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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsonng 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

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*Section 501(c/3) organizations and 4547(x/1) nonexempt charitable trusts must strack a completed Schedule A from 590 or 590 E.D. **Nobelite** N/A **If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than 525(00.0 A Form 590 E.D. Form 590 erbits in not required, but if the organization choices to file a return, be sure to file a complete return. **Add ires 5, 6b, gand 7b, to line 9 to determine gross receipts; if \$50,00.00 or more, the Form 590 erbits in not required, but if the organization choices to file a return, be sure to file a complete return. **Add ires 5, 6b, gand 7b, to line 9 to determine gross receipts; if \$50,00.00 or more, the Form 590 erbits in not required, but if the organization choices to file a return, be sure to file a complete return. **Add ires 5, 6b, gand 7b, to line 9 to determine gross receipts; if \$50,000.00 or more, the Form 590 erbits in the organization in the sure of the complete return. **Add ires 5, 6b, gand 7b, to line 9 to determine gross receipts; if \$50,000.00 or more, the Form 590 erbits in the organization in the return. **Add ires 5, 6b, gand 7b, to line 9 to determine gross receipts; if \$50,000.00 or more, the Form 590 erbits in the organization in the file or more than 1 to the organization of the organization in the sure or the organization in the sure organ	=	1	Specifi		-		
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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 \$5,06, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 \$ 95, 213. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 93, 248. 2 Program service revenue including government fees and contracts 1 93, 248. 3 Membership dues and assessments 1 93, 248. 4 Investment income 4 1, 965. 5 a Gross amount from sale of assets other than inventory 5 a 5 b 5 c 5 a Gross semount from sale of assets of the graph of the set of the set of the set of the graph of the set of	1				required to attac	h Sche	dule B (Form 990,
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progr	am title.				for o	thers)
28	DEVELOPED STORY LINE AND					
	EVANGELISTIC PURPOSES. 1	HE TAPES FILMED IN	VARIOUS FOREI	GN		
	COUNTRIES ARE FOR DISTRIE	BUTION.]		
	(Grants \$ 1,800.) If th	is amount includes foreign gra	ants, check here	<u> </u>	28 a	95,162.
29						
]		
				1		
	(Grants \$) If th	is amount includes foreign gra	ants, check here		29 a	
30						
				1		
		is amount includes foreign gra	ants, check here	>	30 a	
31	Other program services (attach schedule					
		is amount includes foreign gra	ants, check here	<u> </u>	31 a	
	Total program service expenses (add lin	·	 	<u>_</u>	32	95,162.
Par	IV List of Officers, Directors		· * · · · · · · · · · · · · · · · · · ·			
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan		(e) Expense account and other allowances
		to position		deferred compensa		
	PHEN L CADD	PRESIDENT	•		0.	0.
	FULTON ST	40.00				
	BERG, OR 97132					
	EN_CADD	VICE PRESIDENT	•		0.	0.
	E FULTON	20.00				
	BERG, OR 97132					
	RANCE_CUDDEFORD	SECRETARY			0.	0.
	00 SW JAQUITH	1.00				
	BERG, OR 97132					
	N G CECH	TREASURER			0.	0.
	49_WEDGEWOOD	1.00				
	TIN, CA 92780	DOJED WEIGHT			_	
	REN KOCH	BOARD MEMBER			0.	0.
	FORDLAND AVE	1.00				
	VERNE, CA 91750	DOADD MEMBER		 	0.	0.
	VAL HADLEY 51 DALE STREET H-3	BOARD MEMBER 1.00			υ.	J
		1.00				
	NTON, CA 90680	BOARD MEMBER	0.		0.	0.
	RIE BISHOP 2 PYMBROKE CIRCLE	1.00			٥.	
	HERS, IN 46038	1				
	DY RAY	BOARD MEMBER	0.		0.	0.
	32 BAYBERRY	1.00	7.		٠.	Ĭ
	SION VIEJO, CA 92692-4540	4				
-1110	510H 11100, OH 52052 4540					
		1				
		1				
		1				
		1				
]		ļ		
]				
				<u> </u>		
BAA		TEEA0812L 0	11/30/10			Form 990-EZ (2009)

Page 3

Pai	TV Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	ſ	Yes	No
	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		Х
15	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			
8	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		Х
Ŀ	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		Х
37ε	Enter amount of political expenditures, direct or indirect, as described in the instructions 5.	33		
Ŀ	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		Х
Ŀ	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	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.			
t	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	40ъ		X
•	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			
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed NONE		•	
	The organization's books are in care of PON BRANNON Telephone no. PON		774 Yes	No X
ď	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		X
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	, '		N/ N/
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,'	,_		v
	Form 990 must be completed instead of Form 990-EZ	45 rm 990		<u>X</u>

r ant vi	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	onexempt charitab	le trusts must answe	question	ons	1
46 Did ti	ne organization engage in direct or indirec	ct political campaign act	ivities on behalf of or in	opposition to candidates	$\overline{}$	Yes	No
	ne organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule (•	46		X
	ne organization engage in lobbying activit			•	47		X
	e organization a school as described in se			dule E	48		X
	ne organization make any transfers to an	· ·	related organization?		49a	+	X
	es,' was the related organization a section	_			49ь		
50 Comp empl	olete this table for the organization's five loyees) who each received more than \$10	nighest compensated er 0,000 of compensation	nployees (other than o from the organization.	fficers, directors, trustees a If there is none, enter 'Non	and key e.'		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp accour other allo	nt and	
NONE							
1		0	0.	0.			0.
	,		_ 				
f Total	number of other employees paid over \$1	I 00.000 ► 0		<u> </u>			
51 Comp	olete this table for the organization's five libensation from the organization. If there is	nighest compensated in none, enter 'None'	dependent contractors	who each received more the	ıan \$100,(000 of	
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Compe	ensation	
NONE							
							
							—
		·					—
d Total	number of other independent contractors	each receiving over \$1	00.000	· · ·			
			,				
	Under penalties of perjury, I declare that I have example, correct, and complete Declaration of preparer	nined this return, including according	ompanying schedules and stat	ements, and to the best of my know	vledge and b	elief, it i	\$
	true, correct, and complete Declaration of preparer	(outer that officer) is based off	all kilomation of which prepa	rer nas any κησωιευσμε 'Λ			
Sian	Welen & Cab	2d		Aug. 18	201	0	
Sign Here	Signature of officer	1		Date 0) 		
	Helen R. Cado	- Vice Pre	٤,				
	Type or print name and title						
Paid	Preparer's bus CMEA	^	Date 11	Check if See	arer's Identify instructions)	nng Num	ber
Pre-	signature GREG C MEARS	,	9-14-	b self- employed ► N/I			
parer's	yours if self.	VICE, P.C.	···				
Use	employed), 211 / PURTLAND R				/A		
Only	ZIP +4 NEWBERG, OR 9/1		* · · · · · · · ·	Phone no ► (503)	538-8		
	S discuss this return with the preparer sh	own above? See instruc	ctions	1	Yes Porm		3000)
BAA					Form 990	-E& (4	(ピリリニ

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 Inspection

Department of the Treasury Internal Revenue Service

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

Employer Identification number

Name	of th	e organization							Employe	r identificat	don number	<u> </u>
SWO	RD	PRODUCTIONS	INC						93-1	136196	5	
Par	H	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) See	instruc	ctions	
The c				se it is: (For lines 1 throu								
1	Г	A church, convente	on of churches or asso	ociation of churches desc	ribed in	section	170(ь)(I)(A)(i).				
2		1		X(ii). (Attach Schedule E								
3	Г			organization described i	•	n 170(b	XTXAXII	i).				
4	\vdash	A medical research	n organization operate	d in conjunction with a ho	ospital d	escribec	ın sect i	ion 170	(b)(1)(A)	(iii) Ente	er the hospita	al's
	-	name, city, and sta		•	•						•	
5		An organization op 170(b)(1)(A)(iv). (C	erated for the benefit complete Part II)	of a college or university	owned o	or opera	ted by a	goverr	mental	unit desc	cribed in sect	ion
6	\sqcup			governmental unit describ								
7	X	in section 170(b)(1)	(A)(vi). (Complete Pa			_	ernmen	tal unit	or from	the gene	ral public des	scribed
8	느	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)						
9	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.)											
10	L	An organization org	ganized and operated	exclusively to test for put	blic safe	ty. See	section	509(a)(4	l) .			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.											
		a Type I	b Type II	c Type III	I Fund	tionally	ıntegrat	ed		d 🗌	Type III- O	ther
е	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).								other on			
f			received a written dete	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,	
g		Since August 17, 2	006, has the organization	tion accepted any gift or	contribu	ition froi	m any of	f the fol	lowing p	ersons?	_	
												res No
		below, the go	overning body of the su	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (II) ar	nd (III)	11 g (i)	
		• •	iber of a person desc	**							11 g (ii)	
		` '	•	described in (i) or (ii) ab-							11 g (iii)	
h		Provide the following	ng information about the	ne supported organization	ns.							
	(Name of Supported Organization	(II) EIN	(fil) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	organizat (I) listed gove	s the son in col i in your ment?	the organ	ou notify ization in (1) of ipport?	(vi) is the organization in col (i) organized in the US?		(vii) Amount o	f Support
					Yes	No	Yes	No	Yes	No		
					<u> </u>							
						ļ						
					1	İ	•					
					<u> </u>	<u> </u>						
					1	i	1					
					<u> </u>					$\sqcup \sqcup$		
Total BAA		Privacy Act and Paperw	vork Reduction Act Notice,	see the instructions for Form 9	990 or 990	-EZ.			Schedul	e A (For	m 990 or 990	-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SWORD PRODUCTIONS INC 93-1136196

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.)

Sec	tion A. Public Support	ed the box on line	5, 7, or 8 of Part I	.)			
	endar year (or fiscal year	(=) 2005	4 > 6005	() 0007			
	nning in) È	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
'	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	91,800.	85,893.	68,970.	97,967.	93,248.	437,878.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1 through 3	91,800.	85,893.	68,970.	97,967.	93,248.	437,878.
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)						53,634.
6	Public support. Subtract line 5 from line 4					:	384,244.
Sec	tion B. Total Support					<u> </u>	
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	91,800.	85,893.	68,970.	97,967.	93,248.	437,878.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,100.	3,183.	3,255.	2,882.	1,965.	13,385.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10						451,263.
12	Gross receipts from related activi	ties, etc. (see inst	ructions).			. 12	0.
13	First five years. If the Form 990 is organization, check this box and	s for the organizati stop here	on's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						-
14 15	Public support percentage for 200 Public support percentage from 2	•	••	11, column (f)		14	85.2 % 86.1 %
16 a	33-1/3 support test — 2009. If the and stop here. The organization of	organization did n qualifies as a publi	ot check the box cly supported orga	on line 13, and th	ne line 14 is 33-1/3	3 % or more, check	this box ▼
t	33-1/3 support test — 2008. If the and stop here. The organization of	organization did n qualifies as a publi	ot check a box on cly supported orga	line 13, or 16a, a anization	and line 15 is 33-1	/3% or more, chec	
17 a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-an	d-circumstances' i	test, check this bo	ox and stop here.	Explain in Part IV	how
b	10%-facts-and-circumstances tes or more, and if the organization no organization meets the 'facts-and	neets the 'facts-an	d-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	is 10% how the
	Private foundation. If the organiz	ation did not check	a box on line, 13	, 16a, 16b, 17a, c			
BAA					Sch	nedule A (Form 99)	u or 990-E./) 2009

	dule A (Form 990 or 990-EZ) 200	9 SWORD PE	RODUCTIONS 1	LNC		93-113619	96 Page 3
Par		•		in Section 50	9(a)(2)	-	
	(Complete only if you che	cked the box on li	ne 9 of Part I.)				
	tion A. Public Support	T	T	I	1 22 22 2	<u>, </u>	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do						1
	not include 'unusual grants ')		ļ	 			
2	Gross receipts from admissions, merchandise sold						
	or services performed, or						
	facilities furnished in a activity that is related to the			1			
	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, 3 received from disqualified persons						
ь	Amounts included on lines 2		 		† 		
	and 3 received from other than						
	disqualified persons that exceed the greater of 1% of	•					
	the amount on line 13 for the			1			
	year						-
	Add lines 7a and 7b						
8	Public support (Subtract line			<u> </u>	 		1
Sac	7c from line 6.) tion B. Total Support	<u>L</u>	<u> </u>	<u> </u>	<u>.f.,</u>	L.,	<u> </u>
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(a) 2003	(3) 2000	(6) 2007	(2) 2000	(0)2003	(1) 1 0 tu.
	Gross income from interest.				-	 	
	dividends, payments received			i			
	on securities loans, rents, royalties and income form						
	sımılar sources				1		
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	1					
	activities not included inline 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of		1				Ţ.
	čapital assets (Explain in						
19	Part IV.)		 		 		
14	Total support. (add ins 9, 10c, 11, and 12)	is for the organiz	I. ation's first secon	d third fourth o	or fifth tay year as	a section 501(c)(3)
	First five years. If the Form 990 organization, check this box and	I stop here .	2001 3 111 St, 30001	d, ama, roarar, c			· · · · ·
	tion C. Computation of Pu						
	Public support percentage for 20			e 13, column (f))		. 15	
	Public support percentage from					16	
	tion D. Computation of In					1 47	
	Investment income percentage f				nn (t))	17	
	Investment income percentage f				d lina 15 ia masis 4	. 18	
19 <i>a</i>	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	ne organization di sox and stop here	a not check the bo . The organization	ox on line 14, and qualifies as a pu	blicly supported or	ganization	I ■ I I I I I I I I
Ŀ	33-1/3 support tests - 2008. If the	he organization di	d not check a box	on line 14 or 19a	, and line 16 is mo	ore than 33-1/3%	, and line 18
	is not more than 33-1/3%, check	k this box and sto j	p here. The organi	zation qualifies a	s a publicly suppoi	ted organization	[-
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, ch	neck this box and	see instructions	<u>. </u>

Schedule A	(Form 990 o	r 990-EZ)	2009	SWORD	PROD	UCTION	S INC				93-113	<u>6196 </u>	Page 4
Part IV	Suppleme Part II, Iin	e ntal in t e 17a o	formati ir 17h	on. Co and Pa	mplete	this pai	rt to pro Provide	vide the	e explana er addıtı	ations re	quired by	Part II, Iir	ne 10;
		174 0	170,	4114 1		110 12.1	TOVIGE	arry ou	ici additit	Jilai IIIIC	milation	<u> </u>	CHOIS.
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	· -												
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		. – – –											
												. .	
										~			

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT 0210	SWORD PRODUCTIONS INC	93-1136196
8/12/10 STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO	10 DUNTS PAID	04:07PM
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	V. LOVE 46 HOA SU ST, WARD 2 PHU NHUAN DIST, HO CHI MINH CITY VIETNAM \$	1,800.
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES	16	
BANK FEES DUES & SUBSCRIPTIONS FEES FILM PRODUCTION OFFICE EXPENSES TRAVEL	s Total <u>\$</u>	274. 239. 50. 1,018. 256. 2,067. 3,904.
STATEMENT 3 FORM 990-EZ, PART II, LINE OTHER ASSETS		
RECEIVABLES-OFFICERS, D	DIRECTORS, ETC. BEGINNING	2,464. 2,464.
STATEMENT 4 FORM 990-EZ, PART II, LINE TOTAL LIABILITIES	26	
ACCOUNTS PAYABLE AND AC	BEGINNING CRUED EXPENSES \$ 1,809. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,503. 2,503.
(A) DID THE ORGANIZATI INDIRECTLY, TO PAY PREM	SSOCIATED WITH PERSONAL BENEFIT CONTRACTS ON, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR MIUMS ON A PERSONAL BENEFIT CONTRACT? ON, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR MIAL BENEFIT CONTRACT?	. NO

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 o	of this form).	► ∠					
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need			-					
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—chec		nd complete	▶ 🗆					
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an exten	sion of					
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at returns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at lore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you can s 990-BL, 6 and signed pa	nnot file Forr 069, or 8870, ge 2 (Part II) o	n 8868 , group of Form					
Type or	Name of Exempt Organization	Employer id	dentification n	umber					
print	SWORD PRODUCTIONS INC	93	1136196	<u> </u>					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1177								
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWBERG, OR 97132								
Check type	of return to be filed (file a separate application for each return):								
☐ Form 99			Form 4720						
☐ Form 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227						
☑ Form 99		☐ Form 6069							
☐ Form 99	00-PF		Form 8870						
Telephone If the org If this is for the who	s are in the care of ► RON BRANNON No. ► (503) 537-0774 FAX No. ► () anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box ► □ . If it is for part of the group, check this box he names and EINs of all members the extension will cover.	s box		▶ □ is h					
until _ for the ► ☑	pest an automatic 3-month (6 months for a corporation required to file For AUGUST 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 09 or tax year beginning , 20 , and ending , and ending	named abo	ve. The exter	sion is					
2 If this	tax year is for less than 12 months, check reason: Initial return Final return	☐ Change	in accounting	period					
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tany nonrefundable credits. See instructions.	x, 3 a	\$	0					
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to	ax 3b	\$	0					
c Balan depos	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	nt 🖟 🚉		0					
Caution. If	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.	3c 153-EO and	 \$ Form 8879-E						
	Act and Paperwork Reduction Act Notice, see Instructions. Cat No 27916D	Fo	rm 8868 (Rev	. 4-2009)					

Form 8868	(Rev 4-2009)			Page 2			
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only F	art II and check this t	oox	► X			
Note. Only	complete Part II if you have already been granted an automatic 3-month exten	sion on a previously	filed Form	8868.			
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original ((no copi	es needed).			
	Name of Exempt Organization	E	mployer ider	itfication number			
Type or							
print	SWORD PRODUCTIONS INC	9	3-1136	-1136196			
	Number, street, and room or suite number. If a P.O. box, see instructions	F	or IRS use or	nly			
File by the extended	NEWBERG TAX SERVICE, P.C.	·					
due date for filing the	2117 PORTLAND ROAD			,			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	NEWBERG, OR 97132						
Check type	of return to be filed (File a separate application for each return)						
Form 9	00 Form 990-PF	Form 1041-A		Form 6069			
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 8870			
X Form 9	90-EZ Form 990-T (trust other than above)	Form 5227					
STOP! Do	ot complete Part II if you were not already granted an automatic 3-month exte	nsion on a previously	filed For	m 8868.			
The box	oks are in care of ► RON BRANNON		-				
Telepho	ne No ► 503-537-0774 FAX No. ►						
• If the o	ganization does not have an office or place of business in the United States, of	heck this box .		▶			
• If this is	for a Group Return, enter the organization's four digit Group Exemption Numb	oer (GEN)		. If this is for the			
whole grou	o, check this box ► . If it is for part of the group, check this box ►	and attach a list with	the name	s and EINs of all			
members t	ne extension is for.						
4 I requ	est an additional 3-month extension of time until 11/15 , 20_1	0.					
5 For c	alendar year 2009, or other tax year beginning, 20	, and ending		, 20			
6 If this	tax year is for less than 12 months, check reason: Initial return	Final return		in accounting period			
	in detail why you need the extension. ADDITIONAL TIME IS RE		HER TH	E_INFORMATION_			
NEC	ESSARY TO FILE A COMPLETE AND ACCURATE TAX RETUR	N					
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati	ve tax, less any					
	fundable credits. See instructions	·	8a	\$			
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cre	edits and estimated ta	ix				
paym with f	ents made. Include any prior year overpayment allowed as a credit and any ar orm 8868	nount paid previously	. 8b	\$			
	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or,	if required, deposit					
with I	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem). See instra	8c	\$			
	Signature and Verification	n					
Under penalte	s of penury, I declare that I have examined this form, including accompanying schedules and statemen implete, and that I am authorized to prepare this form.	ts, and to the best of my kn	owledge and	belief, it is true,			
Correct, and C				10 - B-17-16			
Signature >	bug CMEANS Title - CPA		Da	ite > 0. 17/ 0			
	1						
BAA	FIFZ0502L 03/11/09			Form 8868 (Rev 4-2009			