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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2009
Open to Public
Inspection

A FOR	the 20	og care	ndar year, or tax year beginning , 2009, and ending		, 20
B Check	rf applicable:	Please	C Name of organization JOEL AND NINA TAYLOR FOUNDATION, INC	D Employer identifica	tion number
	Address	use IRS label or	Doing Business As	85-0368687	1
	tame change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
\vdash	nital return	type. See	3701 CAMINO DE LA SIERRA, N.E.	505 296-03	111
-	eminated	Specific	City or town, state or country, and ZIP + 4	303 230 03	11
\vdash	Amended	Instruc-	l	G Gross receipts \$	1 (41 0(1
	etum Application		ALBUQUERQUE, NM 87111 Ime and address of principal officer: J. Michael Jones	H(a) Is this a group return	1,641,861
	pending			effiliates?	H H
			512 Presto Way NW, Albuquerque, NM 87104	H(b) Are_all_affiliates inclu	
Tax	k-exempt s		X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. ((see instructions)
J We	ebsite: 🕨	N/A		H(c) Group exemption nur	
K For	rm of orga	nizatıon.	X Corporation Trust Association Other ▶ L Year of form	ation: 2005 M State o	f legal domicile. NM
Part	Su	mmary			
Activities & Governance			pe the organization's mission or most significant activities: TEMENT 1		
8					
6 2			if the organization discontinued its operations or disposed of more than 25		_
ag 3	Num	ber of vo	ting members of the governing body (Part VI, line 1a)	3	3
	Num	ber of in	dependent voting members of the governing body (Part VI, line 1b)	4	
≨ 5	Total	number	of employees (Part V, line 2a)	5	
ĕ 6			of volunteers (estimate if necessary)		
7	a Total	gross ui	nrelated business revenue from Part VIII, column (C), line 12	7a	
			business taxable income from Form 990-T, Ine 34 page 10 to 1		NONE
			I RECEIVED IT	Prior Year	Current Year
8	Contr	ibutions	and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)		
Revenue	Progr	am serv	and grants (Part VIII, line 1h)		
8 10				79,873	25,555.
ž 1			come (Part VIII, column (A), lines 3, 4, and 78141 6	19,013	25,555
1:			- add lines 8 through 11 (must equal Part VIII), column (A), Interior	70 073	25 555
				79,873	<u>25,555</u> .
13			milar amounts paid (Part IX, column (A), lines 1-3)	161,024	<u>121,040</u> .
14			to or for members (Part IX, column (A), line 4)		
8 1	5 Salar	ies, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	33,816	51,419.
<u>و</u> ا			undraising fees (Part IX, column (A), line 11e)		
Expenses	b Total	fundrais	ing expenses, Part IX, column (D), line 25) ▶ NONE		
" 1 ;			es (Part IX, column (A), lines 11a-11d, 11f-24f)	44,963	39,398.
11	B Total	expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	239,803	211,857
15			expenses. Subtract line 18 from line 12	-159,930	-186,302
- g				Beginning of Year	End of Year
8 E 2	n Total	accete fi	D . V E . 45)		
22			· · · · · · · · · · · · · · · · · · ·	2,373,648	<u>895,603</u> .
8일 2			s (Part X, line 26)	NONE	NON H
2.2 22			fund balances. Subtract line 21 from line 20	2,373,648	<u>895,603</u> .
Part	II Si	gnature	Block		
Sigr Here	n and	Signatui	es of perjuryd declare that I have examined this return, including accompanying schedules at is true, correct, and complete Declaration of preparer (other than officer) is based on all interest of officer I CHAEL JONES, PRESIDENT Dorint name and title	nd statements, and to the formation of which prepared to the Date	best of my knowledge irer has any knowledge.
aid repare	sign	arer's ature	Weeks Tables 11/04/2010 Check if self-employed	(see instruct	
Jse Onl] Firm	s name (d employe	THOMSON REUTERS (TAX & ACCOUNTING)	EIN ► 75-1	.297386
	addre	ess, and Z	IP+4 2395 MIDWAY ROAD, BUILDING 1; CARROLLTON, TX 75006-2584		873-6900
lay the	e IRS dis	cuss this	return with the preparer shown above? (see instructions)		X Yes No
or Priv	vacy Act	and Par	perwork Reduction Act Notice, see the separate instructions.	· · · · · · · · · · · · · · · · · ·	Form 990 (2009)

	990 (2009)		Page Z
	Statement of Program Service Accomp	olishments	
	Briefly describe the organization's mission:		
,	SEE STATEMENT 1		
	Direction of the second of the		
	Did the organization undertake any significant		1 124 1 47 61
			Yes X No
	If "Yes," describe these new services on Schedul		
3	Did the organization cease conducting, or make	e significant changes in how it conducts	s, any program
			F-3 F-3
	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for		arnaram services by expenses
•	Section 501(c)(3) and 501(c)(4) organizations ar		
	allocations to others, the total expenses, and rev	renue, it any, for each program service re	ропеа.
4a	(Code:) (Expenses \$ 121,040	including grants of \$ 121,040	,) (Revenue \$
	Support of various evangelical i		
	of serving the Lord Jesus Christ		
	of serving the bord besus thrist	L through various activities	<u> </u>
4 h	(Code:) (Expenses \$	including grants of \$) (Revenue \$
+1)	(Code/\Expenses #		_ / (nevenue \$)
		·- <u></u>	
		· · · · · · · · · · · · · · · · · · ·	
		_ _	<u> </u>
			<u> </u>
lc	(Code:) (Expenses \$	including grants of \$) (Revenue \$
			
	·		
1d	Other program services. (Describe in Schedule C	1.)	
	(Expenses \$ including grants of		1
•6	Total program service expenses ► 12	21,040.	
			Form 990 (2009)

	90 (2009)		!	Page 3
Part	IV Checklist of Required Schedules		V	Na.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Α	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			 ^ -
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			,,
٥	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X: or provide credit counseling, dobt management, gradit repair or debt paratistics, consider 2 # "Yes."			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			, v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		X
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		<u> </u>
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	ļ. ļ		
•	Did the organization report an amount for investments other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	42		v
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	12		Х
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If No, go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		_	
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	230		<u> </u>
•	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? If "Yes," complete Schedule L, Part I	256		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20		26		Х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
41	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			177
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١
	Schedule L, Part IV	28Ь		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	:		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ļ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange. dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations] '		ĺ
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
_	197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
4				(2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			i
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	j :		i
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			i
·	gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 1	16		L
20				! !
L	Statements, filed for the calendar year ending with or within the year covered by this return 0	01		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			<u> </u>
_	instructions)			
38	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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) ⁷	4a		X
b	If Yes, enter the name of the foreign country: ▶		Ì	Ì
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			ļ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
	- Demand and the state of the s			i
a	Did the organization receive a payment in excess of \$75 made partiy as a contribution and partiy for goods			<u> </u>
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ļ
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			į
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			ļ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		j	ļ
11	Section 501(c)(12) organizations. Enter:			!
	Gross income from members or shareholders		-	1
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
12-	amounts due or received from them.)	10.		77
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "You " enter the amount of tax exempt interest received or secreted during the year.	12a		X
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		

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Covernance, Management, and Disclosure For each 'Yes' response to lines 2 through 76 below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Scat</u>	and Managarinis Book and Managarinini		
		Ϋ́ς	3 ½c
ίε.	Enter the number of voting members of the governing body		
· <u>.</u>	Enter the number of young members that are independent	_	
2	Did any officer, director, trustee, or key embloyee have a family relationship or a businessive ationship with		
	any other officer, director, trustee, or key employee?	. 2	X
3	Did the organization delegate control over management outles customarily performed by or under the direct		
	supervision of officers, ciractors or trustees, or key ambioyees to a management company or other person?	3	<u>. X</u>
1,	Did the organization make any sign feart changes to its organizational documents since the prior form 990 presified?		Λ
3_	Did the organization become attack of ing the year of a material diversion of the organization's assets?		
3	Does the organization have members or stockholders?	_3	X
72	Does the organization have members, stockholders, or other persons who may elect one or more members	1	1
	of the governing body?	7e	<u> </u>
5	Are any decisions of the governing body subject to approval by members, stockholde silon other persons?	. 73	<u> </u>
3	Did the organization contemporaneously accument the meetings haid or written actions uncertaken during		
	the year by the following:		
2	The governing body?	. Es X	
5	Each committee with authority to act on behalf of the governing body?	<u>25</u>	X
S	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be leached at		4
	the organization's making address? If Yes, provide the names and addresses in Schedule O		X
	ថែត 🔌 Policies (This Section B requests information about policies not required by the Interna	э,	
reve	enue Ccáe.)		- 21-
			s No
	Does the organization have ocal chapters, branches, or affiliates?	:03	- ¹ <u>- ^</u>
5	f 'Yes," does the organization have written policies and procedures governing the activities of such chapters,		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	· 135	
ſ:	Has the organization provided a copy of this Form 950 to a imembers of its governing body before 6 ing the	10 1 X	
0.00	form?		. 1
	Describe in Schedule Oithe process, if any, used by the organization to review this Form 990		- -
12ε	Does the organization neve a written conflict of interest policy? If No. go to line 13	· <u>~</u>	
3	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		4
	rise to conflicts?	•43	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,	1 0-	:
~~	describe in Schedule O how this is done		
(S)	Does the organization have a written whist ablower policy?		+ 17 + 17
	Does the organization have a written document retention and destruction policy?	· L · '	- 1 = 4*
٠.3	Did the process for determining compensation of the following persons include a review and approval by	1	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management officia	670	Х
5	Other officers or key and oyees of the organization	. <u> </u>	
-	f "Yas" to the 15d of 15b, deed the the process in Schedule O (See Instructions)	051	_ !
4 3 5	Did the organization prosest in, confulbate assets to, or participate in a joint venture or similar arrangement		
پ د	with a laxable entity during the year?	C 3 2	X
_	files, has the organization adopted a written policy or procedure root, ring the organization to evaluate		
~	its partic oation in joint venture arrangements under applicable logers, tax law, and "aren staps to safeguard		
	The diversization, at wardon state studies and states and states and test soft states and states are states and states and states and states and states are states and states and states are states are states and states are states ar	(33	
Scat	ion 6 picateuns		
17	List the states with which a copy of this Form 880 is required to be filed Silem Mexico		
4.0	Section \$104 requires an organization to make its Forms 1023 (or 1024 if applicable), \$50, and \$50 T (501(c));		
_	ayzi ab a for oub in inggeoron indicate how you make these available. Chack a lithat apply	3/5 C/1 Y/	
	' Own webs to ' Y Another's woosite ' Y Upon recliest		
Έ.	Describe in Sphedule O whather lend if so, now), the oliganization makes its governing appliments, conflict of in	ta.set	
	i pessi da infachacia a o sinamar iz din sa, reda, me o ganizaren mates ha governing coodinamis, com let a inf I policy, and financial sialaments availad a lo tha pullo o	10.001	
20	State the name, physical address, and its ephone number of the person who possesses the pooks and tecorics of	itas	
	organization > SANTA FE TRUST, III.C. TID: (888) 984 2775	. 15	
	4001 OFFICE COURT DRIVE SLDG 1000; SANTA FE, AL 87507		
3.	ಕರ್ನಾ ಆರ್. ಆರ. ಆರ. ನಿ. ನಿ. ನಿ. ನಿ. ನಿ. ನಿ. ನಿ. ನಿ. ನಿ. ನಿ	Form 25	(·2005)
	-	_	

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Companiested Employees

la Complete this table for a persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J 2 if additional space is needed.

- List a of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List a of the organization's current key employees. See instructions for definition of "key employee."
- 6 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W 2 and/or Box 7 of Form 1099 M SC) of more than \$100,000 from the organization and any related organizations
- 9 List a of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- e List a of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individua trustees or directors; institutiona trustees; officers; key employees, highest compensated employees; and former such persons

(A)	(3)	(C)						(C)	(E)	(F)
Name and Tit e	Average nours per weex	Formar Phighast compensated emp oyee key emp oyee Key emp oyee Natilutiona trustee or director						Reportable compensation from the organization (W 2/1099 M SC)	Heportable compensation from related organizations (W 2/1099 M SC)	Estimated amount of other compensation from the organization and related organizations
Albert Martin								•		
Director/Treasurer	10	Х		Х	1			8,473.	NONE	NON
Bill Williams									1	
Director/Secretary	10	X		Х			i	13,473.	NONE	NOM
J. Michael Jones										·
Director/President	10	X		Х				29,473.	NONE	NON
				 						· · · · · · · · · · · · · · · · · · ·
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(A)	(D)	1		10	C)			(0)	/E\	1		
(A)	(B)				C) 			(D)	(E)		(F)	
Name and title	Average hours per					hat app		Reportable compensation	Reportat compensa		Estimati amount	
	week	Individual trustee or director	Institutional trustae	Officer	Kay employee	Highest compensated employee	Former	from	from rela		other	
		rect.	Ltic	9	m T	est l	ě	the	organizati		compensa	
		약류	ag.		ğ	e con		organization	(W-2/1099-I	MISC)	from th	
	1	5	Ξ		8	9dL		(W-2/1099-MISC)		}	organizat	
	}	8	stee			nsa					and relation	
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		<u> </u>	<u>_</u>		<u>L</u>	<u></u>						
1b Total	<u></u>	· · · <u>·</u>	<u></u>				<u></u>	51,419.		NONE		NO
2 Total number of individuals (including but not		hose I	iste	d ab	ove	e) who	re	ceived more than \$	3100,000 ir	1		
reportable compensation from the organization	<u> </u>											
											Yes	s No
B Did the organization list any former office	er, directo	or or	tru	iste	e, I	key e	mp	oloyee, or highest	t compensa	ated	- C - C - C - C - C - C - C - C - C - C	
employee on line 1a7 If "Yes," complete Sched	ule J for su	ch ind	livid	ual			٠.	• • • • • • • • • •			3	X
For any individual listed on line 1a, is the	e sum of	repor	tabi	e c	om	pensa	tior	and other com	pensation f	rom		
the organization and related organizations	greater th	nan \$	150	,00	07	If "Y	'es,'	" complete Sched	ule J for s	such		
ındividual	• • • • •										4	X
5 Did any person listed on line 1a receiv	e or accr	ue c	omp	ens	atio	n fro	om	any unrelated o	rganization	for	Sales May	The second
services rendered to the organization? If "Yes,	complete:	Sched	ule .	J fo	r su	ch pe	rsoi	n			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest compensation from the organization.	compensat	ed ir	ndep	enc	dent	cont	trac	tors that received	d more tha	n \$100),000 of	
(A)								(B)			(C)	
Name and business add	ress				_		\perp	Description of ser	vices	Co	ompensation	n
							1					
							\perp					
							+					
2 Total number of independent contractors (ii											**************************************	-

Par	t-VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ns, gifts, grants milar amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e				
Contributions, and other simi	f g	Ali other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f			1	
_e		- Business-Code				-i
Program Service Revenue	2a b c d					
Prograr	e f g	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	29,333.			29,333
	6a b c	Gross Rents				
	7a b	Gross amount from sales of assets other than inventory Less' cost or other basis and sales expenses				
i	C	Gain or (loss) 3 , 778	2 770		<u> </u>	
Other Revenue	d 8a b	Ret gain or (loss)	-3,778.			
Ö	c 9a	Net income or (loss) from fundraising events				
	ь	See Part IV, line 19	,		<u> </u>	
		Ret income or (loss) from gaming activities			 	
		Less. cost of goods sold				
	11a b c d	All other revenue				
	_	Total. Add lines 11a-11d	1			29,33

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C), and (D)

Do not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	6Ь,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governmen	nts and				
organizations in the U.S. See Part IV, line 2	i	121,040	121,040.		
2 Grants and other assistance to individu	uals in				
the U.S. See Part IV, line 22	1				
3 Grants and other assistance to govern	ments,				
organizations, and individuals outside	e the				
U.S. See Part IV, lines 15 and 16					
4 Benefits paid to or for members					
5 Compensation of current officers, dir					
trustees, and key employees		51,419		51,419.	
6 Compensation not included above, to disc	F				
persons (as defined under section 4958(f)	(1)) and		1		
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages					
8 Pension plan contributions (include section	F				
and section 403(b) employer contributions		į			
9 Other employee benefits					
O Payroll taxes	F				·· · · · · · · · · · · · · · · · · ·
1 Fees for services (non-employees)					
a Management	ļ	9,552		9,552.	
b Legal		4,027		4,027.	
c Accounting		536.		536.	
d Lobbying		330.			
e Professional fundraising services See Part IV,					
f investment management fees		24,727		24,727.	
		21,121		21,721.	
g Other					
2 Advertising and promotion					
3 Office expenses					
4 information technology	Г				
S Royalties					
6 Occupancy		275.		275.	
7 Travel		273.			
8 Payments of travel or entertainment ex					
for any federal, state, or local public of					
9 Conferences, conventions, and meetings	· · · ·				
0 Interest	• • • •				
Payments to affiliates	9				
2 Depreciation, depletion, and amortization	—				·
3 Insurance	• • • •				
4 Other expenses Itemize expenses					
covered above. (Expenses grouped to	-				
and labeled miscellaneous may not					
5% of total expenses shown on line 25 t	berow.)				
a					
b					
c					
d					
e					
f All other expenses		281.		281.	
5 Total functional expenses. Add lines 1 throu	ugh 24f	211,857.	121,040.	90,817.	NON
	lowing	1			
SOP 98-2. Complete this line only		į			
organization reported in column (B) joint from a combined educational campaign	n and			İ	
fundraising solicitation		!			

art X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
	Cash - non-interest-bearing	1,252.	1	-4,666
2 9	Savings and temporary cash investments	1,230,870.	2	33,674
	Pledges and grants receivable, net		3	
4 /	Accounts receivable, net		4	
5 F	Receivables from current and former officers, directors, trustees, key			
1 6	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
1 4	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
1	Part II of Schedule L		6	
g 7	Notes and loans receivable, net		-7 -	
	nventories for sale or use		8	
9 1	Prepaid expenses and deferred charges		9	
	and, buildings, and equipment: cost or 10a			· · · · · · · · · · · · · · · · · · ·
	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		10c	
	nvestments - publicly traded securities	836,295.	11	695,094
	nvestments - other securities. See Part IV, line 11		12	171,501
	nvestments - program-related. See Part IV, line 11	303,231.	13	1/1/301
4	ntangible assets		14	
	Other assets. See Part IV, line 11		15	
	· · · · · · · · · · · · · · · · · · ·	2,373,648.	16	895,603
	Total assets. Add lines 1 through 15 (must equal line 34)	2,313,030.	17	0,00,00.
	F		18	
	Grants payable		19	
	Deferred revenue			
	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
1 1	persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties		24	
	Other Inabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	NONE	26	NOI
1	Organizations that follow SFAS 117, check here and			
g (complete lines 27 through 29, and lines 33 and 34.			
27 l	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds	2,373,648.	30	895,603
31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,373,648.	33	895,603
	Total liabilities and net assets/fund balances	2,373,648.	34	895,603
		4,3/3,040.	1 2 7	Form 990 (20

Page	1	2
· ugo	•	-

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		l	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	Х
ь	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	1	\	}
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1		
	issued on a consolidated basis, separate basis, or both:	1	ŀ	ļ
	Separate basis Consolidated basis Both consolidated and separate basis		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
_			990	(2009

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.

Onen to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

JOEL A	IOEL AND NINA TAYLOR FOUNDATION, INC. 700068 85-0368687									
Part I	Reason fo	r Public Chari	ty Status (All organi	izations m	ust compl	ete this	part.) Se	e instruc	tions.	
The orga	nization is no	t a private found	ation because it is: (Fo	or lines 1 th	rough 11,	check onl	y one bo	x.)		
1 []	A church, co	onvention of chu	rches, or association of	of churches	described	in section	170(b)(1)(A)(i).		
2	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	tach Sched	ule E.)					
3	A hospital o	r a cooperative h	nospital service organiz	zation desc	ribed in sec	tion 170	(b)(1)(A)	iii).		
4 📗	A medical	research organiz	zation operated in co	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and sta	ate:							
5 5	An organiza	tion operated for	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	oy a gove	rnmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)							
6	A federal, st	ate, or local gov	ernment or governmer	ntal unit de	scribed in s	section 1	70(b)(1)(<i>/</i>	A)(v).		
7 🔲	An organiza	tion that norma	lly receives a substant	tial part of	its support	from a g	governme	ntal unit	or from t	he general public
	described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9										
	receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	rtain exc	eptions,	and (2) r	o more t	han 331/3% of its
							-			
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organiza	tion organized a	nd operated exclusivel	y to test fo	r public saf	ety. See s	ection 5	09(a)(4).		
11 X									ns of, or	to carry out the
	11 X 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.									
	а 🗓 Тур	el b	Type II c	: Птур	e III - Funct	ionally in	tegrated		d Ty	pe III - Other
e X	By checking	this box, I ce	rtify that the organiz	ation is no	ot controlle	d directl	y or ind	irectly by	one or	more disqualified
			ion managers and oth							
	509(a)(1) or	section 509(a)(2).			, -		_		
f	If the organ	nization received	a written determinat	tion from t	the IRS tha	nt it is a	Type I, 1	ype II, o	r Type III	supporting
		, check this box								X
g	Since Augus	st 17, 2006, has	the organization accep					the		
	following pe	ersons?							•	
	(i) A perso	on who directly	or indirectly controls	, either al	one or tog	ether wit	h person	s describ	ed in (ii)	Yes No
	and (iii)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X
	(ii) A famil	y member of a p	erson described in (i) a	above?						11g(ii) X
	(iii) A 35%	controlled entity	of a person described	in (i) or (ii)	above?					11g(iii) X
h	Provide the	following inform	ation about the suppo	rted organi	ization(s).					
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
org	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	support
		1	(see instructions))	governing	aocament		port?		S.?	
				Yes	No	Yes	No	Yes	No	
SEE STA	ATEMENT 2						ļ	ŀ		
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Total				1	1		1	l		

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

Par	(Complete only if you chec	ganizations E ked the box o	Described in S n line 5, 7, or	Sections 170(8 of Part I.)	b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi) <u>N/A</u>
<u>Sec</u>	tion A. Public Support						<u> </u>
Cale	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.")						
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						
5	The portion of total contributions by each			1			ľ
	person (other than a governmental unit or						
	publicly supported organization) included		1				
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					·	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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			<u> </u>	<u> </u>		
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here	for the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (I					14	
15	Public support percentage from 2008					15	%
16a	331/3% support test - 2009. If the						
	this box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test - 2008. If the						
	check this box and stop here. The org	anization qualif	fies as a publicly	supported orga	inization		▶ 🗀
17a	10%-facts-and-circumstances test - 2	2 009 . If the org	anization did no	t check a box o	n line 13, 16a o	r 16b, and line	14 is 10%
	or more, and if the organization m						
	Part IV how the organization meets	the "facts-and-c	circumstances	test. The organi	ization qualifies	as a publicly	supported
	organization						
Ь	10%-facts-and-circumstances test -	2008. If the or	ganization did	not check a box	on line 13, 16	ia, 16b, or 17a	, and line
	15 is 10% or more, and if the org	anization meet	s the "facts-an	d-circumstances	" test, check t	his box and s	top here.
	Explain in Part IV how the organzati	on meets the	"facts-and-circur	nstances" test.	The organization	n qualifies as	a publicly
	supported organization				· · · · · · · · · ·		▶ 🔲
18	Private foundation. If the organization instructions	on did not che	ck a box on lir	ie 13, 16a, 16b	o, 17a, or 17b,	check this box	and see
							90 or 990 F7) 2009

Parall Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked	d the box on l	ine 9 of Part I.	.)			N/A
Sect	ion A. Public Support			_			
C	iendar 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.")		,				
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513]	<u></u>	
4	Tax revenues levied for the organization's				·		
	benefit and either paid to or expended on						
	its beha;f				! !		
5	The value of services or facilities						
	furnished by a governmental unit to the				!		
	organization without charge				1		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				İ		
b	Amounts included on lines 2 and 3 received from other than disquelified						
	persons that exceed the greater of	,			•		
	\$5,000 or 1% of the amount on line 13 for the year			1			
r	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						1
Sect	ion B. Total Support				·		<u> </u>
	tiendar year (or fiscai year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota!
9	Amounts from line 6					1.7	
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,				ļ		
	whether or not the business is regularly carried on	'			1		1
12	Other income. Do not include gain or						
	ioss from the sale of capital assets				1		
	(Explain in Part (V)				1		ļ
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				{		
14	First five years, if the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here	•			•		
Sect	ion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,			nn (f))		15	%
16	Public support percentage from 2008 Schei						%
Sect	ion D. Computation of Investmen						
17	Investment income percentage for 2009 (li			3, column (fl)		17	%
18	Investment income percentage from 2008					18	
_	33 1/3% support tests - 2009. If the o					<u> </u>	
	17 is not more than 33 1/3%, check the	-					
ь	33 1/3% support tests - 2008. If the org						
J	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-	•		• • •	

Schodulo A (Form 990 or 990 5Z) 2009

Schedule A (F	orm 990 or 990-EZ) 2009						Page 4
Part IV	Supplemental Inform Part II, line 17a or 17	ation. Complete to b; or Part !!!, !ine 1	his part to 2. Provide	provide the any other add	explanations requir	red by Part II, line See instructions.	10;
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<b>-</b>							
						·	

Schedule D (Form 990) 2009			Page 3
!nvestments - Other Securities. See For			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end of-year mark	
Financial derivatives			
Cioseiy-heid equity interests			
Other			
FHLB 5.750%	26,783	COST	
FHLB 4.875%	21,458	COST	
U.S. TREASURY NOTE 5.125%	25,402	COST	
GOLDMAN SACHS NOTE 4.500%	24,559	COST	
TARGET CORP NOTE 5.875%	26,098	COST	
U.S. TREASURY NOTE 1.625%	15,233	COST	
MERCK & CO NOTE 4.750%	15,510	COST	
ORACLE NOTE 5.750%	16,458		
Olachi Koli 5.750 8	10,450		
Total (Column (b) must equal Form 990, Part X, col (B) line 12 )	171,501	<del></del>	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		12	<del></del>
<del></del>			
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	···		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)			<u></u>
Other Assets. See Form 990, Part X, lin	e 15		
	Description		(b) Book value
(0)	, , , , , , , , , , , , , , , , , , ,	·····	(D) BOOK VAILE
		· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, col (B) line 15)			
Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
	<del></del> -		
	<del></del>		
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's fiabrity for uncertain tax positions under F:N 48

# SCHEDULE | (Form 990)

Department of the Treasury Internal Roveriue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009 0047

edsul

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization						Employer identification number	on number
JOEL AND NINA TAYLOR FOUNDATION	- 4	INC, 700068	68			85-036868	8.7
Part I General Information on Grants and Assistance	and Assistar	nce				_	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	o substantiate	the amount of	the grants or assistand	ce, the grantees' elig	gibility for the grants	or assistance, and	
	rants or assista	nnce?					X Yes
υL	cedures for mo	onitoring the us	e of grant funds in the	United States,		-	
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed	o Governmer Iny recipient 1 390) if additic	nts and Organ that received in	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use ional space is needed	ted States. Comp Check this box if r	lete if the organize no one recipient re	ation answered "Ye	s" to 55,000. Use
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if appl cable	(d) Amount of cash grant (e) Amount of non cash assistance	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appriisal,	(g) Description of non cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 3							
2 Enter total number of section 501(c)(3) and government organizations	nd governmen	t organizations				•	3
3 Enter total number of other organizations	+ Alotio	the last transfer				•	1000 L
FOT Privacy Act and Paperwork negucion At	ct Notice, see	The Instruction	the instructions for rorm 890.		Ē	ochedi	Schedule I (Form 990) 2009

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JSA 9E128B 1 000 Page 2

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV N/A

#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury, Internal Revenue Service Name of the organization

Employer identification number

JOEL AND NINA TAYLOR FOUNDATION, INC. 700068	85-0368687
EXPLANATION ABOUT COMMITTEES	
FORM 990 , PAGE 6, PART VI, LINE 8b	
The organization does not have separate committees. They go	vern the
whole organization as a group.	
EXPLANATION OF REVIEW PROCESS	
FORM 990, PAGE 6, PART VI, LINE 11A	
Form 990 is reviewed by the organization's lawyer and the	
organization's administrative agent (bookkeeping service). Q	uestions
are aired with the organization's President who does not rev	iew and
sign the return until any issues that arose during the revie	wing
process have been resolved and a final draft is presented.	Any board
member is entitled to review and comment upon the return bef	ore it is
filed, upon request.	
SUPPLEMENTAL INFORMATION FOR SCHEDULE A, PART I, (h) - STATEMENT	2 &
SCHEDULE I, PART II, GRANTS PAID - STATEMENT 3	
ALBUQUERQUE CHRISTIAN CHILDREN'S HOME:	- <b></b>
DIRECT CONTRIBUTIONS: \$30,260.00 - 23-7122398	
MONTGOMERY CHURCH OF CHRIST MISSION EFFORTS: \$25,000.00 -	85-0240167
UNIVERSITY CHURCH OF CHRIST MISSION EFFORTS: \$5,260.00 - 8	5-6063392
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
The organizing documents and financial statements are made a	vailable

JOEL AND NINA TAYLOR FOUNDATION, INC. 700068

85-0368687

FORM 990, PART I AND PART III - ORGANIZATION'S MISSION

Per the Acticles of Incorporation, the Corporation is organized and shall be operated exclusively to support or benefit Albuquerque Christian Children's Home, and the Church of Christ mission efforts it supports; Albuquerque Christian School; and Lubbock Christian University in their combined worldwide ministry of serving the Lord Jesus Christ through their various activities.

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STATEMENT

*XD576 2.000 BIW280 667U 11/04/2010 14:20:20

700068

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IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

AMOUNT OF SUPPORT: .....

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: See Schedule O EIN: 23-7122398 TYPE OF ORGANIZATION FROM PART I: 509(a)(2) IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 60,520. NAME OF SUPPORTED ORGANIZATION: Albquqe Christian School EIN: 85-0296318 TYPE OF ORGANIZATION FROM PART I: School IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 30,260. NAME OF SUPPORTED ORGANIZATION: Lubbock Christian Univ EIN: 75-0950119 TYPE OF ORGANIZATION FROM PART I: School

TOTAL SUPPORT:

121,040.

30,260.

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US 

NAME OF ORGANIZATION:

SEE SCHEDULE O

ADDRESS:

5700 TAYLOR RANCH ROAD NW

ALBUQUERQUE, NM 87120

EIN:

IRC SECTION: 509(a)(2)

23-7122398

NAME OF ORGANIZATION:

ALBUQUERQUE CHRISTIAN SCHOOL

ADDRESS:

12600 INDIAN SCHOOL ROAD

ALBUQUERQUE, NM 87112

85-0296318 EIN:

IRC SECTION: 501(c)(3)

NAME OF ORGANIZATION:

LUBBOCK CHRISTIAN UNIVERSITY

ADDRESS:

5601 19TH STREET

LUBBOCK, TX 79407

EIN: 75-0950119 IRC SECTION: 501(c)(3)

AMOUNT OF CASH GRANT.... 30,260.

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Page 2

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (a) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III Part IV N/A