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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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury

Open to Public

Int	ernal Rev	renue Service	► The organ	nization may have t	to use a co	py of this return	n to satisfy	state rep	oorting red	uiremei	nts	Inspe	ction
Ā	For th	ne 2009 cale	endar year, or tax y			1, 2009		and endi		N 30		10	
В	Check i applical	1 -	C Name of organization					-		D Emple		tification nun	nber
	Addre	use IRS	-								•		
	Name		CAWTHON RE	ል፤. ፑርጥልጥፑ	CORP	TA DATE ON				63	-059	4856	
	Initia		Number and street (	or P.O. box. if mail i	s not deliver	ed to street addr	ess)	B	toom/suite		hone nur		
Ļ	<del></del>							•	(251)666-2368				
F													
F	Telun								oup Exemption				
			THEODORE,								ber 🕨	el Cook	7 ^
	• Se	ction 501(c)(3	) organizations and 4			e trusts must att	ach a comp	leted	G Accou			J Casii [_	Accrual
_				dule A (Form 990 or	( 990-EZ)					specify)			
ı		te: ► <u>N/A</u>								-		organization is	
J			check only one) — [				(a)(1) or [					B (Form 990, 990-	
K	Check		ne organization is not a			-					an \$25,0	00 A Form 99	30-EZ or
_		For	m 990 return is not re	quired, but if the org	anization ch	ooses to file a re	turn, be sur	e to file a c	complete re	turn.			
<u>L</u>			d 7b, to line 9 to deter								\$		11.74
L F	Part I	Reven	ue, Expenses, a	and Changes	in Net A	ssets or Fu	nd Bala	nces (S	ee the instr	uctions f	or Part I.)	)	
	1	Contribution	s, gifts, grants, and si	milar amounts receiv	/ed						1		
	2	Program ser	vice revenue including	government fees ar	nd contracts						2		
	3	Membership	dues and assessmen	ts							3		
	4	Investment i	ncome							-	4	75,0	00.00
_	5a	Gross amou	nt from sale of assets	other than inventory			5a						
2010	Ь		r other basis and sales	•			5b				Ì		
7(	C		s) from sale of assets (	•	(Subtract lin	e 5h from line 5a					5c		
يو 🛏		•	ts and activities (comp	-	•		•	amina ch	eck here	-	-		
0 5	a	7	HOEWED	Tiousio purit		ontributions		uning, or	IOOK HOIO	-			
> š	" ا	reported on				ona ibadions	6a						
$\geq$	, h	Lace direct	evnances other than fo	Indiana Avnancas			6b						
Ω	b		expenses other than fu	and expenses	(Cubtroot lin	o Ch from line Co	, <u>on l</u>			$\overline{}$	c.		
Щ	7.	Capacipalas	of-inventory, less retur	rna and allowances	(Subitact iii	ie ob irotti iiile oa	1)			F	6c		
	7a	GIOSS SAIRS:	oenvandry, lasseni General 165	Hisjaniuranowanices			7a						
SCANNED NOV 0 1	b	Construction	goen ut			. l 7-)	7b				<b>.</b> .		
	C		or-(loss) from sales of	<del>HIMEHIO</del> TY (SUBITACE	line 70 from	i line /a)	OPP C	ım s me	MENTE		7c	····	11.74
60	"		ie (describe 🕨				SEE S	TATE	MEMT	2)	8	75 0	
_	9		ie Add lines 1, 2, 3, 4				COMMO				9		$\frac{11.74}{150.00}$
	10		imilar amounts paid (a	attach schedule)			STMT	. 3			10	<u> </u>	750.00
	11		I to or for members							F	11		
ses	12		er compensation, and								12		
Expens	13		fees and other payme		contractors						13		50.00
Ϋ́	14		rent, utilities, and mair								14		
ш	15	• • •	ilications, postage, and	d shipping						. —	15		
	16	Other expens	ses (describe 🚩 🔃				SEE S	TATE	MENT	<u>1</u> )  _	16		<u> 705.64</u>
_	17		ses. Add lines 10 thro								17		<u>805.64</u>
w	18	Excess or (d	eficit) for the year (Su	btract line 17 from li	ne 9)					L	18	2	206.10
Net Assets	19	Net assets o	r fund balances at beg	inning of year (from	line 27, colu	ımn (A))							
Ass		(must agree	with end-of-year figur	e reported on prior y	⁄ear's return	)				L	19	<u>93,7</u>	<u>47.01</u>
<u>e</u>	20	Other chang	es in net assets or fun	d balances (attach e:	xplanation)					L	20		
Z	21	Net assets o	r fund balances at end	of year. Combine lir	nes 18 throu	gh 20				▶	21	93,9	53.11
F	art II	Balanc	e Sheets. If Total	assets on line 25, c	olumn (B) aı	e \$1,250,000 or	more, file F	orm 990 ı	nstead of Fe	orm 990-	EZ.		
			(See the ins	structions for Part II.	)			(A) E	Beginning o	f year		(B) End of y	year
2	2 Cas	sh, savings, ar	id investments						38	9.34	22	5	95.44
2		nd and buildin							93,35				357.67
2		ier assets (des	_				1				24		<del></del>
2		tal assets							93,74	7.01		93.9	53.11
2		tal liabilities (	describe -				1			0.00			0.00
2			d balances (line 27 o	f column (B) must a	nree with line	21)			93,74			93.0	53.11
	2171		Daiseas Act and Dans						J J , , I		1		FZ (2000)

For	m 990-EZ (2009) CAWTHON REAL ESTATE CORF				<u>05948</u>	<u>56</u> Page 2
P	art     Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)	_	Ex	penses
W/h	at is the organization's primary exempt purpose? SEE STATEMEN	ייי די	<u> </u>		7	r section 501(c)(3)
				L .	and 501(c)(4	) organizations and
	scribe what was achieved in carrying out the organization's exempt p			be		7(a)(1) trusts, optional
the	e services provided, the number of persons benefited, and other relev	ant information for each proc	gram title		for others)	
28	SEE STATEMENT 6					
		<del>.</del>				
	-					
	(O			$\overline{}$	000	
	(Grants \$ 64,750.00) If this amount includes foreign	n grants, cneck nere		<u> </u>	28a	
29						
					1	
	(Grants \$ ) If this amount includes foreign	n grante, check here			29a	
	) il tills amount molades foreign	rigitants, oncorrioro			204	
30						
	(Grants \$ ) If this amount includes foreign	n grants, check here	•		30a	
21	Other program services (attach schedule)	·				
01	, •				04.	
	(Grants \$ ) If this amount includes foreign	n grants, cneck nere		<u> </u>	31a	<del></del>
32	Total program service expenses (add lines 28a through 31a)				32	
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated	(See the	instructions f	or Part IV)
				(d) Co	ontributions	
		(b) Title and average hours	(c) Compensation	ίtο e	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
J	AMES B. NEWMAN	PRESIDENT				
	O BOX 2767, MOBILE, AL 36652	1.00	0.00		0.00	0.00
	ONNIE MCLEAN, TRUST DEPT PO BOX	SECRETARY				
		<b>—</b>			0 00	0 00
_	527, MOBILE, AL 36602	1.00	0.00	<u> </u>	0.00	0.00
KE	EITH A. WINKLER, 9601 THREE NOTCH	CONTROLLER				
RI	O, THEODORE, AL 36582	1.00	0.00		0.00	0.00
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932		<u> </u>	<b>'</b>		Earm	990-EZ (2009)
02-0	08-10				LOUIN.	(2009)

Pa	Irt V Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		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 <b>not</b>			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			l
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9  39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	401	3.T /	2
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	<u> </u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
4				
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  N/A			
	organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed.   NONE	406		
	The organization's books are in care of ► KEITH A. WINKLER  Telephone no. ► (251)6	66-	236	8
72.0	Located at ▶ P O BOX 345, THEODORE, AL			
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			
С	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		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	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			

Form 990-EZ (2009)

completed instead of Form 990-EZ

rart	organizations and section 4947(a)(1) nonexempt charitable t and 51					
46 0	old the organization engage in direct or indirect political campaign activities o	a babalf of or in apparation to	andidates for nublic	<del></del>	Ye	s No
	ffice? If "Yes," complete Schedule C, Part I	ii beliali di di ili oppositidii to t	carididates for public		46	3 110
	bid the organization engage in lobbying activities? If "Yes," complete Sche	edule C. Part II			47	
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,	•		Ţ	48	
	old the organization make any transfers to an exempt non-charitable related c			Ī	49a	
	"Yes," was the related organization a section 527 organization?	•			49b	
	complete this table for the organization's five highest compensated employee nan \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key e	nployees) who ea	ch receive	d more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expanding account other allo	nt and
	### ### ### ### ### ##################	1		1		
	rganization. If there is none, enter "None."  N/A  (a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of ser	vice (c	) Compens	ation
			-			
d To	otal number of other independent contractors each receiving over \$100,000	_	<b>&gt;</b>			
Sign Here	Under behalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in Signature of officer  JANES B. NEWMAN, PRESIDENT	companying schedules and statemer formation of which preparer has any	its, and to the best of m knowledge	y knowledge and bel Date	ef, it is true,	
	JAMES B. NEWMAN, PRESIDENT Type of print name and title			· ·		
Paid Prepare Use Onl			ck if self- ployed X	parer's identifying nu	mber (See in	str)
JJE UIII	Firm's name (or yours it self-employed), address, and ZIP+4  KEITH A. WINKLER, CPA P O BOX 345 THEODORE, AL 36590-034	5	Phon no.		566-2	368
May the	e IRS discuss this return with the preparer shown above? See instructions	J <sub></sub>			Yes	No
inay inc	o mo diodeo uno return mar trio proparor oriown above. dee marridottoris	-			orm 990-E	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BANK CHARGES PROPERTY TAX LIABILITY INSURANCE DOWNTOWN MOBILE DISTRICT	r mgmt corp	21.00 7,457.44 172.00 2,055.20
TOTAL TO FORM 990-EZ, L	INE 16	9,705.64
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST ON SAVINGS ACCOUNTEREST ON CHECKING ACCOUNTEREST		10.99 0.75
TOTAL TO FORM 990-EZ, L	INE 8	11.74

FORM 990-EZ	CASH GRANTS AND ALLOCA	TIONS	STATEMENT	3
CLASS OF ACTIVITY/GRA	NTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	r
CHURCH HOME FOR UNDER WILMER HALL 3809 OLD SHELL RD, MO MOBILE, AL 36608		BENEFICIARY O CORPORATE NET RENTS	_	.00
TOTAL INCLUDED ON FOR	M 990-EZ, LINE 10		64,750	.00
FORM 990-EZ	RENTAL INCOME		STATEMENT	4
KIND AND LOCATION OF	PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCO	OME
LAND RENT ST FRANCIS	& CONCEPTION ST	1	75,000	.00
TOTAL INCUDED ON FORM	990-EZ, PART I, LINE 4	•	75,000	.00

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT			5
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

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STATEMENT

6

WILMER HALL IS A TAX-EXEMPT CHURCH HOME FOR UP TO 50 LONG-TERM & TEMPORARY CARE OF UNDER-PRIVILEDGED CHILDREN, AN ENTITY OF THE EPISCOPAL DIOCESE OF THE CENTRAL GULF COAST.

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STATEMENT

TO SUPPORT WILMER HALL CHURCH HOME FOR UNDERPRIVILEDGED CHILDREN