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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)

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- 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**A For the 2009 calendar year, or tax year beginning , and ending****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization**Youth With a Mission
Northern Arizona, Inc.**

Number and street (or P O box, if mail is not delivered to street address)

PO Box 30776

Room/suite

City or town, state or country, and ZIP + 4

Flagstaff**AZ 86003-0776****D Employer identification number****86-1014029****E Telephone number****928-527-0104****F Group Exemption Number**

Number ►

• 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 ☐ AccrualOther (specify) ► **Modified Cash****I Website: ► www.tribalwinds.org****J Tax-exempt status** (check only one) — ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ **136,275****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	96,170
	2	Program service revenue including government fees and contracts	2	18,357
	3	Membership dues and assessments	3	
	4	Investment income	4	1,138
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here <input type="checkbox"/>)		
	a	Gross revenue (not including reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a	196	
b	Less cost of goods sold	7b	68	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	128	
8	Other revenue (describe ► See Statement 1)	8	20,414	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	136,207	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,910
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	74,092
	14	Occupancy, rent, utilities, and maintenance	14	41,590
	15	Printing, publications, postage, and shipping	15	1,428
	16	Other expenses (describe ► See Statement 2)	16	36,730
	17	Total expenses. Add lines 10 through 16	17	155,750
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-19,543
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	556,888
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	537,345

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

(See the instructions for Part II.)

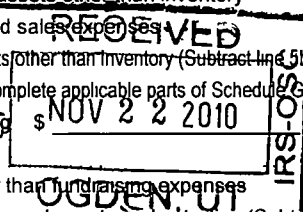
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,872	11,673
23 Land and buildings	649,775	630,978
24 Other assets (describe ► See Statement 3)	4,322	5,399
25 Total assets	675,969	648,050
26 Total liabilities (describe ► See Statement 4)	119,081	110,705
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	556,888	537,345

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

Form **990-EZ** (2009)

DAA

SCANNED DEC 17 2010



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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		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		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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		X
41 List the states with which a copy of this return is filed None		
42a The organization's books are in care of William A Toms Telephone no 928-527-0104 6085 Leupp Rd Located at Flagstaff, AZ ZIP + 4 86004-8532		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

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	Yes	No
46			X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
47			X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
48			X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	X	
49a		X	
49b	If "Yes," was the related organization a section 527 organization?		X
49b			X

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

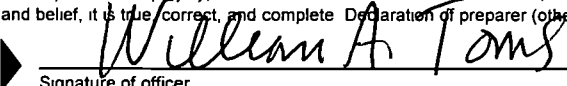

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer William A Toms Type or print name and title		Date 11-15-10 President	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
	 Firm's name (or yours, if self-employed), address, and ZIP + 4 John H Blaubach, EA 924 Anacapa St Ste 2-N Santa Barbara, CA 93101-7129	11/11/10	<input checked="" type="checkbox"/>	P00234307 EIN Phone 805-965-8558

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

Yes No

Department of the Treasury
Internal Revenue Service

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
Inspection**

Name of the organization **Youth With a Mission
Northern Arizona, Inc.**

Employer identification number
86-1014029

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

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

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
 - ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
 - ☐ 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 governmental unit described in **section 170(b)(1)(A)(v).**
 - ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % 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)
 - ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - ☐ 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

<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Type III—Functionally integrated	<input type="checkbox"/> Type III—Other
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 - ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187,224	98,499	118,023	201,586	96,170	701,502
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	187,224	98,499	118,023	201,586	96,170	701,502
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)						145,429
6 Public support. Subtract line 5 from line 4						556,073

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	187,224	98,499	118,023	201,586	96,170	701,502
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,185	27	1	11	3	8,227
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,357	801	881	0	3,039
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	8,481	9,714	14,038	21,690	20,414	74,337
11 Total support. Add lines 7 through 10						787,105
12 Gross receipts from related activities, etc. (see instructions)					12	75,048
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	70.65 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	71.19 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
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.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Expense Reimbursements	\$	3
Ground Fees	\$	13,575
NSF Check Fees	\$	30
Property Tax Refund	\$	208
Recovery of Prior Year's Expenses	\$	1,142
Reversed Outstanding Checks	\$	1,491
Staff Fees	\$	57,888

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

**Youth With a Mission
Northern Arizona, Inc.**

Identifying number

86-1014029

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

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	20,725

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
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 ▶ <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	20,725
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

There are no amounts for Page 2

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Staff Fees	\$ 15,815
Ground Fees	3,424
Recovery of Prior Yr Expense	1,142
NSF Check Fees	30
Expense Reimbursements	3
Total	<u>\$ 20,414</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Mobile Home S/T Rental	\$
Interest	350
Insurance	158
Property Taxes	68
Utilities	657
Water	394
Expenses	
Website Domain Registration	119
Office Supplies	485
Office Supplies	221
Telephone	1,533
Internet Access Fees	1,497
Airfare	7,950
Private Auto Reimbursements	420
Public Transportation	601
Vehicle Fuel	922
Vehicle Insurance	331
Vehicle Repairs & Maintenance	512
Lodging	3,107
Conferences & Seminars	350
Finance Charges	2
Mortgage Interest	8,054
Fees & Penalties	188
Bank Service Charges	309
Computer Repairs	153
Credit Card Process. Fees	1
Equipment Repairs	349
Groceries & Meals Out	3,621
Groceries & Meals Out	707
Licenses & Permits	827
Maintenance Supplies	936
Maintenance Supplies	32
Ministry Supplies	779
Ministry Supplies	584
Miscellaneous	513
Total	<u>\$ 36,730</u>

Federal Statements

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 30	\$ 113
Inventories for Sale or Use	113	225
Prepaid Expenses and Deferred Charges	225	5,471
Computers and Office Equipment	4,204	3,911
Less Accumulated Depreciation	3,684	126
Computer Software		6
Less Accumulated Depreciation		4,237
Furniture and Fixtures	3,101	1,558
Less Accumulated Depreciation	970	4,025
Ministry Equipment	4,025	3,523
Less Accumulated Depreciation	3,111	120
Livestock	120	14
Less Accumulated Depreciation	14	6,387
Vehicles & Trailers	6,387	6,187
Less Accumulated Depreciation	6,104	4,322
	<u>4,322</u>	<u>5,399</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,652	\$ 1,124
Mortgage and Other Notes Payable	116,429	109,581
	<u>119,081</u>	<u>110,705</u>

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

To help native peoples know their creator God through his son Jesus, and to make Him known.

Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

Digital Documentary School: A 3-1/2 month program, including practical final project, using digital documentary as a tool enhancing Hopi kids's self confidence and better connecting them to their elders and community. One student's final project featured the History of the Hopi Church.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

Adult Ministry: We held Bible Study Group for 15 people meeting about eleven times and various different one on one discipleship or mentoring sessions.

Youth Ministries: Weekly Sunday School for 10 kids (24 days), Bible Study group with 15 kids over seven days, three separate one week Vacation Bible Schools serving a total of 60 kids, and a four day Camp for nine kids & one adult.

Benevolence & Mercy Ministries: Housing Assistance for nine individuals, paying the Utility bills for one needy person, direct Cash Assistance for six people, Car Repairs for two people, Household Repairs for three individuals, paying for one person's medication and new clothing for a needy family.

Foster Care Ministry: Before suspending, our short term foster care program, we cared for one child for one day.

Conference Ministry: Using our conference facility to host other entities's events. There was no activity in 2009.

Sea & Summit Expeditions: Leadership development and team building via wilderness outings. There was no activity in 2009.