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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning 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.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	A F	or th	e 2009 calendar year, or tax year beginning $$	ng JUN	30,	2010		
	B Ch ap	neck if oplicab	le Please Varine of organization	Employer identification number				
		Addres change						
		Name change	print or BOWLING GREEN WELFARE CENTER	61-0480941				
		Initial return		oom/suite E	Telephon			
		Termi ated	Instruc-			0)843-5340		
		- returr	ded tions City or town, state or country, and ZIP + 4	F	F Group Exemption			
		Applica pendin			Number >			
	•	• Sec		G Account		· .		
			Schedule A (Form 990 or 990-EZ).	ecify)				
					if the organization is not			
						edule B (Form 990, 990-EZ, or 990-PF)		
	K C	heck l	(// / / /)			525,000 A FORM 990-EZ OF		
		طط ایم	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a co es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form		<u>m</u> ▶ 5	127,247.		
1		rt [Revenue, Expenses, and Changes in Net Assets or Fund Balances (Se	e the instruc				
	Га	1	Contributions, gifts, grants, and similar amounts received		1	120,477.		
		2	Program service revenue including government fees and contracts		2			
		3	Membership dues and assessments		3			
=		4	Investment income		4	6,770.		
2010		5a	Gross amount from sale of assets other than inventory					
00		b	Less cost or other basis and sales expenses D					
_		C	Gain or (loss) from sale of assets other than inventory (Soutract line 5b from line 5a)		50			
9	e l	6	Special events and Envires (complete applicable parts of Schedule G). If any amount is from gaming, che	eck here ► 🛚				
Z	Revenue	а	Gross revenue (not Meluting \$ of contributions					
	<u>۾</u>		reported on line 1) 6a					
SCANNED NOV		þ	Less direct expenses other than fundraising expenses 6b		_			
Ź	ŀ	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c			
X		7a	Gross sales of inventory, less returns and allowances 7a					
$\widetilde{\mathbf{v}}$		b	Less cost of goods sold 7b		 			
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ►) 7c) 8			
		8 9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		_ ' 8	127,247.		
	-	10	Grants and similar amounts paid (attach schedule) STMT 3		10	118,467.		
	}	11	Benefits paid to or for members		11			
	- 1	12	Salaries, other compensation, and employee benefits		12	36,846.		
	Expenses	13	Professional fees and other payments to independent contractors		13			
	xpe	14	Occupancy, rent, utilities, and maintenance		14	1,342.		
	ш	15	Printing, publications, postage, and shipping		15	1,162.		
		16	Other expenses (describe SEE STATE)	MENT 1	_) <u>16</u>	1,099.		
	_	17	Total expenses. Add lines 10 through 16		▶ 17	158,916.		
	<u>s</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<31,669.>		
	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))			155 457		
	Net Assets		(must agree with end-of-year figure reported on prior year's return)	MIZKIM O	19	155,457.		
	Ž	20 21	Other changes in net assets or fund balances (attach explanation) SEE STATES	MENT Z		14,338.		
		rt II	Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in	etead of For	≥ 21	130,120.		
	<u>Fa</u>	11 (1)	/* '' / B \	leginning of y		(B) End of year		
	22	Cas	h, savings, and investments	165,6		1 - 1 - 1		
	23		d and buildings		23			
	24		er assets (describe ►		24			
	25		al assets	165,6				
	26		al liabilities (describe ► ACCOUNTS PAYABLE)	10,2	09.26			
	27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	155,4	57.27			
	9321 02-0	71 B-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)		

	rm 990-EZ (2009) BOWLING GREEN WELFARE CEN			61-	04809	41 Page 2
P	Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		Εx	penses
Wh	nat is the organization's primary exempt purpose? SEE STATEMENT	1 5			1 ' '	r section 501(c)(3)
	escribe what was achieved in carrying out the organization's exempt pur		se manner, descri	be) organizations and 7(a)(1) trusts, optional
	e services provided, the number of persons benefited, and other relevan				for others)	. (4)(.) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
28	ASSISTED OVER 894 FAMILIES WITH MED	CINE, RENT,	UTILITIES	,		
	AND PAUPER BURIALS.					
	(Grants \$ 118, 467.) If this amount includes foreign	grants, check here	>		28a	118,467.
29						
	(Grants \$) If this amount includes foreign of	grants, check here	>		29a	
30						
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)				1	
	(Grants \$) If this amount includes foreign (grants, check here			31a	
	Total program service expenses (add lines 28a through 31a)				32	118,467.
P	Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated ((See the	instructions (or Part IV)
		(h) Title and average hours	(a) Componentian	, ,	ntributions	(a) Evange
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	I	mployee fit plans &	(e) Expense account and
	(-,	position	-0)	I	eferred	other allowances
			·	com	pensation	<u></u>
	ARBARA RUNNER, 10466 HWY 185 ,	EXECUTIVE DIR				
	OWLING GREEN, KY 42101	35.00	32,500.	1	<u>,200.</u>	0.
	HARLIE SCOTT, P.O. BOX 10303,	PRESIDENT				
	OWLING GREEN, KY 42102	2.00	0.		0.	0.
	ANCE MULLINS, 2104 KAYMOOR STREET,	TREASURER				
	OWLING GREEN, KY 42101	2.00	0.		0.	0.
	ALTER PUDLO	BOARD MEMBER				
	65 RICHLAND, BOWLING GREEN, KY 42103		0.		0.	0.
	OAN KEOWN, 4449 MORGANTOWN ROAD,	BOARD MEMBER				
	OWLING GREEN, KY 42101	0.50	0.		0.	0.
	OMANZA JOHNSON, 3341 CEMTERY ROAD,	BOARD MEMBER				
BC	OWLING GREEN, KY 42103	0.50	0.		0.	0.
	· · · · · · · · · · · · · · · · · · ·	BOARD MEMBER			_	_
	OWLING GREEN, KY 42103	0.50	0.		0.	0.
		VICE PRESIDEN			_	
	OWLING GREEN, KY 42101	2.00	0.	ļ	0.	0.
	ARRY ROBE, 3975 ANNA-SANDHILL ROAD,	BOARD MEMBER			•	
	OWLING GREEN, KY 42101	0.50	0.		0.	0.
		BOARD MEMBER	_		^	_
	REEN, KY 42103	0.50	0.		0.	0.
M I	ICHAEL HOLIAN, 1510 PATRICK WAY,	BOARD MEMBER			^	_
	OWLING GREEN, KY 42104	0.50	0.	_	0.	0.
		BOARD MEMBER	•		^	
	OURT, BOWLING GREEN, KY 42101	0.50	0.		0.	0.
_	EWAYNE LAWRENCE	BOARD MEMBER	,		^	
0.	32 BROADWAY, BOWLING GREEN, KY 42101	0.50	0.	ļ	0.	0.
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		-				

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	HER,		Voc	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	163	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
50	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
2	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			1
•	and proxy tax requirements?	35a		х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000	,	
30	complete applicable parts of Sch N	36		Х
372	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	375		
JUa	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
700	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ►			
h	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			1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	105		
•	or disqualified persons during the year under sections 4912, 4955, and 4958			
ų	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
-	organization			
ρ	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed KY	700		
	The organization's books are in care of ► BARBARA RUNNER Telephone no ► (270)8	43-	534	0
	Located at ▶ 429 E 10TH AVE., BOWLING GREEN, KY ZIP+4 ▶ 4			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
_	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
-		N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		,	<u> </u>
-	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	,,,,	,,,,,,,,,	
	completed instead of Form 990-EZ	45_		<u> </u>
		Form 9	90-E7	(2009)

orm 990-E	z (2009) BOWLING GREEN WELFARE CE	ENTER		61-0480	941		Page 4
Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.			-			
46 Did th	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	andidates for public			Yes	No
	? If "Yes," complete Schedule C, Part I	on bondii or or iii opposition to t	Andidates for pashe	ſ	46		X
							Х
	organization a school as described in section 170(b)(1)(A)(ii)? If "Ye				47 48		X
	e organization make any transfers to an exempt non-charitable related				49a		Х
	s," was the related organization a section 527 organization?	· organia	•		49b		
50 Comp	plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, enter	:	s, trustees and key e	mployees) who ea		ceived	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	ai	e) Expectount er allow	
					-	_	
					-		
51 Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indepensization. If there is none, enter "None" NONE	ndent contractors who each recei	ved more than \$100	,000 of compens	ation f	rom the)
	(a) Name and address of each independent contractor paid mor	re than \$100,000	(b) Type of se	vice (t) Con	pensa	ion
d Total	number of other independent contractors each receiving over \$100,00		-				
Sign Here	Under penalties of penjury, indecians that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer.	accompanying schedules and statemer Il information of which preparer has any	nts, and to the best of m knowledge	y knowledge and be X 10 - 2 Date			
	CHARLIE SCOTT, PRESIDENT Type or print name and title						
Paid Preparer's	Preparer's signature	Date Che 10/25/10		parer's identifying ni	ımber (See inst	·)
Use Only	Firm's name (or yours KIRBY & KIRBY CPA'S	•	EIN	>			
	if self-employed), P.O. BOX 2160	00 0160	Phon	e ►			
	address, and ZIP+4 BOWLING GREEN, KY 4210	02-2160	no				

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

► X Yes

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

BOWLING GREEN WELFARE CENTER 61-0480941 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III · Functionally integrated d Type III · Other a L___ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (III) Type of (iv) is the organization (v) Did you notify the (vi) is the (i) Name of supported (II) EIN (vii) Amount of organization in col organization in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 BOWLING GREEN WELFARE CENTER 61-0480941 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 127,980. 128,633. 122,404. 177,892. 120,477. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 127,980. 128,633. 122,404. 177,892. 120,477. 4 Total. Add lines 1 through 3 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) 677,386. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 127,980. 128,633. 122,404.177,892. 120,477. 677,386. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 10,739. 9,060. 9,509. 6,880. 6,770. 42,958. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 720,344. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.04 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 93.00 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and \triangleright X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Public Support Callendar year for fiscal year tagranging in Performance of the section of the company of the compan	Part III Support Schedule for	<u>Organizations</u>	Described in	Section 509(a)(2) (Complete onl	y if you checked the bo	ox on line 9 of Part I)
1 Grits, grants, contributions, and memberable feels received. (Do not include any "unusual grants.") 2 Griss receipts from admissions, merchandise acid or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues level of the organization of its behalf 5. The value of services per facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services por facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services por facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services por facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services por facilities furnished by a received from dequalified persons be asserted from dequalified persons be asserted by a services of 150	Section A. Public Support	,	,		,		
membership fees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, membership seed of or services performed, or facilities furnished in any activity that is related to the organization's tave-sempt purpose of Gross receipts from admissions and the performance of the organization's tave-sempt purpose of Gross receipts from activates that are not an unrelated trade or business under section 513 4 Tax revenues leveed for the organization's behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7 As Amounts included on lines 1, 2, and 3 received from dequalified persons by a mounts included on lines 1, 2, and 3 received from dequalified persons by amounts included on lines 1, 2, and 3 received from dequalified persons by amounts included on lines 1, 2, and 3 received from dequalified persons by amounts included on lines 1, 2, and 3 received from dequalified persons by amounts included on lines 1, 2, and 3 received from dequalified persons by amounts included on lines 1, 2, and 3 received from dequalified persons by amounts included on lines 1, 2, and 3 received from dequalified persons by amounts included in lines 1, 2, and 3 received from dequalified persons by amounts on line 1 for the bysis of the second of the seco	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
include any *unusual grants.*) Closes receipts from admissions, minerhandries sold or services per formed, or facilities furnished in any activity that is related to the organization's travewing hyproses. 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenue related from the organization's travewing hyproses. 5. The value of services or facilities furnished by a governmental unit to 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'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'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's whole the services or facilities furnished by a governmental unit to the organization without charge in the organization without charge in the organization of the organization organization of the organization organization of the organization of the organization of the organization organization organization or organization or organization of the organization of the organization organization organization organization or organization organizati							
2 Gross receipts from admissions, merchandles sold or servoise performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activates that are not an unrelated trade or business under section 513 4 Tax revenues leves for the organization's benefit and either paid to or expended on its behalf or expended expenses between the expenses of the expenses o	•	ļ					
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
Schedule A (Form 990 or 990-EZ) 2009	20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			<u>P</u>

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS OFFICE SUPPLIES			60. 39.
TOTAL TO FORM 990-EZ, LI	NE 16	1,09	99.
FORM 990-EZ OTHER CHA	NGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVES	14,338		
TOTAL TO FORM 990-EZ, LI	NE 20	14,3	38.

FORM 990-EZ CASH GRANTS AND ALLOC	ATIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CLOTHING	NONE	2,685.
	NONE	775
FUEL	NONE	725.
PRESCRIPTIONS	NONE	1,496.
UTILITIES	NONE	72,593.
PAUPER BURIALS	NONE	11,675.
GARDEN SEED	NONE	118.
RENT	NONE	29,175.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		118,467.

•				
FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT		
DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[] YES [X]	NO
,	ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [] YES [X]	NO

5

990-EZ PG 2

STATEMENT

TO ASSIST LOW-INCOME FAMILIES WITH FINANCIAL ASSISTENCE ON UTILITY BILLS, MEDICATION, RENT, PAUPER BURIALS, FUEL OIL, AND GARDEN SEED.