

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493281013080

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)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

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

Open to Public

	r the	2000 63	lendar vea	r, or tax year beginning 04	l-01-2009 and ending 03-31-201	0		Inspection
		pplicable	•	C Name of organization	and ending 03-31-201	.0	D Employer id	dentification number
	dress ch		Please use IRS	FAITH COMMUNITY FOUNDA	ΓΙΟΝ		20-35575	59
	me cha	_	label or print or	Doing Business As			E Telephone r	
		_	type. See				(515) 282	-7250
_	tial retu rminate		Specific Instruc- tions.	Number and street (or P O 2455 SCENIC VALLEY DRIVE	oox if mail is not delivered to street addre	ess) Room/suite	G Gross receipt	
┌ Am	ended	return		City or town, state or countr				
┌ Ap	plication	n pending		WEST DES MOINES, IA 5026	55			
			F Nan	ne and address of principa	lofficer	H(a) Is th	l ∣s a group retu	rn for
			DELMA	RRMOHLER		affilia		⊤Yes ▼ No
				SCENIC VALLEY DRIVE DES MOINES,IA 50265				– –
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	520 110 11120,111 00200			l affiliates inclu	
Ta	x-exem	npt status	▽ 501(c)) (3) ◀ (insert no)	(a)(1) or 527		o, attach a iis ip exemption n	t (see instructions) umber ►
. w	ebsit e	e: ► wwv	v fcfnd org				.,	
K For	m of or	ganızatıon	Corporat	tion Trust Association	Other 🕨	L Year of fo	rmation 2005	M State of legal domicile IA
	rt I	Sumr						
Governance	1	Faith Co objectiv	ommunity F	oundation's mission is "S mplary professional servic	r most significant activities erving contributors and the organ es as servants of Jesus Christ " I			
툊								
ŝ	2	Check t	hıs box ►	ıf the organization disco	ntinued its operations or disposed	of more than	25% of its net	assets
26	3	Number	of voting r	nembers of the governing	body (Part VI, line 1a)			310
Activities	4	Number	ofindepen	ndent voting members of th	ne governing body (Part VI, line 1	b)		410
ጀ	5	Total nu	ımber of en	nployees (Part V , line 2a)				53
्	6	Total nu	ımber of vo	lunteers (estimate if nece	ssary)		1	610
	7a	Total gr	oss unrela	ted business revenue fron	n Part VIII, column (C), line 12		7	7a 42,324
	b	Net unre	elated busi	ness taxable income from	Form 990-T, line 34			7b
					Prio	r Year	Current Year	
a,	8			d grants (Part VIII, line 1		326,993	330,658	
Rayenue	9	-		revenue (Part VIII, line 2		38,856	42,324	
3.64	10				lines 3, 4, and 7d)		1,700	2,503
ш.	11		•	, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e)			0
	12			•	st equal Part VIII, column (A), lın	e	367,549	375,485
	13				olumn (A), lines 1-3)		338,385	342,500
	14	Benefit	ts paid to o	or for members (Part IX, co	olumn (A), line 4)			0
	15	Salarıe	s, other co	ompensation, employee be	nefits (Part IX, column (A), lines	5 –		
Expenses		10)					33,636	31,640
क्	16a	Profes	sional fund	raising fees (Part IX, colu	mn (A), line 11e)			0
五	b	Total fu	ndraising exp	enses (Part IX, column (D), line	25) 1 ,388			
	17	Other	expenses ((Part IX, column (A), lines	11a-11d, 11f-24f)		23,704	24,962
	18		•	·	ual Part IX, column (A), line 25)		395,725	399,102
	19	Reveni	ue less exp	penses Subtract line 18 fr	om line 12		-28,176	-23,617
Not Assets or Fund Balances							g of Current 'ear	End of Year
Set	20	Totala	issets (Par	rt X, line 16)		<u> </u>	6,972,398	8,014,138
AB GB	21			Part X, line 26)			6,857,031	7,922,441
25 25 25 25 25 25 25 25 25 25 25 25 25 2	22			d balances Subtract line			115,367	91,697
Pa	rt II		ature Blo				, 1	,
		Under pe	enalties of pe	егјигу, I declare that I have exa	nined this return, including accompanying			
		and belie	ef, it is true, o	correct, and complete Declarati	on of preparer (other than officer) is base	ed on all informat	on of which prepa	arer has any knowledge
Sigr	1	****	**			2010-	10-08	
Here		Signa	ature of office	er		Date	10 00	
		■ DELM	1AR R MOHLE	R PRESIDENT				
			or print nam					
		Preparer'	s L			Check If	Preparer's iden	, ,
Paid		signature		AR R MOHLER CPA		self- empolyed ▶ 🔽	(see instruction	ns)
	arer's	Firm's na	me (or yours					
Use		ıf self-en	nployed), and ZIP + 4	DELMAR R MOHLER CPA 2455 SCENIC VALLEY DR	EIN 🕨			
	-	auuiess,	ana 217 + 4				Phone no 🕨 ((515) 282-7250
<u> </u>	.L		- 11 .	WEST DES MOINES, IA 50				·
ıvı ay∵	tne IR	5 aiscus	s this retu	rn with the preparer showr	above? (see instructions)			j Yes No

Part III Statement of Program Service Accomplishments Briefly describe the organization's mission

Total program service expenses►\$

Γhe	mission of Faith Co	ommunity Foundation is ser	ving contributors and the		
2		ion undertake any significal 0 or 990-EZ?		g the year which were not listed	don . ∀es √ No
	If "Yes," describe	these new services on Sch	edule O		
3	-	ion cease conducting, or ma	-	how it conducts, any program	
	If "Yes," describe	these changes on Schedul	e O		
4	Section 501(c)(3		ns and section 4947(a)(1	on's three largest program serv L) trusts are required to report program service reported	
4a	(Code) (Expenses \$	353,795 including gran	nts of \$ 342,500) (Rev	enue \$ 327,230)
	FAITH COMMUNITY DONATIONS THIS FI		OVISED ACCOUNTS TO CONTRIE	BUTORS THIRTEEN DONOR ADVISED A	ACCOUNTS ARE OPEN WITH \$327,230 OF
4b	(Code) (Expenses \$	42,526 including grai	nts of \$) (Reve	enue \$ 42,324)
	FAITH COMMUNITY AND INDIVIDUALS	FOUNDATION SERVES AS TRUSTE	EE FOR VARIOUS CHARITABLE A	GREEMENTS PROVIDING SERVICES TO	O THREE CHARITABLE ORGANIZATIONS
4c	(Code) (Expenses \$	ıncluding gran	ts of \$) (Reve	nue \$)
4d		ervices (Describe in Sche	•		
	(Expenses \$	ınclu	ding grants of \$) (Revenue \$)

396,321

Part TV	Checklist	of Re	auired	Schedule	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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 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	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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		Νο
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	_	No

FUIIII	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b	Yes	
c	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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)?	4a		No
Ь	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			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	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		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
1	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	.,	No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	Yes	
"	required?	7h	Yes	
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?			
1		8		No
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		N o
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

DES MOINES, IA 50312

(515) 282-7250

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 10			
b	Enter the number of voting members that are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	100		110
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►IA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the DELMAR R MOHLER CPA 2130 GRAND AVENUE 3	e orga	nızatıor	n ▶

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all 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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee between the content of t
- 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-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all 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 individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	•	ate any	curr	ent d	r fo	rmer o	fficei	r, dırector, trustee d	or key employee		
(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Key employee Officer Institutional Trustee Individual frustee or director		Institutional Trustee Individual trustee or director		Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JIM BURDICK Director,	1 00	Х						0	0	0	
DANIEL A DIDONATO Director, Secretary	1 00	Х						0	0	0	
DAVID E DURNING Director	1 00	Х						0	0	0	
MARY L GODWIN Director, Chair	1 00	Х						0	0	0	
DAVID PARMERLEE Director	1 00	Х						0	0	0	
JOSEPH F HAYES Director	1 00	Х						0	0	0	
DOUGLAS D LAIRD Director, Vice Chair	1 00	Х						0	0	0	
WILLIAM D LIVENGOOD Director	1 00	Х						0	0	0	
DELMAR R MOHLER President	30 00			х		х		7,000	0	0	
MALLORY PARMERLEE Director, Treasurer	1 00	х						0	0	0	
DANIEL K HICKS Director	1 00	х						0	0	0	
										_	

Forr	n 990 (2009)				Page 8
1b	Total				
2	Total number of individuals (including but not limited to those listed above) who received more t \$100,000 in reportable compensation from the organization▶	han			
		_		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compete on line 1a? <i>If</i> "Yes," complete Schedule J for such individual		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for sindividual		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received messages \$100,000 of compensation from the organization	ore than			
	(A) Name and business address De	(B) scription of services		(C Comper	
			\perp		
			+		
2	Total number of independent contractors (including but not limited to those listed above) who rec \$100,000 in compensation from the organization ▶0	eived more than			

Form **990** (2009)

Form 9	•	•						Page 9
Part \	/	Statement o	f 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
nts	1a	Federated cam	paigns 1a					
E E	Ь	Membership du	es 1b					
£. ∰.	C	Fundraising eve	ents 1c					
<u>ਜ਼</u> ੂਰੂਜ਼	d		rations 1d					
a Simis	e	Government grants						
Contributions, gifts, grants and other similar amounts	f	sımılar amounts no		330,658				
# 7 2 = 2	g		butions included in .378					
Ş Ē	h	· -	s 1a-1f	▶	330,658			
				Business Code				
Program Serwce Revenue	2a	Trustee Fees		525,920	36,324		36,324	
	Ь	Consulting Fees	_	541,900	6,000		6,000	
90	c							
ře P	d							
Ē	e							
22	f	All other progra	ım service revenue					
š	g	Total. Add lines	32a-2f		42,324			
	3		ome (including dividend					
		and other simila	aramounts)	▶ [105	105		
	4		tment of tax-exempt bond p	proceeds 🕨				
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other	(i) Securities	(11) O ther 2,500				
	ь	than inventory Less cost or other basis and sales expenses		102				
	c	Gain or (loss)		2,398				
	d		s)		2,398	2,398		
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding 					
ē	ь	less director	apenses b					
₹	c		loss) from fundraising	events ►				
	9a		rom gamıng actıvıtıes					
	b c		penses b loss) from gaming activ	/ities►				
	10a	Gross sales of returns and allo						
	b c		oods sold b loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	·	375,485	2,503	42,324	

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	342,500	342,500		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	11,000	10,450	275	275
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	2,400	2,280	60	60
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	16,974	16,126	424	424
10	Payroll taxes	1,266	1,202	†	32
11	Fees for services (non-employees)				
 a	Management	0	0	0	0
h	Legal	0	0		0
c	Accounting	0	0		
d	Lobbying	0	0	_	
_ u	Professional fundraising See Part IV, line 17	0	Ŭ	Ů	0
ء		0	0	0	0
f	Investment management fees		_	-	
g 12	Other	954	954	-	0
12	Advertising and promotion	600	570	15	15
13	Office expenses	0	0	-	0
14	Information technology	1,941	1,844	49	48
15	Royalties	0	0	Ů	0
16	Occupancy	2,820	·	 	70
17 18	Payments of travel or entertainment expenses for any federal,	2,976	2,828	74	74
	state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	284	270	7	7
23	Insurance	2,471	2,348	62	61
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Bank charges	821	780	21	20
ь	Supplies	1,455	1,383	36	36
С	Printing	993	943	25	25
d	Equipment rental and maintenance	3,102	2,947	78	77
е	Telephone	6,355	6,037	159	159
f	All other expenses	190	180	5	5
25	Total functional expenses. Add lines 1 through 24f	399,102	396,321	1,393	1,388
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-			
. —		_			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			8,081	1	14,824
	2	Savings and temporary cash investments	ı		102,542	2	75,241
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7	4	7
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key en	nployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4	958(f)(1)) and			
		Schedule L				6	
ets	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			2,739	9	2,837
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>		667			
	ь	Less accumulated depreciation	10b	446	1,271	10c	221
	11	Investments—publicly traded securities	<u> </u>	•	6,736,542	11	7,799,792
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			121,216	15	121,216
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,972,398	16	8,014,138
	17	Accounts payable and accrued expenses .			431	17	2,648
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule I				21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
- 23		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .		•		24	
	25	Other liabilities Complete Part X of Schedule D			6,856,600	25	7,919,793
	26	Total liabilities. Add lines 17 through 25			6,857,031	26	7,922,441
		Organizations that follow SFAS 117, check here ▶ 🔽 and complete	te line	s 27			
Ф		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			115,367	27	91,697
8	28	Temporarily restricted net assets			28		
Fund Balance	29	Permanently restricted net assets				29	
3		Organizations that do not follow SFAS 117, check here ► □ and	compl	ete			
٥		lines 30 through 34.				_	
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fund	s			32	
Š	33	Total net assets or fund balances			115,367	33	91,697
	34	Total liabilities and net assets/fund balances			6,972,398	34	8,014,138

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization FAITH COMMUNITY FOUNDATION

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.

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

Inspection

Employer identification number 20-3557559

Pai	rt I	Reas	on for Pul	blic Charity Stat	us (All org	anızatıons	must comp	lete this par	t.) See ınst	ructions			
The o	rganı			e foundation because									
1	Γ	A churc	h, conventio	on of churches, or as	sociation of	churches s	ection 170(b))(1)(A)(i).					
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	tach Schedu	le E)						
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descri	bed in sectio i	n 170(b)(1)(A	.)(iii).				
4	Γ			organization operatery, and state	ed in conjund	ction with a	hospital desc	ribed in secti o	on 170(b)(1)((A)(iii). Ent	er the		
5 6 7		section A feder An orga describ section	organization operated for the benefit of a college or university owned or operated by a governmental unit described in tion 170(b)(1)(A)(iv). (Complete Part II) ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). organization that normally receives a substantial part of its support from a governmental unit or from the general public scribed in tion 170(b)(1)(A)(vi) (Complete Part II) ommunity trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	<u> </u>												
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
		receipts	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	cceptions, and	I (2) no more	than 331/3%	% of		
			_	ss investment incom				-		() from busi	nesses		
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).												
11	I	one or r	nore publicly	anized and operated y supported organiza pes the type of suppo b Type II	tions descri orting organi	bed in section and c	on 509(a)(1)	or section 50 s 11e through	9(a)(2) See	section 509			
e	Γ	other th		x, I certify that the con managers and oth									
f				eceived a written de	termination	from the IRS	Sthat it is a T	Type I, Type I	I or Type III	supporting	organizatio <u>n,</u>		
_		checkt		006 has the sussession	4				46.		ı		
g			ugust 17, 2 g persons?	006, has the organiz	ation accep	ted any gift	or contribution	on from any of	tne				
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	ıbed ın (ıı)		Yes No		
		and (III)	below, the g	overning body of the	the support	ted organıza	tion?			11g(i)			
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve [?]				11g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described ii	n (ı) or (ıı) a	bove?			11g(iii)		
h		Provide	the followin	g information about t	he supporte:	d organizati	on(s)						
				1	T								
9	(i) Name suppor ganız	org e of (ii) (des orted EIN lines		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No			
Total													

Part II Support Schedule for Organizations Described in IRC 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.)

-	ction A. Public Support	ou checked the	box on line 5,	7, or 8 or Part I.	.)			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	,,,, T	(f) Total
_	in)	(4) 2005	(3) 2000	(5) 2007	(4) 2000	(6) 20		(1) Otal
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual	5,65	0 115,00	9 372,888	331,828		330,658	1,156,033
	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	5,65	0 115,00	9 372,888	331,828		330,658	1,156,033
4	Total. Add lines 1 through 3		0 115,00	3/2,000	331,020		330,636	1,150,033
5	The portion of total contributions b	y						
	each person (other than a governmental unit or publicly							
	supported organization) included or	_						651,473
	line 1 that exceeds 2% of the	''						,
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from	۱						504,560
	line 4							
	ection B. Total Support endar year (or fiscal year beginning							
Car	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	5,650	12,041	372,888	331,828		330,658	1,156,033
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	8	12,041	24,826	1,700		316	38,891
	and income from similar							
	sources						\longrightarrow	
9	Net income from unrelated							
	business activities, whether or		2,715	28,251	38,856		42,324	112,146
	not the business is regularly							
	carried on Other income (Explain in Part						-+	
10	IV) Do not include gain or loss							
	from the sale of capital assets							
L1	Total support (Add lines 7							1 207 070
	through 10)							1,307,070
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a	501(c)(3) organız	zation,
	check this box and stop here							► ~
<u> </u>	ection C. Computation of Pul	nlic Sunnort B	ercentage					
14	Public Support Percentage for 200			11 column (f))		14		0 %
15	Public Support Percentage for 200					15		<u> </u>
	33 1/3% support test-2009. If the			x on line 13 and li	ne 14 is 33 1/3%		check t	his hox
	and stop here. The organization qua				110 11 13 33 1/3/0	01 111010,	check t	▶ □
b	33 1/3% support test - 2008. If the	-			a, and line 15 is 3	3 3 1/3% 0	r more,	check this_
	box and stop here. The organizatio			_				▶□
L7a	10%-facts-and-circumstances test	-						
	is 10% or more, and if the organiza							
	in Part IV how the organization med	ets the "facts and	circumstances"	test The organiza	ition qualifies as	a publicly	support	. —
h	organization 10%-facts-and-circumstances test	-2008. If the ora:	anization did not	check a hox on line	e 13.16a 16b o	r 17a and	d line	►
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							,
	supported organization				•		•	▶ ┌
18	Private Foundation If the organizat	ion did not check	a box on line 13,	, 16a, 16b, 17a or	17b, check this	box and s	еe	. —
	instructions							▶ □

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	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 Tax revenues levied for the						
4	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts 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						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

OTHER ADDL INFO UNUSUAL GRANT RECEIVED, 1 \$800,000 OF CASH RECEIVED ON DECEMBER 14, 2006, 2 \$600,000 OF CASH RECEIVED ON APRIL 27, 2007,

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 20-3557559

Name: FAITH COMMUNITY FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bank charges	821	780	21	20
Supplies	1,455	1,383	36	36
Printing	993	943	25	25
Equipment rental and maintenance	3,102	2,947	78	77
Telephone	6,355	6,037	159	159

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281013080

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

oman i	venue Service	orm 990. ► See separate instructions.			Tusbec	
	of the organization COMMUNITY FOUNDATION		Emp	loyer ident if icat	ion numbe	er
				3557559		
Part			unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		b) Funds and ot	her accou	ınts
т	otal number at end of year	(a) Donor advised funds	 '	, w i alias alia ot	ner accou	
	ggregate contributions to (during year)		1			
	ggregate grants from (during year)		1			
	ggregate value at end of year					
	out the organization inform all donors and donor adv	Learning that the assets held in doi	nor advi	sed		
f	unds are the organization's property, subject to the	organization's exclusive legal control?			✓ Yes	∏ No
ı	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ber onferring impermissible private benefit				✓ Yes	┌ No
art		ıf the organization answered "Yes" i	to Forn	n 990, Part IV,	line 7.	
. 1	urpose(s) of conservation easements held by the o	rganızatıon (check all that apply)				
[Preservation of land for public use (e g , recreat	· · · · · · · · · · · · · · · · · · ·				а
ſ	Protection of natural habitat	Preservation of a	certifie	d historic structi	ure	
ſ	Preservation of open space					
	Complete lines 2a-2d if the organization held a qual asement on the last day of the tax year	ıfıed conservatıon contributıon ın the forn	n of a co	onservation		
				Held at the E	nd of the	Year
a -	otal number of conservation easements		2a			
ь -	otal acreage restricted by conservation easements		2b			
	lumber of conservation easements on a certified his		2c			
d i	lumber of conservation easements included in (c) a	cquired after 8/17/06	2d			
; I	lumber of conservation easements modified, transfe	erred, released, extinguished, or terminat	ed by th	ie organization d	urıng	
	he taxable year 🗠	·	•	= ' ' ''	-	
	lumber of states where property subject to conserve	ation easement is located 🗠				
	oes the organization have a written policy regarding norcement of the conservation easements it holds		dling of	violations, and	☐ Yes	┌ No
, ,	taff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents d	uring the year 🛌		
· ,	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	g the year ► \$ _		
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of se	ction		☐ Yes	┌ No
ı	n Part XIV, describe how the organization reports calance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia		•		
art		ons of Art, Historical Treasures,	or Otl	her Similar A	ssets.	
6	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue statem for public exhibition, education or resear	ch ın fu			e,
_ I	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for rovide the following amounts relating to these items	public exhibition, education, or research			•	
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			► \$		
<u>.</u> 1	f the organization received or held works of art, hist ollowing amounts required to be reported under SFA		or finan			
	evenues included in Form 990, Part VIII, line 1	•		► \$		

b Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Tr</u>	easur	es, or O	the	r Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are	a sıgnıfıca	ant us	se of its col	lection		
а	Public exhibition		d	Г	Loan	orexcha	inge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	r the org	ganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	es es	┌ No
Pa i	t IV Escrow and Custodial Arrang						answere	d "Ye	es" to Fori	n 990	,	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets n	iot	Γ,	es	Г No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing ta	able		г					
_							-	_		A mou	ıτ	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						-	1e				
f	Ending balance						L	1f				
а	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ,	es es	┌ No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete											
	D	(a)Current Year	(b)	Prior \	ear/	(c)Two	Years Back	(d)1	hree Years Ba	ick (e)	Four Ye	ars Back
•	Beginning of year balance							1				
b	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships							-				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the yea	r end balance held a	as							<u> </u>		
а	Board designated or quasi-endowment	%										
_	•											
b												
c a	Term endowment ► % Are there endowment funds not in the posse	ssion of the organiz	ation t	that s	ro hold	landadı	ministoro	d for t	tho			
a	organization by	ssion of the organiz	ation	ciia c	ire neid	i and adi	illilli steret	101	ille	ſ	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations								[3a(ii)		
b	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th											
ar	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par			T		_	
	Description of investment				a) Cost o sıs (ınve		(b) Cost or basis (otl		(c) Accum deprecia		(d) B	ook value
.a	Land											
b	Buildings											
c	Leasehold improvements		•									
d	Equipment		•					667		446		221
e	Other											

221

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives			,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. Se		13	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
	+		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(1) Park and an
Part IX Other Assets. See Form 990, Part X, I (a) Descr	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr	ne 15.		
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit	ne 15.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust	ne 15. ption		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. ption		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	15.) X, line 25.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. ption		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	15.) X, line 25.		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	15.) X, line 25.		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount		1,216
Part IX Other Assets. See Form 990, Part X, I (a) Descr Donated Time-share unit Real estate held in trust Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) Amount 7,919,793		1,216

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

Schedule I (Form 990)

INC2130 GRAND AVENUE DES MOINES, IA 50312

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

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047

DLN: 93493281013080

Inspection

Department of the Treasury Internal Revenue Service Name of the organization FAITH COMMUNITY FOUNDATION

Employer identification number

20-3557559

the selection criteria user Describe in Part IV the or	•						Yes No
Part II Grants and Otl Form 990, Part I	ner Assistance to IV, line 21 for any re	Governments and ecipient that received i) if additional space	Organizations in dimore than \$5,000.	the United States Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP ON WHEELS INCP O BOX 248 CHANDLER, AZ 86512	205826378	501(c)3	240,000		Cash	N/A	Program support
ON TARGET MINISTRY	208570096	501(c)3	100,000		Cash	N/A	Program support

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Pt I Line 2		Each party with the power to recommend grant distributions is notified that no one is to receive any form of impermissible benefit (i.e., goods or services) from charitable organizations they recommend to receive grants in exchange for or as a result of their grant recommendation. Further, each charitable organization receiving a grant distribution from Faith Community Foundation is notified in writing of the same provision.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281013080

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Open to Public Inspection

	the organization MMUNITY FOUNDATION					E	mployer ide	ent if icat ior	ı numbe	r		
TAITH CON	PIPIONITY TOONDATION					2	0-355755	9				
Part I	Excess Benefit Tran Complete If the organizati	•				_			40b			
1	(a) Name of disqu	lalified person		(b) Desc	rintion o	ftrans	action	(c) Correc				
-	. ,	·		(5) 5030		, crans	40011		Yes	No		
3		. d . u . kb u . u . u . u . u . u	.									
	er the amount of tax impose tion 4958	on the organiza	ion managers o	r disqualified pers	ons durin	ig the y	ear under	\$				
3 Ente	er the amount of tax, if any,	on line 2, above,	reımbursed by t	he organization .		•	•	\$				
Part II												
	Complete if the organiz		es" on Form 99	0, Part IV, line 26	, or Form	990-E	Z, Part V , (f)	line 38a				
(a) Name of interested perso		(b) Loan to or from the organization? p	(c)O riginal rincipal amount	(d)Balance due	(e) In default?		A pproved by board or committee?		(g)Written agreement?			
		To From			Yes	No	Yes		Yes	No		
Total . Part III		 ce Benefittinc	► \$ ı Interested	Persons.								
	Complete if the orga	<u>nızatıon answer</u>	ed "Yes" on Fo	orm 990, Part IV	-	7.						
(2	a) Name of interested perso	on (b) R		reen interested per rganization	rson	(c) A m	nount of gra	nt or type	ofassist	tance		
Part IV	Business Transact	ione Involvin		Dersons								
Paitiv	Complete if the orga				/, line 28	3a, 28	b, or 28c.					
		hetweer	elationship n interested	(c) A mount of						narıng o ızatıon's		
(a)	Name of interested persor	n perso	n and the	transaction	(d) Desc	rıptıon of tr	ansaction	_	nues?		
DELMAR	R MOHLER	orga Officer	inization	2 5	SOO Dure	hace	of vehicle		Yes	No No		
P L L I L L L I	IN THE HILLIN	Jilicei		2,3	JOU FUIL		' A CHILLIE			140		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493281013080

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Supplemental Information to Form 990

Name of the organization FAITH COMMUNITY FOUNDATION

Employer identification number

20-3557559

ldentifier	Return Reference	Explanation
Pt III, Line 2		Not applicable
Pt III, Line 3		Not applicable
Pt V, Line 3b		Form 990-T is being filed
Pt VI-A, Line 2		Faith Baptist Bible College has the right to appoint two
		of the ten board members of Faith Community Foundation
		As provided in the Faith Community Foundation Bylaws no
		organization can have more than two members on the board
		of Faith Community Foundation Two of the current board

ldentifier	Return Reference	Explanation								
		members serve on the board of Faith Baptist Bible College								

and were appointed by that organization Pt VI-A, Line 7a See the answer to Part VI-A, Line 2 above Faith Baptist Bible College has the right to appoint two members of the Faith Community Foundation board of directors and has exercised its right to do so Pt VI-B, Line 12c Faith Community Foundation has a Conflict of Interest Policy that provides for each member of its board of directors to affirm

ldentifier	Return Reference	Explanation								
		in writing that they have received a copy of its Conflict of								

Interest Policy, that they have read and understand the policy, they agree to abide by its Conflict of Interest Policy, and they understand that the organization is a charitable tax-exempt organization that must focus its activities on its tax-exempt purposes Pt VI-B, Line 15. The President's annual salary is approved by the board of directors. At least once every three years, the board of directors appoints a Compensation Committee to independently evaluate the compensation.

ldentifier	Return Reference	Explanation							
		package for the President using external sources such as							

Guidestar org and other related sources to assure an appropriate level of compensation for the Faith Community Foundation leader Pt VI-B, Line 11A

The Faith Community Foundation board of directors adopted a policy for reviewing IRS Form 990 that reads as follows "Faith Community Foundation will circulate a 'Draft' copy of its IRS Form 990, except for Schedule B that lists all donors with donations of \$5,000 00 or more during the fiscal year, to each

ldentifier	Return Reference	Explanation								
		of its board members by e-mail in pdf format. The board								

members will have at least one week from the date the IRS Form 990 is sent to their current e-mail address to respond with any comments. Board members will be asked to approve the return for filing or submit suggested changes. Failure to respond within seven days of the date the message is sent shall be interpreted as a vote to 'Approve' the return as circulated. When comments are received that will require a substantial change to the form as circulated, then a 'Corrected Draft' copy

ldentifier	Return Reference	Explanation
		shall be circulated to each board member. Each board member will have

four days to respond to a 'Corrected Draft' copy of the Form 990 Failure to respond within four days of the date the message is sent shall be interpreted as a vote to 'Approve' the return as circulated Each board member shall receive a pdf file of the IRS Form 990 as filed, except for Schedule B that lists donors that have donated \$5,000 00 or more during the fiscal year Pt VI-C, Line 19 Faith Community Foundation provides copies of its governing documents including its Articles of Incorporation and

ldentifier	Return Reference	Explanation
		Bylaw's upon request in electronic or printed form Requests may be sent to dmohler@fcfnd org

or mailed to Faith Community Foundation, 2130 Grand Avenue #3, Des Moines, IA 50265, or by visiting its office during normal office hours on Monday through Friday between 9 00 AM to 4 00 PM local time An appointment can be arranged by calling (515) 282-7250 for convenience The Faith Community Foundation Conflict of Interest Policy adopted by its board of directors on January 18, 2006 can be found for download www fcfnd org under 'Policies' or a request can be obtained upon request as described

ldentifier	Return Reference	Explanation
		above Finally, Faith Community Foundation financial statements are

Cat No 51056K

Schedule O (Form 990) 2009

DLN: 93493281013080

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separa	nte instructions	Attachment Sequence No 67									
Name(s) shown on return FAITH COMMUNITY FOU	INDATION		Business or a	ctivity to which	this fo	rm rela	ites	Iden	ntifying number				
FATTH COMMONTH FOO	ONDATION		Form 990 / Fo	orm 990EZ				20-3	35575	559			
Part I Election	To Expense (Certain F			179		<u> </u>						
	ou have any li					и сот	plete Par	t I.					
1 Maximum amount See	the instructions	for a high	er lımıt for cert	aın busınesses					1	\$ 125,000			
2 Total cost of section 1	.79 property plac	ced in serv	ıce (see ınstru	ctions) .					2				
3 Threshold cost of sect	ion 179 property	before re	duction in limit	atıon (see ınstr	uctions	.)			3	\$ 500,000			
4 Reduction in limitation	Subtract line 3	from line 2	2 Ifzero or les	s. enter - 0 -					4	,			
5 Dollar limitation for ta				,	າ ດ-Ifm	arried	filina						
separately, see instru-	•		1112010	,		unneu	9		5				
separatery, see mistru		<u> </u>	· · · · ·	<u> </u>	<u> </u>	•	· · ·	•					
6 (a)	Description of pr	operty		(b) Cost	(busıne	ss use	(c) Ele	cted	cost				
				'	only)		(-,						
6										4			
						1 1				┦			
7 Listed property Enter	the amount from	line 29			•	7							
8 Total elected cost of s	ection 179 prop	erty Adda	mounts in colu	ımn (c), lınes 6	and 7	•		•	8				
9 Tentative deduction E	nter the smaller	of line 5 o	rline 8 .		•				9				
10 Carryover of disallowe	d deduction from	ılıne 13 of	your 2008 For	m 4562 .					10				
11 Business income limitation	Enter the smaller of	business inco	ome (not less than	n zero) or line 5 (se	ee instrud	ctions)			11				
12 Section 179 expense	deduction Add Ii	ines 9 and	10, but do not	enter more tha	n lıne 1	1 .			12				
13 Carryover of disallowe			•			13							
Note: Do not use Part													
							ınclude lıs	ted pi	ropert	y) (See instructions)			
14 Special depreciation a													
tax year (see instructi			, ,		, ,			•	14				
15 Property subject to se	ction 168(f)(1) e	election						•	15				
16 Other depreciation (in	cludina ACRS)								16				
<u> </u>	preciation (I	Do not in	clude listed r	property.) (Se	e insti	ructio	ns.)			<u> </u>			
			-	ction A									
17 MACRS deductions fo	r assets placed ı	n service i	n tax years beg	ginning before 2	009				17	111			
18 If you are electing	to group any a	ssets pla	ced in service	e durina the t	ax vea	ar into	one or m	ore		•			
general asset accou		-			•			-					
Section B-Ass							General	Dep	recia	ition System			
			Basis for							•			
(a) Classification of	(b) Month and		reciation	(d) Recovery	(e) Convention					(g)Depreciation			
property	year placed in service	(busines:	s/investment use	period	(e) C	onvent	ion (f)	Metho	ا b،	deduction			
	Service	only—see	instructions)										
19a 3-year property		,	,						\neg				
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			9	5/L					
h Residential rental				27 5 yrs	N	1 M	9	S/L					
property				27 5 yrs	N	1 M	9	5/L					
i Nonresıdentıal real				39 yrs	<u> </u>	1 M	9	5/L					
property						1 M		5/L					
	on C—Assets Plac	ed in Serv	ice During 2009	Tax Year Using	g the A	lternat			ı Syst	em			
20a Class life	4							5/L					
b 12-year				12 yrs				5/L	\longrightarrow				
c 40 - year	<u> </u>	<u> </u>		40 yrs	1 1	ММ		5/L					
	r y (see instruc									1			
21 Listed property Enter					•			•	21	173			
22 Total. Add amounts from and on the appropriate	•	_	•					here •	22	284			
23 For assets shown above portion of the basis at:				t year, enter the	e 	23							

Form 4562 (2009) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a Do you have evide	nce to support	the business/inv	estment ι	ise claime	d? ▼ Yes	Гио			24b	If "Yes,"	ıs the ev	/ idence	written?	V Ye	sГN	δ
(a) Type of property (list vehicles first)	Type of property (list Date placed in investment Cost or o			rother basis for depreciation R			ı	(f) (g) ecovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allo	•		ty placed	ın service (during the	tax year	and u	ised m	ore t	han 25	;					
26 Property used mor	`	· · · · · · · · · · · · · · · · · · ·	usiness	use						1						
1994 Olds 88	2006-06-14	100 000 %		3,000		3	,000		0				17.	3		
		%							+		_			+		
27 Property used 50%	<u>l</u> % or less in a		ness us	e				<u> </u>								
		%								/L -						
		%							_	/L - /L -				4		
28 Add amounts in c	olumn (h) lun		27 En	tor boro	and on lu	no 21 i	2240	1	J3/		8		173	,		
29 Add amounts in c		_				115 41,	Jaye	_	•	L <u>-</u>			29	_		
25 Aud amounts in C	orumni (1), mi			—Infor		on II	 Se :	of Ve	hic	·les			29			
Complete this section	n for vehicles	used by a sol	e propri	etor, part	tner, or o	ther "n	ore	than	5% d	owner," c	r relat	ed per	son			
If you provided vehicles to	your employee	es, first answer th	e questio	ns in Sectio	n C to see	e if you n	neet a	n exce	eption	to comple	eting this	section	for thos			
30 Total business/in year (do not inclu			ng the •		a) cle 1	V e hı	o) cle 2			c) icle 3	V e hı	d) cle 4	V e h	e) cle 5		f) icle 6
31 Total commuting	mıles drıven	during the yea	ar .													
32 Total other perso	nal(noncomm	nuting) miles d	Irıven													
33 Total miles driver	n during the y	ear Add lines	30													
34 Was the vehicle a	34 Was the vehicle available for personal use			Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle u		by a more th	an 5%													
36 Is another vehicle	e avaılable fo	r personal use	e? .													
Answer these questio 5% owners or related	ns to determ persons (se	e instructions	t an exc)	eption to	comple	tıng Se	ction	B for	veh	nicles use	ed by e	mploy	ees wh	o are i	- 1	
37 Do you maintain a employees?	· · ·						•		•	• •		· •	•	 Y	es	No
38 Do you maintain a employees? See t																
39 Do you treat all us	se of vehicles	s by employee	s as per	sonal us	e? .											
40 Do you provide movehicles, and reta		•	•	oyees, ol	btaın ınfo	rmatio •	n froi	m you	ır en	nployees •	about	the us	e of the	<u> </u>		
41 Do you meet the r	requirements	concerning q	ualıfıed a	automobi	le demor	nstratio	n us	e? (S	ee ir	nstructio	ns)					
Note: If your answ	wer to 37, 38	, 39, 40, or 4	1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for t	he c	overed v	ehicle	s				
Part VI Amorti	ization											1				
(a) Description of c	(b)				A mortizable C			(d) (e) A mortizat period of percenta			zation od or	or A mort			(f) tization for is year	
42 A mortization of co	osts that beg		ır 2009	tax year	(see ins	truction	ns)					•				
43 A mortization of co	osts that beg	an before you	r 2009 t	ax year						–	43					
44 Total. Add amoun	ıts ın column	(f) See the in	structio	ns for wh	ere to re	port					44					