	0. 26	153. 17.830.
	inclussers or i	and parances time 27 of COMBIN (B) must sorre with	IIIIC Z I J	1 1U.11	ا 1241 ه د	1/.D.JU.

Form **990-EZ** (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) CHILD EVANGELIS				-124	0070 Page 2
Part III Statement of Program Ser	rvice Accomplishments	(See the instruction	ons.)_	_	Expenses
What is the organization's primary exempt purpose? EV	ANGELISM, TRAINING			(Regi	uired for section (3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of program title	e organization's exempt purpo	ses In a clear and cond	cise manner.	orgar	nizations and section
describe the services provided, the number of	persons benefited, or other re	levant information for e	ach	4947	(a)(1) trusts, optional
				ior oi	hers)
28 Record the number of chi	<u>ldren_reached_for_</u>	<u>Christ in</u>			
all activities					
(Grants \$ 0.) If th	ıs amount ıncludes foreign gra	ants check here		28 a	30,568.
	immer or beobre r	Tatiled Tit			
all activities	 				
	 				
(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here	▶	29 a	20,378.
30					
(Grants \$) If th	s amount includes foreign gra	ants check here	-	30 a	
31 Other program services (attach schedule		arits, check here		30 a	
		anda abaalabaan	- □	21.	
	is amount includes foreign gra	ants, cneck nere	<u> </u>	31 a	FO 046
32 Total program service expenses (add lin				32	50,946.
Part IV List of Officers, Directors					
4.55	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account and other allowances
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances
CALLETT BOURT	to position		deterred compense	ition	
CALVIN_POWELL					
3700 E FM 1151	CHAIRMAN				
AMARILLO, TX 79118	1.00	0.		0.	
Teresa Kirk					
619 HANEY	SECRETARY				
SPEARMAN, TX 79081	1.00	0.		0.	
	1.00			<u> </u>	
MRS R L SANDERS					
1300 S HARRISON aPT 1013	MEMBER				
AMARILLO, TX 79109	1.00	0.		0.	
STEVE HAYWARD					
3510 CARLTON	VICE-CHAIR				
AMARILLO TX 79109	1.00	٥.		0.	
BARBARA POWELL		<u> </u>			
	1.77.47.77.77.77.77.77.77.77.77.77.77.77.		İ		
3700 E FM 1151	MEMBER			_	
AMARILLO TX 79118	1.00	0.		0.	
DEBRA TOW					
3301 TYNDALE	TREASURER		ļ.		
AMARILLO TX 79118	1.00	0.		0.	
MARTHA HAYWARD		-			
3510 CARLTON	MEMBER				
	- · · · ·	0.		0.	
AMARILLO TX 79109	1.00	ļ		٠.	
				-	
			 		
	1				
					1
	i	I	I		1

Pa	<u>rt V</u>	Other Information (Note the statement requirements in the instrict for	Part V.)				
		•	,		Yes	No	
33		the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach an activity	detailed description of	33		х	
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes							
35	If the	organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but a statement explaining why the organization did not report the income on Form 990-T	rt not reported on Form 990-T,			_	
;	a Did repo	the organization have unrelated business gross income of \$1,000 or more or was it subject rting, and proxy tax requirements?	to section 6033(e) notice,	35 a		<u>x</u>	
1	b If 'Y	es,' has it filed a tax return on Form 990-T for this year?		35 b	_		
36	Dıd yea	the organization undergo a liquidation, dissolution, termination, or significant disposition of 2 If 'Yes,' complete applicable parts of Schedule N	,	36		<u>x</u>	
		er amount of political expenditures, direct or indirect, as described in the instructions have organization file Form 1120-POL for this year?	37a 0.	37 b		X	
38 :	a Did any	the organization borrow from, or make any loans to, any officer, director, trustee, or key em such loans made in a prior year and still outstanding at the end of the period covered by th	nployee or were Is return?	38 a		<u>x</u>	
	amo		38 ь			ŀ	
		ion 501(c)(7) organizations Enter				1	
		-	39a				
			39b				
40 8		ion 501(c)(3) organizations Enter amount of tax imposed on the organization during the year on 4911 ► , section 4912 ► , section 4955					
							
ı	tran prio	tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 saction during the year or is it aware that it engaged in an excess benefit transaction with a syear, and that the transaction has not been reported on any of the organization's prior For somplete Schedule L, Part I	disqualified person in a	40 b		x	
(c Sec	ion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization agers or disqualified persons during the year under sections 4912, 4955, and 4958.	•	i		* !	
(ion 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed ne organization	-			ì	
(e All o	rganizations. At any time during the tax year, was the organization a party to a prohibited the transaction? If 'Yes,' complete Form 8886-T	ax	40 e		<u>x</u>	
41	List t	he states with which a copy of this return is filed 🟲					
	book Locat b At a final	riganization's are in care of ► HAL CARPENTER ed at ► 818 W 9TH, AMARILLO, ny time during the calendar year, did the organization have an interest in or a signature or ocial account in a foreign country (such as a bank account, securities account, or other finales, enter the name of the foreign country	other authority over a ncial account)?		- <u>30</u> 2 Yes	24 NoX	
Ć	c At a	ne instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina ny time during the calendar year, did the organization maintain an office outside of the U S es,' enter the name of the foreign country	?	42 c		x	
43		ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Checenter the amount of tax-exempt interest received or accrued during the tax year	ck here ► 43		-		
					Yes	No	
44	Did of F	the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed form 990-EZ	nstead	44		x	
45	ls a	ny related organization a controlled entity of the organization within the meaning of section n 990 must be completed instead of Form 990-EZ	512(b)(13)? If 'Yes,'	45		X	

Form_990-E2	(2009)	CHILD	EVANGELISM	FELLOWSHIP	OF	WEST	TEXAS	75-1240070	Page 4
Part VI								npt charitable trusts only. All se	

	501(c)(3) organizations and set 46-49b and complete the tables	ction 4947(a)(1) noi s for lines 50 and 5	nexempt charitab 1.	le trusts must answer	questio	ns	
 46-49b and complete the tables for lines 50 and 51. 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 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' 							No X X X X
(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 and deferred compensation		pense nt and owances	š
51 Com	number of other employees paid over \$10 plete this table for the organization's five hensation from the organization of there is	nighest compensated ind	ependent contractors	who each received more that	an \$100,0	000 of	
	(a) Name and address of each independent contr			(b) Type of service	(c) Comp	ensatio	
NONE d Total	number of other independent contractors Under penalties of perjury, I declare that I have exam	nined this return, including accor	mpanying schedules and stat	lements, and to the best of my know	edge and be	elief, it is	
Sign Here	true, correct, and complete Declaration of preparer (Calvin V. Powe Signature of officer Type or print name and title	ep	air Man	5 - // - Date	10		_
Paid Pre- parer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 S discuss this return with the preparer sho	Preparer own above? See instruct	Date	EIN	arer's Identi		No
BAA					Form 99	0-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

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

Open to Public Inspection

Department of the Treasury Internal Re≩enue Service

Total

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

Name of the organization Employer identification number										
CHILD EVANGELISM FELLOWSHIP OF WEST TEXAS 75-1240070										
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions										
The organization is not a private foundation because	se it is (For lines 1 through	gh 11, ch	neck onl	y one box	x)					
1 A church, convention of churches or asso	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	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operate	d in conjunction with a ho	spital de	scribed	ın sectio	n 170(b)(1)(A)((iii) Ente	r the hosp	tal's	
name, city, and state	·	·			·			•		
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.)										
 A federal, state, or local government or g An organization that normally receives a 	substantial part of its sup					or from t	he gener	al public d	escribe	ed
In section 170(b)(1)(A)(vi). (Complete Page 8 A community trust described in section 1		e Part II j)							
9 An organization that normally receives (1) more than 33-1/3 % of	its supp	ort from	contribu	itions, i	nember	ship fees	, and gros	s rece	pts
from activities related to its exempt funct investment income and unrelated busined June 30, 1975. See section 509(a)(2). (C	ss taxable income (less s	exceptio ection 5	ns, and 11 tax) f	(2) no m rom busii	ore tha nesses	n 33-1/3 acquire	3 % of its d by the	support fr organization	om gre on afte	oss r
10 An organization organized and operated	exclusively to test for pub	olic safety	y See s	ection 50	09(a)(4)).				
11 An organization organized and operated	exclusively for the benefit	t of, to pe	erform t	he functio	ons of,	or carry	out the	purposes c	f one	or
more publicly supported organizations d describes the type of supporting organiz	escribed in section 509(a) ation and complete lines)(1) or se 11e thro	ection 59 ugh 11h	09(a)(2)	See se	ection 5	09(a)(3).	Check the	box tl	nat
a ☐ Type II b ☐ Type II	c Type III	– Func	tionally	integratei	d		d 🗌	Type III-	Other	
e By checking this box, I certify that the org than foundation managers and other than	ganization is not controlle n one or more publicly sup	d directly	y or ındı organıza	rectly by itions des	one or scribed	more d	isqualifie on 509(a	d persons)(1) or sec	other tion	
509(a)(2).					-					_
f If the organization received a written dete check this box					••			anization,		
g Since August 17, 2006, has the organizar	tion accepted any gift or	contribu	tion fror	n any of t	the follo	owing pe	ersons?		<u> </u>	
(i) a person who directly or indirectly o	antrole outher alone or to	anthor w	wth nore	one dose	oribad i	n (u) an	d (m)	Γ	Yes	No
below, the governing body of the su	ipported organization?	yeniei v	viui peis	ons acs	Jibeu i	11 (11) a11	u (III)	11 g (i)		<u> </u>
(ii) a family member of a person desc								11 g (ii)		
(iii) a 35% controlled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h Provide the following information about the	ne supported organization	ns .								
(i) Name of Supported (ii) EIN Organization	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col f in your rning ment?	(v) Did yo the organiz col (i your sup	zation in) of	organizat	s the ion in col zed in the S ?	(vii) Amoui	nt of Sup	port
		Yes	No	Yes	No	Yes	No			
		1								
			_							
						-				
		<u> </u>		L						
		ļ								

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200						
Pa	rt II Support Schedule for	-		•	o)(1)(A)(iv) and	d 170(b)(1)(A)	(vi)
Sec	(Complete only if you checke ction A. Public Support	ed the box on line 5	, 7, or 8 of Part 1,)			
beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	32,866.	31,676.	43,008.	46,810.		154,360.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
4	Total. Add lines 1-through 3	32,866.	31,676.	43,008.	46,810.		154,360.
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)						
6	Public support. Subtract line 5 from line 4						154,360.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	32,866.	31,676.	43,008.	46,810.		154,360.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	38.	122.	126.	37.		323.
9							
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						154,683.
12	Gross receipts from related activi	ties, etc. (see instri	uctions)			12	<u> </u>
	First five years. If the Form 990 organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3) ►
	tion C. Computation of Pul					 -	
	Public support percentage for 200	,	.,	11, column (f)		14	99.79%
	Public support percentage from 2					15	79.92%
	a 33-1/3 support test — 2009. If the and stop here. The organization of	qualifies as a public	cly supported orga	anızatıon			► <u>X</u>
	33-1/3 support test — 2008. If the and stop here. The organization of	organization did no qualifies as a public	ot check a box on cly supported orga	line 13, or 16a, a inization	and line 15 is 33-1	/3% or more, ch	eck this box ►
17 a	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-and	i-circumstances' t	est, check this bo	x and stop here.	Explain in Part I\	√ how
ı	o 10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-and	Ī-circumstances' t	est, check this bo	ox and stop here.	Explain in Part I ^v	15 is 10% √ how the

Schedule A (Form 990 or 990-EZ) 2009

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

BAA

1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the	(b) 2006					
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the	(b) 2006				_	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the	(6) 2000	(c) 2007	(d) 2008	(e) 2009		(f) Total
2 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						
5 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 year						
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) ► (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
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 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in						
Part IV)				<u> </u>		
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12)	s first, second	l, third, fourth, or	fifth tax year as a	a section 501	(c)(3)	▶ □
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12)						
Part IV)						
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here	entage				15	%
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Percentage 1.	entage livided by line				15 16	% %
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Percentage for 2009 (line 8, column (f) d	entage livided by line III, line 15	e 13, column (f))				
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Percentage for 2009 (line 8, column (f) d 16 Public support percentage from 2008 Schedule A, Part	entage livided by line III, line 15 Percentage	e 13, column (f))				
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Percentage for 2009 (line 8, column (f) d 16 Public support percentage from 2008 Schedule A, Part Section D. Computation of Investment Income F	entage livided by line III, line 15 Percentage nn (f) divided	e 13, column (f))			16	%
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Percentage for 2009 (line 8, column (f) decentage from 2008 Schedule A, Part Section D. Computation of Investment Income Function Investment Income Function Investment Income Percentage from 2008 Schedule A, Fart Investment Income Part Inves	entage livided by line III, line 15 Percentage nn (f) divided Part III, line 1 check the bo	by line 13, column (f)) by line 13, column 7 x on line 14, and	ın (f))	nan 33-1/3%.	16 17 18	% % %
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Percentage for 2009 (line 8, column (f) december of Public support percentage from 2008 Schedule A, Part of Section D. Computation of Investment Income Form Investment income percentage from 2008 Schedule A, Form Investment Income Post Inves	entage livided by line III, line 15 Percentage nn (f) divided Part III, line 1 check the bo organization check a box	by line 13, column (f)) by line 13, column x on line 14, and qualifies as a pub on line 14 or 19a,	Inn (f)) Inne 15 is more the original supported original and line 16 is more	nan 33-1/3%, ganization ore than 33-1	17 18 , and lin	% % ne 17 is not
Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's organization, check this box and stop here Section C. Computation of Public Support Perce 15 Public support percentage for 2009 (line 8, column (f) d 16 Public support percentage from 2008 Schedule A, Part Section D. Computation of Investment Income F 17 Investment income percentage for 2009 (line 10c, column 18 Investment income percentage from 2008 Schedule A, F 19a 33-1/3 support tests — 2009. If the organization did not more than 33-1/3%, check this box and stop here. The	entage livided by line III, line 15 Percentage nn (f) divided Part III, line 1 check the bo organization check a box e. The organiz	by line 13, column (f)) by line 13, column x on line 14, and qualifies as a pub on line 14 or 19a, and qualifies as	line 15 is more the solicity supported or and line 16 is more a publicly suppor	nan 33-1/3%, ganization ore than 33-1 ted organiza	17 18 , and lin /3%, ar	% % ne 17 is not

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
TRAVEL	6,639.
SUPPLIES	2,419.
Conferences	336.
MISC	607.
Telephone	777.
Missions	11,762.
State CEF Support	3,723.
Inusrance	
Total	26,263.