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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

2009

OMB No 1545-1150

Open to Public Inspection

		_	dar year, or tax year beginning , 2009, and endin	ig		, 20
В	Check if applicable		C Name of organization	D Employ	er Id	entification number
	Address c	hange	Please woody'S HOME, INC.			83-0367619
П	Name char	nge j	label or print or Number & street (or P O box, if mail is not delivered to street addr.)	oom/ uite E Telepho	ne n	umber
П	Initial retur	rn	,			
П	Terminated	d i	See Specific PO BOX 1897		(3	18) 425-1928
H	Amended i	return	Instruction City or town, state or country, and ZIP + 4	F Group		
	Application pending		Shreveport LA 71166	Numbe		54011
						I X Cash Accrual
• 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 Other (specify) ▶						
$\overline{}$	Websit	le: Þ			<u>' </u>	nization is not required
		-	tatus (check only one) X 501(c)(3) ◀ (insert no) 4947(a)(1) or 527	_		orm 990, 990-EZ, or 990~PF)
_		T T	ne organization is not a section 509(a)(3) supporting organization and its gross re-			
			or Form 990 return is not required, but if the organization chooses to file a return, but it is given to the organization chooses to file a return, but if the organization chooses to file a return, but if the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return, but it is given to the organization chooses to file a return to the organization chooses to file a return to the organization chooses to the organization chooses the or			
			nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-		пріец	
	art 1					156,078
	1		renue, Expenses, and Changes in Net Assets or Fund Balanc	(See the Instru		
			ributions, gifts, grants, and similar amounts received			7,875
	2		ram service revenue including government fees and contracts	•	2	148,203
	3		bership dues and assessments		3	<u> </u>
	4		stment income		4	
	5a		s amount from sale of assets other than inventory			
	b		cost or other basis and sales expenses 5b			
F	} C		or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
7	6		al events and activities (complete applicable parts of Schedule G). If any amount is from gaming,	, check here ▶ 📗		
F V E N	a	Gross	s revenue (not including \$ of contributions			
			rted on line 1) 6a			
E	- ь	Less	direct expenses other than fundraising expenses 6b			
	c		ncome or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross	s sales of inventory, less returns and allowances 7a			
	b	Less:	cost of goods sold			
	c	Gross	s profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other	r revenue (describe >) [8	
	9	Total	I revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	, ¯▶	9	156,078
	10	Grant	ts and similar amounts paid (attach schedule)		10	
E	11	Bene	fits paid to or for members	CEIVED	~11	
X	12	Salar	ries, other compensation, and employee benefits	Cheeled administrate of or personal	12	76,894
E F E	13	Profe	essional fees and other payments to independent contractors		St.	6,907
	1 14	Occu	pancy, rent, utilities, and maintenance	1.4.2010.	94	34,225
È	15	Printii	ng, publications, postage, and shipping		4 5	
	16		r expenses (describe ► <u>See_attachment #1</u>	DEAL 117	46	33,120
_	_ 17	Total	l expenses. Add lines 10 through 16	<u> </u>	j 7	151,146
	A 18	Exces	ss or (deficit) for the year (Subtract line 17 from line 9)		18	4,932
N	A 19 S 19 E 20	Net a	assets or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		
N E T	Ĕ	end-	of-year figure reported on prior year's return)		19	16,552
•	T 20	Other	r changes in net assets or fund balances (attach explanation)		20	
	21	Net a	ssets or fund balances at end of year Combine lines 18 through 20	. ▶	21	21,484
P	art II		ance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file	e Form 990 instea	d of F	
		-	(See the instructions for Part II) (A)	Beginning of year		(B) End of year
22	Cash, s	savings	s, and investments	8,958	22	7,134
23	Land a	ınd bui	ıldıngs		23	· · · - · · · · · · · · · · · · · ·
24	Other a	assets ((describe ► See attachment #2	8,120	24	14,870
25	Total a	assets		17,078	25	22,004
26	Total li	iabilitie	es (describe ▶ See attachment #3	526	26	520
27			r fund balances (line 27 of column (B) must agree with line 21)	16 552	27	21 484

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

Form **990-EZ** (2009)

SCANNED JUL 2 8 2010

		E, INC. 83-0				Page 2			
	art III Statement of Program Serv			s for Part III)		Expenses			
	at is the organization's primary exempt purpos					ired for section 501(c)(3)			
Des	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, section 4947(a)(1) trusts, optional								
	scribe the services provided, the number of per				for oth				
28									
	(Grants \$) If this amo	ount includes foreign gra	nto shook hore		200				
29	(Clairs 4) It tills all ti	ount includes loreign gra	nis, check here	· •	28a				
29		<u>-</u>							
	(Grants \$) If this ame	ount includes foreign gra	nts, check here	▶	29a				
30									
	_								
	(Grants \$) If this amo	ount includes foreign gra	nts, check here	▶ □	30a				
31	Other program services (attach schedule)								
٠.		ount includes foreign gra	nte chock horo	. П	240				
22	Total program service expenses (add lines 2			· · · · P 1	31a				
				<u>·_</u>	32	0			
	art IV List of Officers, Directors, 1								
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit p		(e) Expense account and			
_		hours per week devoted to position	enter -0)	deferred compens	ation	àccount and other allowances			
Se	ee attachment #5								
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	· 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	ļ	X
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			
а	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		X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Х
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X
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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			Ė
b	Gross receipts, included on line 9, for public use of club facilities 39b			ļ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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		Х
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
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		Х
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #6 Telephone no. ▶			•
	Located at ► ZIP + 4 ►			
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		Yes	No
	account)?	42b		Х
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		Х
	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			_
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
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		Х

JVA

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

if self-employed), address, and ZIP+4 DeMoss,

Youree Drive

Lewis

Shreveport,

3776

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

CPA,

No

Preparer's identifying no (See instr.)

▶ X Yes

employed >

EIN

Phone no ▶

318-869-2727

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.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization MOODAYG HOME

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Inspection Employer identification number

MO	ODI O HO							3-036	1/619			
Pa		son for Public Cha						structions.				
		not a private foundation t		_		•	•					
1		convention of churches, o			ed in sect	llon 170(b)(1)(A)(I).					
2	 1	escribed in section 170(I										
3		or a cooperative hospital										
4		research organization ope	erated in conjunction wi	ith a hospi	tal describ	ed in sect	tion 170(b))(1)(A)(III).	Enter th	e hospi	tal's na	me,
_	city, and st											
5		ation operated for the be A)(Iv). (Complete Part II)	netit of a college or univ	ersity owr	ed or ope	rated by a	governme	ental unit c	lescribed	l in sect	lon	
6		state, or local governmen										
7		ation that normally receiv 0(b)(1)(A)(vI). (Complete		its support	t from a go	vernment	al unit or fr	om the ge	neral pu	blic des	cribed	łn
8	A commun	ity trust described in sec	tion 170(b)(1)(A)(vi). (C	omplete P	art II.)							
9		ation that normally receiv				m contribi	utions, mei	mbership t	ees, and	gross		
		m activities related to its								ıts		
		m gross investment incom						from bus	nesses			
	acquired b	y the organization after J	une 30, 1975 See secti	on 509(a)((2). (Comp	lete Part II	I.)					
10	An organiz	ation organized and oper	rated exclusively to test	for public	safety See	e section	509(a)(4).					
11		ation organized and oper										
		of one or more publicly su								tion		
		Check the box that descr	_	ting organi	zation and	l complete	lines 11e	through 1	1h.			
	a U Type			Type III-Fu	-	-			Type III-0	Other		
е		g this box, I certify that th										
		ner than foundation mana r section 509(a)(2).	agers and other than or	e or more	publicly s	upported o	organizatio	ns describ	ed in se	ction		
_												
f		nization received a writter	determination from the	RS that i	t is a Type	I, Type II	or Type III	supportin	g			_
	_	n, check this box								• •	• • • •	L
g	following p					-						
		on who directly or indirec		_	-	rsons desc	ribed in (ii)			Yes	No
		below, the governing bo	• • • •	_	?					11g(i)	$\sqcup \sqcup$	X
		y member of a person de	• • • • • • • • • • • • • • • • • • • •		• • • •					11g(ii)	\sqcup	X
		controlled entity of a pers		=	• •					11g(iii)	\coprod	X
<u>h</u>	Provide the	following information ab	out the supported orga	nızatıon(s)				T				
(i) N	lame of suppor	ted (II) EIN	(III) Type of organization	(iv) is the	organization	(V) Did vo	u notify the	(vi)	ls the	wiiv	Amour	nt of
``	organization	(,	(described on lines 1-9					organizatio	•	11''	support	
			above or IRC section				support?		ed in the S?			
			(see Instructions))	Yes	No.					_		
				res	No	Yes	No	Yes	No			
							ł					
							1		1			
										.		
						1						
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Tota	al	•		1	1							

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

Schedule A (Form 990 or 990-EZ) 2009 WOODY'S HOME, INC. 83-0367619 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.)

Sec	Section A. Public Support							
Cal	endar 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")	400	11,605	5,498	4,683	7,875	30,061	
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	1,126					1,126	
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	114,936	125,551	153,570	146,890	148,203	689,150	
4	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	116,462	137,156	159,068	151,573	156,078	720,337	
7a	Amounts included on lines 1, 2, and 3							
b	received from disqualified persons 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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)						720,337	
	tion B. Total Support			<u>,</u>	·			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	116,462	137,156	159,068	151,573	156,078	720,337	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2	70				72	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	2	70				72	
11	Net income from unrelated business activities not included in line 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)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	116,464	137,226	159,068	151,573	156,078	720,409	
14	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							
Sec	tion C. Computation of Public Sup	-						
15	Public support percentage for 2009 (line 8, c	` '	•	umn (f))		15	99.99 %	
16	Public support percentage from 2008 Sched			<u></u>		16	%	
	tion D. Computation of Investmen							
17	Investment income percentage for 2009 (line		·=		• •	17	0 %	
18	<u></u>							
19a								
b	not more than 33 1/3 %, check this box and 33 1/3 % support tests 2008. If the organ	_	-	•	• • • •	-	▶ 🗓	
	18 is not more than 33 1/3 %, check this box				•	•		
20	Private foundation. If the organization did r	•	J	•			TH	
JVA		rms (Software Only		1			or 990-EZ) 2009	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury

Attachment

Inte	rnal Reven	ue Service (99)	<u> </u>	See separate l	nstructions.		► Attach to	you	ır tax return.			Sequence No 67
	` ,	own on return	T.1.0				tivity to which					Identifying number
		S HOME,	INC.				1 990-E		LINE 14	:		83-0367619
Pa	rt I			nse Certain listed property, c					ı			
1	Maximui			uctions for a high							1	\$250,000
				y placed in servi							2	4200,000
				operty before rea							3	\$800,000
				line 3 from line 2							4	
5	Dollar lır	nitation for tax	year. Sub	tract line 4 from	line 1. If zero or	less, en	ter -0- If ma	rried	filing separa	tely,		· - <u>-</u> -
	see instr	ructions	<u></u>	. <u></u>			,				5	250,000
6				of property			st (busn use			cted cost		
			_									
			•									
7	Listed p	roperty Enter t	he amour	nt from line 29			. [7				
				property. Add a					• • •		8	
9	Tentative	e deduction. Er	nter the sr	maller of line 5 o	or line 8						9	
				on from line 13 o	•						10	
				r the smaller of b						uctions)	11	250,000
				Add lines 9 and				l1			12	
				on to 2010 Add				13				
				elow for listed pr								
	ırt II	Special De	preciat	ion Allowan	ce and Othe	r Dep	reciation (Do n	not include lis	ted prop	erty)	(See instructions)
				or qualified prop	erty (other than	listed pi	roperty) place	ed in	service			
	_	ne tax year (see							• •		14	
		subject to sec									15	
	rt III		uding AC	RS)	alicala licata di con						16	
	3 2 131]	MACHS DE	-precia	tion (Do not in	ciude listed prop			ns)				
17	MACRS	deductions for	assets nl	aced in service i	n tay years begi	Section					47	451
				assets placed in				r mo	· · ·		17	431
		asset accounts				-				►∏		
				ssets Placed In							lon S	/stem
	(a) Clas	sification of pro		(b) Month and year placed in	(c) Basis for (depr	(d) Recove	Ť	(e)	(f) Met		(g) Depreciation
19a	3-40	ar property		service	only see instri	uctions)	period	\dashv	Convention	-		deduction
<u></u> b		ar property					-	-		-		
		ar property					 					<u>.</u> .
		ar property							· - ·		-	
e		ar property					-	\dashv				
f		ar property					_	1				_
g		ar property					25 yrs			S/L		
h	Reside	ential rental			-	-	27 5 yrs		MM	S/L		· · · · · · · · · · · · · · · · · · ·
	proper	ty					27 5 yrs		MM	S/L		
ı	Nonre	sidential real					39 yrs		MM	S/L		
	proper	ty							MM	S/L		
			C As	sets Placed In S	Service During	2009 Ta	x Year Using	the	Alternative	Deprecia	tion S	System
	Class							\perp		S/L		
	12-yea						12 yrs	_		S/L		
	40-yea						40 yrs.		MM	S/L		
	rt IV	Summary (
		operty. Enter a								. •	21	
				, lines 14 throug						nere		4.5.4
			-	our return Partn	-	•		struc	cuons		22	451
			•	ced in service di n section 263A c	9	year, e	mer die	23				

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. **67**

Name(s) shown on return Identifying number Business or activity to which this form relates WOODY'S HOME, FOR FORM 990-EZ LINE 16 INC. 83-0367619 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 \$250,000 2 Total cost of section 179 property placed in service (see instructions) 2 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 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, 250,000 see instructions 6 (a) Description of property (b) Cost (busn use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 q 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 250,000 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 1.207 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 (b) Month and (c) Basis for depr (d) Recovery (g) Depreciation (e) (f) Method (a) Classification of property yéar placed in (business/investment use period Convention deduction service only -- see instructions) 19a 3-year property b 5-year property 9,811 HΥ 200 DB c 7-year property 1,402 d 10-year property е 15-year property 20-year property a 25-year property 25 yrs S/I MM S/L Residential rental 27.5 yrs. property MM S/L 27 5 yrs MM S/L Nonresidential real property MM S/L Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 40-vear 40 yrs. MM S/L Summary (See instructions.) 21 Listed property Enter amount from line 28 . 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 . . 2,609 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

SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Attachment 2: page 1 - 990-EZ Page 1, 1	<u>Part I, Line 24</u>		
Open to Public '			
Inspection For calendar year 2009 or tax period beginning	, and endin		··
Name of Organization WOODY'S HOME, INC.		Employer Iden 83-03676	ification Number
Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
FURNITURE & EQUIPMENT	8,120	14,870	<u> </u>
	· .		
		}	
		ļ	
Totals	8,120	14,870	
Totals	0,120	14,0/0	

SCHEDULE OF OTHER LIABLILITIES

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public '
Inspection For calendar year 2009 or tax period beginning , and ending .

Final of Organization | Final open Identification Number | Identification | Ide

Name of Organization WOODY'S HOME, INC. Description of Liability		Employer Ident 83-036761	Ification Number
		103-030/01	4
Description of Liability	B _C	ginning of Year	End of Year
		i	
PAYROLL LIABILITIES		526	520
	Totals	526	520

SCHEDULE OF OTHER EXPENSES
Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public '

Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organizati WOODY'S HO		Employer Identification Number 83-0367619
<u> </u>	1117 11100	
	Description of Other Expenses	Amount
OFFICE EXP	ENSE	939
OFFICE SUP	PLIES	313
BANK CHARG	ES	304
DUES & SUB	SCRIPTIONS	217
GROCERIES		9,284
INSURANCE		2,835
TAXES & LI	CENSES	3,284
SECURITY		1,807
PAYROLL TA	XES	5,042
TELEPHONE		6,376
TRAINING		110
Depreciatı	on	2,609

33,120 Total

PRIMARY EXEMPT PURPOSE

Attachment	4: page 1 - 990-EZ Page 2, Part III		
Open to Public			
Inspection	For calendar year 2009 or tax period beginning	, and ending	
Name of Organization	on		Employer Identification Number
WOODY'S HO	ME, INC.		83-0367619
	Primary Purpose		

DURING 2009 WOODY'S HOME, INC. PROVIDED HOUSING, MEALS, AND OTHER SERVICES TO INDIGENT VETERANS.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Open to Public Name of Organization Nam	Attachment 5: page 1 - 990-EZ Page 2, Part IV							
Name of Organization WOODY'S HOME, INC. (A) Name and Address (B) Title and Average Hrs per Week Harold W. Turner 12010 Ashland Way Shreveport, LA 71106 RONALD L. KEY 341 BERKSHIRE Employer Identification Number 83-0367619 (C) Compensation (If not paid, enter 0) (C) Compensation (If not paid, enter 0) (D) Cont to Employee (E) Expense Account & Other Allowances (E)	Open to Public							
WOODY'S HOME, INC. (A) Name and Address (B) Title and Average Hrs per Week (C) Compensation (If not paid, enter 0) (B) Title and Average Not paid, enter 0) (C) Compensation (If not paid, enter 0) (E) Expense Account Not paid, enter 0) (E) Expense Account Not paid, enter 0) (E) Expense Account Not paid, enter 0) (B) Title and Average Not paid, enter 0) (C) Compensation (If not paid, enter 0) (B) Title and Average Not paid Paid Paid Paid Paid Paid Paid Paid P		ax period beginning						
(A) Name and Address (B) Title and Average Hrs per Week not pald, enter 0) (C) Compensation (If not pald, enter 0) (E) Expense Account Ben. Plans & Def Comp. (E) Expense Account Ben. Plans & Def Comp. (E) Expense Account Ben. Plans & Def Comp. (E) Expense Account One of the plant of the pla								
HAROLD W. TURNER PRESIDENT 12010 ASHLAND WAY 3.00 Shreveport, LA 71106 0 0 0 RONALD L. KEY SEC-TREAS 341 BERKSHIRE 20.00				(D) Cont to Employee	(E) Expense Account			
	12010 ASHLAND WAY Shreveport, LA 71106 RONALD L. KEY 341 BERKSHIRE	PRESIDENT 3.00 SEC-TREAS	0	0	0			
		<u> </u>	l	<u> </u>	1			

BOOKS ARE IN CARE OF

Attachment	6 - 990-EZ Page	3, Part V, L:	ine 42a	
Open to Public		- · - · · · · · · · · · · · · · · · · ·	•	
Inspection	For calendar year 2009 or tax p	eriod beginning	, and ending	
Name of Organization WOODY'S HOL	ME INC		ا دها	ver Identification Number 367619
Part V - Line 42a				
Individual Name , or Business Name			LEWIS DEMOSS, CPA,	LLC
Street Address			3776 YOUREE DRIVE	
U.S Address Zip code	71105 Crty	SHREVEPORT	State LA	
or Foreign Address				
City	· · · · · · · · · · · · · · · · · · ·			- · · · -
Province or S	State		-	
Country		•		<u> </u>
Postal code				
Phone Numb	oer	• • •		(318)869-2727
Fax Number				(318) 869-4588

2009 ADDITIONAL DETAIL STATEMENTS

WOODY'S HOME, INC. 83-0367619

FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562 451