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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	e 2009 ca	alendar	year, or tax yea	r beginning Septen	nber 1,	2009, and er	nding P	lugus	t 31_	, 20 10		
В	Check if a	pplicable	Please	C Name of organi	zation ECUMEN I CAI	L MINIS	TRIES,	INC.	•	D Employ	er identification number		
	Address	change	use IRS label or	Doing Business	As					23-73	363262		
	Name ch	_	print or	Number and street	(or P O box if mail is not delive	red to street add	ress) Roor	n/suite		E Telepho	one number		
_	Initial reti	-	type. See	POST OFF	ICE BOX 1103		ļ.			251-9	928-3430		
	Terminate		Specific Instruc-	City or town, sta	ate or country, and ZIP + 4								
H	Amended		tions.		, AL 36533					G Gross re	ceipts \$ 899,552		
H			F Nam		principal officer Sally	M Dea	ne			·			
ш	Application			as item		11. DCC	iiic				for affiliates? Yes No		
$\overline{}$	Tay aya	mpt status			ert no) 4947(a)(1) or	□ 5 27					ncluded? Yes No		
÷		.	- 141 -			<u> </u>					list (see instructions)		
7				ldwinemi			1. 1			exemption nur			
				ration Trust	Association ☐ Other ►		L Year of for	mation _	1969	M State of	legal domicile AL		
Р	art l					_							
					n's mission or most s								
ø	<u>a</u>	s sta	ted i	n its by-l	aws, is to adm	ınıster	to needy	peop	ole in	Baldwi	n County and		
Suc	<u> t</u>	o ser	ve ot	hers. Mem	bership ıs gran	nted to	any pers	on ha	ving a	an int ϵ	erest in the		
Ë	<u>a</u>	ctivi	<u>ties</u>	of the Org	anization.								
Governance	2 0	heck this	box ▶ [🔲 if the organizat	ion discontinued its operation	ns or disposed	of more than 2	5% of its	net assets	3			
•მ	3 N				the governing body (P					اما	12		
_					members of the gove						12		
to 2010 Activities	5 T									-	21		
Acti Acti	6 T					-				1 4 1	75		
> `	1				revenue from Part VII					7a	<u></u>		
					income from Form 99					7b			
ξ—		tot armor	atou bu	ISINCOS (AXABIC	income nom romi se	0-1, lille 5-	· · · ·	1	Prior Ye		Current Year		
	1	N 4 2 15 4		d (D. (\			<u> </u>		3,425	580,320		
Revenue	8 0				VIII, line 1h)					L,617			
Š	9 F				VIII, line 2g)						58,037		
. &		nvestme	nt incor	ne (Part VIII, c	olumn (A), lines 3, 4,	and 7d) .		.		5,610	61,118		
	11 0	other rev	enue (I	Part VIII, colum	nn (A), lines 5, 6d, 8c,	9c, 10c, ar	nd 11e) .	·		5,963	40,458		
	12 T	otal reve	nue—a	ad lines 8 throu	gh 11 (must equal Part	VIII, column	(A), line 12)	<u> </u>		3,615	739,933		
					ıd (Part IX, column (A			. —	23	787	221,929		
		 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 									0		
Expenses	15 S										280,739		
e L	16a P	rofessio	nal fund	draising fees (P	art IX, column (A), line	_11e) . .				0	0		
Š	В Т	otal fund	Iraising	expenses (Par	IX, column (D) Tine 25	3	31,48	7 🌌		Transport Contraction	文学学说为 :从		
	17 C	Other exp	enses	(Part IX, colun	nn (A), lines 11a-11d,	111-24n).				5,001	116 <u>,</u> 284		
	18 T	otal exp	enses.	Add lines 13-1	7\(must equal RarblX	A ntringle), line 25).			862	618,952		
_	19 R	Revenue	less exp	enses Subtrac	7\(must equal Rart X taine 18 from fine 12	الله الله الله	<u> </u>	-	2	2,753	120,981		
ts or						——] ≝		Begir	nning of Cu	rrent Year	End of Year		
ssets Refer	20 T	otal ass	ets (Pa	rt X, line 16).	. OGDEN, L	JT			1,941	1,770	2,066,325		
S E	ונ		•	Part X, line 26)					154	1,078	157,652		
<u> </u>					ubtract line 21 from lii	ne 20				7,692	1,908,673		
P	art II	Signa	ature I	Block					-				
		Under per	naities of	perjury, I declare ti	nat I have examined this retu	ım, including a	ccompanying so	hedules	and statem	ents, and to	the best of my knowledge		
	1	and belief	f, it is true -	e, correct, and corr	plete Declaration of prepar	er (other than	officer) is based	on all in	nformation	of which pre	parer has any knowledge		
Sig	an		Sal	u M.	i De ense				1 4	12/2:	3 10		
	re	Signa	ature of o	fficer				-	Date) / • · · ·			
		▶ Sa.	llv I	M. Deane	, Executive D)irecto	r						
				name and title							-		
_		, , , , , , , , , , , , , , , , , , , 	<u> </u>			Date		Check	ıf İ	Preparer's in	lentifying number		
_	. 1	Preparer's signature						self-	ed ▶⊠	(see instruct			
Pai		Ç v	· 1/	₩ K. 8	⊋ , , , ,		/15/2010	епрюу		P0098	9337		
Pre	parer's	Firm's nai		···	K ENIKEIEFF	111/	15/2010	1	- '				
Use	Only	if self-emp	ployed),			MODITE	AT 2000		EIN	one no ▶ 251-460-2972			
_	46 - 17	address,	_		OFFICE BOX 8754			9	Phone no	▶ ∠51			
Ma	y the IF	KS discu	iss this	return with the	preparer shown above	e? (see ins	tructions)			<u> </u>	. X Yes No		

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

Pa	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission The purpose of the Organization as stated in its by-laws, is to administer to needy
	people in the Baldwin County and to serve others. Membership is granted to any person having an interest in the activities of the Organization.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code.)(Expenses \$ 406,670 including grants of \$)(Revenue \$) Social Services Fund - provides emergency aid, food, home repair, winterization of homes and other assistance to the needy, supported directly by the general public and indirectly by the United Way.
4b	(Code) (Expenses \$ 56,170 including grants of \$) (Revenue \$ 58,037) Meals on Wheels - provides wholesome nutritious meals to the elderly and ill people who would not otherwise be able to have an appropriate meal. Some recipients pay for meals, those who cannot afford to pay are funded by direct support.
4c	(Code) (Expenses \$ 13,120 including grants of \$) (Revenue \$) Medical Fund - provides assistance to the needy for basic health services by direct payments to doctors, hospitals, pharmacies and other health care providers. It is funded for the most part by the United Way.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 33,882 including grants of \$) (Revenue \$)
40	(Expenses \$ 33,882 including grants of \$) (Revenue \$)

Pa	rt IV Checklist of Required Schedules			
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	х	
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	:	х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х
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		х
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		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		. y. ve	, Ja
•	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		` \	gii
•	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.	12	*	
•	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		* 4	5 ÷4
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	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	**	≪.	, .
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	_	х
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 United States? If "Yes," complete Schedule F, Part II	15	_	Х
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 United States? If "Yes," complete Schedule F, Part III	16		х
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		х
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		х
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		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

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Pa	rt IV Checklist of Required Schedules (continued)		,	,
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 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		х
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		x
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		х
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		х
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		х
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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Х	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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? <i>If "Yes," complete Schedule R, Part I</i>	33		X_
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	х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		х
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,			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,,,		
	U.S. Information Returns Enter -0- if not applicable	, ja		,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		3	<u> </u>
	gaming (gambling) winnings to prize winners?	1c		х
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	a vår	, ,	
	Statements, filed for the calendar year ending with or within the year covered by this return 21	·, 🕪	<u>``</u>	_ 3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		(. « <u>.</u>	,
	instructions)		3 " ^ 2	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		*	
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		X
D	If "Yes," enter the name of the foreign country: ▶	1	<i>C</i> ,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		,	* *
5 0		5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	<u> </u>		
·	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. *		3 %
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	عـــــــــــــــــــــــــــــــــــــ		أأسلك
	and services provided to the payor?	7a		_X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	in res, indicate the number of rorms ozoz med during the year	4 %	€,	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
	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?	8		
	Sponsoring organizations maintaining donor advised funds.	90		
	Did the organization make any taxable distributions under section 4966?	9a 9b		_
	Did the organization make a distribution to a donor, donor advisor, or related person?	75		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			j
	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)	I		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			j

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

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	<u> </u>	,	*
ь	Enter the number of voting members that are independent	٠.	ý	
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		х
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	:	x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		х
7a				
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	**:	,	
	the year by the following.			× 4
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9a		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	venue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ille start e C	67	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	_
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	4.		- ≪
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u> </u>	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	_	Х
	If "Yes" to line 15a or 15b, 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	<u>., </u>	5 · · ·	ļ
	with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	41	`	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
202	the organization's exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 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			
40	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or policy and financial statements evaluable to the public	or inte	erest	
20	policy, and financial statements available to the public.	است	. 41	
20	State the name, physical address, and telephone number of the person who possesses the books and recording anization Sally M. Deane, 564 Fairhope Avenue, Fairhope, AL 36532 (251)-9			
	Daily E. Deane, Jos raithope Avenue, Fairnope, AL 30032 (201)-9	Z0	24 JU	

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 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."
- 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, and 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 not compensate any current officer, director, or trustee										
(A)	(B)	<u> </u>		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dr. Jeanne Maes						_				
President	3	Х	<u> </u>					0	0	0
Melissa Thomas Vice-President	3	x						0	0	0
Carol Stickney Secretary/Treasurer	3	х						0	0	0
Jaline Bradley	3	.,						0	0	0
William Brown	3	X						0	0	0
Nancy Fontenot	3	x						0	0	0
Bob Frankenberg	3	x						0	0	0
Dr. Steve Lyrene	3	x						0	0	0
Dick Slowey	3	х						0	0	0
Keith Talbert	3	x						0	0	0
Philip Webb	3	х						0	0	0
Dr. Cindy Wilson	3	x						0	0	0
Sally M. Deane	40			х				43,940	01	3,773
						-				

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key	/ Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employee	s (contin	ued)
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensation from relate organizatio (W-2/1099-M	on ed ins co IISC)	Estimated amount of other ompensation from the organization and related organizations
					İ					1		
			_									
	Total	<u> </u>					-	>	43,940		0	3 , 773
2	Total number of individuals (including but needed) reportable compensation from the organization	not limited t	o tho	se l	ıste	d al	ove)	who	o received moi	e than \$100	0,000 in	
3 4	Did the organization list any former office employee on line 1a? If "Yes," complete Strong and individual listed on line 1a, is the structure organization and related organizations of individual. Did any person listed on line 1a receive the structure of the st	r, director of chedule J from of reports that is a contract that is a contract that is a contract that is a contract.	or tru for su ortable n \$15	stee ch i e co 0,00	e, ko indiv omp	ey e /idu ens // "	emplo al . ation Yes,"	and con	other compen	sation from e J for such	3	Yes No
	services rendered to the organization? If "	Yes," comp	lete S	ens Sche	atio edul	n II le J	om a for su	ny uch	person	nization for		X
<u>Sec</u>	Complete this table for your five highest co		Linda		don		ntroo		that recovered	mara than (*100.000	
	Complete this table for your five highest co compensation from the organization	mpensaleu	inde	pen	aen	it co	ntrac	tors	that received	more than s	\$100,000	OT
	(A) Name and business add	ress							(B) Description of se	ervices		(C) ensation
Noi	ne											
		 -								-		
2	Total number of independent contractors (in more than \$100,000 in compensation from	icluding but	not li	imite	ed to	o th	ose lis	sted	above) who re	eceived		\^\^

Par	t VII	Statement of Re	venue					
4 1	٠,		*****	* * * * ;	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
<u> </u>	r 🔭 🖰		* * * * . ,		3' 8' '	revenue	revenue	512, 513, or 514
grants	1	Federated campaigns	<u>1a</u>	81,333	* 6 * * * * *		# * · · ·	, s
g S		Membership dues	<u>1b</u>		% § . • ·		***	
fts,		Fundraising events .	<u>1c</u>			•	N. #	3 *
<u>.</u>		Related organizations	<u>1d</u>	20 - 20	* * * * * * * * * * * * * * * * * * *	′		*
Sim	е	Government grants (contri	ibutions) . 1e	30,000		2 2 2 5 2	W 37	Brown 1
utio	f	All other contributions, gifts, g			i cata tang a			
Contributions, gifts, grants and other similar amounts		and similar amounts not inclu-		468,987			~ * * *	in the second
g g	g		d in lines 1a-1f \$	86,349	**************************************		A South of the second	~/>/ <i>></i> @ \$95\$ \$
	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>	580,320	2 22 2 3		244644
Program Service Revenue	1		_	Business Code	2-4 12-4 4 ··	2 1 12 1 1 1	<u> </u>	m 3.17 2 3
e.	2a	Meals on whee	els	624100	58,037			
ž	b							
<u> </u>	С							
Ser	d		•••••					
E E	е	***************************************						_
.go	f	All other program service	ce revenue .					
	g	Total. Add lines 2a-2f	<u></u>	<u></u> 🕨	58,037	January St. S. Alex		7 gr 1/2 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m
	3	Investment income (incother similar amounts)	luding dividends		61,118			
	4	Income from investment of			•			
	5	Davaltica						
		·	(ı) Real	(II) Personal	* 7 7 7	1.3 1 4 1 4	4 is a division	,
	6a	Gross Rents	3,600		*** **			
	Į.	Less rental expenses	· · · · · ·		· **			
	c	Rental income or (loss)	3,600	0	» ³ .			
	d	Net rental income or (lo		>	3,600	***************************************		
	72	Gross amount from sales of	(i) Securities	(II) Other	- O O O O O O	* 40 40,000,000 70	" 40" × 1 Y	*
	١	assets other than inventory			A		,	
	h	Less cost or other basis						`
	~	and sales expenses .			. 4 %	* * * *	a. 4 4 4	-7
	c	Gain or (loss)	0	0	2 4 1/2 1/2 1		* * * * * *	*
	ď			•	0			
ø	0.	Gross income from	fundraising		. + ()	**		* *
Ĕ	Oa.	events (not including \$	lunuraising		. * *	» · · · · · · · · · · · · · · · · · · ·		
e e		of contributions reported	on line 1c)				,	* * *
Ř		See Part IV, line 18	· · · · a		, (4 -4-			
Other Reven	ь	Less. direct expenses			** **	,		, ,
ŏ	С	Net income or (loss) fro	m fundraising e	vents ►	0		······································	
	92	Gross income from gami	ing activities				*	
	, Ju	See Part IV, line 19	a					
	b	Less: direct expenses.	b					
	С	Net income or (loss) fro	m gamıng activi	ties ►	0			
	10a	Gross sales of invereturns and allowances		196,477				
	h	Less. cost of goods sole		159,619			ļ	
		Net income or (loss) from		ory >	36,858			
	Ť	Miscellaneous Reve		Business Code	20,000			
i	11a			-				
	b						-	
	~						+	· · · · · · · · · · · · · · · · · · ·
	ار ا	All other revenue						
		Total. Add lines 11a-11			0			
					739,933			
	14	Total Revenue. See ins	suucions	P	107,703			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				- * *					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	221,929	221,929							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members			x	* (1 3 . 1					
5	Compensation of current officers, directors, trustees, and key employees	46,125	38,438	7,687						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	197,010	168,440	28,570						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				<u> </u>					
9	Other employee benefits	17,744	16,113	1,631						
10	Payroll taxes	19,860	17,138	2,722						
11	Fees for services (non-employees)	0 100		0 100						
а	Management	2,100	•	2,100						
b	Legal									
C	Accounting									
d	Lobbying			300 25. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees	2 100	0 100							
g	Other	2,120	2,120		21 407					
12	Advertising and promotion	33,776	2,289	11 020	31,487					
13	Office expenses	13,138	1,210	11,928						
14	Information technology									
15	Royalties	18,024	8,079	9,945						
16	Occupancy	6,364	4,507	1,857	<u> </u>					
17	Travel	0,504	4,507	1,007						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
10	Conferences, conventions, and meetings .	1,685	1,685							
19 20		4,317	1,511	2,806						
21	Payments to affiliates	-/ -/	-,							
22	Depreciation, depletion, and amortization	9,468	6,149	3,319	-					
23	Insurance	7,154	4,650	2,504						
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	Miscellaneous	3,094	540	2,554						
b	Program expense	15,044	15,044	2,001						
c d e										
-	All other expenses	618,952	509,842	77,623	31,487					
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	220,302	000,012	, 323	31,107					

Part X **Balance Sheet** (A) Beginning of year (B) End of year 357**,**909 Cash—non-interest-bearing 133,345 1 1 2 2 3 3 26,353 4 4 5 Receivables from current and former officers, directors, trustees, key , # employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 49 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 1,398,751 7 1,169,300 7 8 Inventories for sale or use 8 8,755 Prepaid expenses and deferred charges . 9 9 10,610 Land, buildings, and equipment: cost or 10a 4 5-4534 4 10a 21966 other basis. Complete Part VI of Schedule D **b** Less. accumulated depreciation . . . 10b 192,473 314,210 302,592 10c 11 Investments—publicly traded securities . . . 11 12 Investments—other securities. See Part IV, line 11 12 Investments-program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 60,356 15 <u>204,617</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 1,941,770 2,066,325 16 29,988 35,439 17 17 18 18 7,470 19 19 20 20 -iabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 116,620 23 23 107, 891 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 . 26 154,078 157,652 26 Organizations that follow SFAS 117, check here ▶ 🗵 and Balances e) ₉₈ complete lines 27 through 29, and lines 33 and 34. 1,787,692 1,908,673 27 Unrestricted net assets 27 28 28 or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here \blacktriangleright \Box and complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds 32 32 Set ,787,692 33 1,908,673 33 Total liabilities and net assets/fund balances 1,941,770 34 <u>2,</u>066,325

Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	· * *	' § y	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		⋄ ≉	, pr
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X
b		2b	Х	
C	If "Yes" to line 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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	*	" "	1.00
	Schedule O.		,3	* ,
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	**	4	8
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	37 ·	1000 (4
За	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		Х
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		
			200	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ΞC	UME	ENICAL M	INISTRIES	, INC.					23-7:	363262	2
Pa	rt I	Reason	for Public Cl	narity Status (All or	ganızatio	ons mus	t comple	ete this	part) Se	e instru	ctions
he	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 through	ıh 11. ch	eck only	one box)	
1				rches, or association	-	-	•	-			
2				n 170(b)(1)(A)(ii). (At							
3				nospital service organi				n 170(b)((1)(A)(iii).		
4		A medical re	•	ation operated in conj)(A)(iii). Enter the
5		An organizat	tion operated for	the benefit of a colleg	ge or univ	ersity ow	ned or o	perated b	oy a gove	rnmental	unit described in
6				ernment or governme	ntal unit	described	in secti	on 170(t	o)(1)(A)(v).	
7	X	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)									
8				in section 170(b)(1)		Complete	Part II)				
9		An organizat receipts from support from	ion that normally a activities relate a gross investme	receives (1) more that ed to its exempt function ent income and unrelater June 30, 1975.	an 33½ % ons—sub ated bus	of its sup ject to ce iness tax	pport fron ertain exc able inco	æptions, ome (less	and (2) r s section	no more t	han 33⅓% of its
1	☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		a 🗌 Type	I b □] Type II c	□ Тур	e III–Fur	nctionally	integrate	ed	d□	Type III-Other
е		By checking	this box, I cert	ify that the organizati	on is not	controlle	ed directl	y or indii	rectly by	one or m	nore disqualified
			er than foundatio section 509(a)(2	n managers and other 2)	than one	or more	publicly s	supported	d organiza	ations des	scribed in section
f		If the organi	zation received	a written determination	on from t	he IRS t	hat it is	a Type I	, Type II,	or Type	III supporting
			, check this box								🗆
g		Since Augus following per		the organization acce	pted any	gift or co	ontributio	n from ar	ny of the		
				indirectly controls, eining body of the supp				persons	describi	ed in (ii)	Yes No 11g(i)
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)
		(iii) A 35% c	ontrolled entity of	of a person described	ın (i) or (ii) above	?				11g(iii)
h		Provide the	following informa	ation about the suppo	rted orga	nızation(s	s) .		·		
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza	Is the tion in col zed in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
		-						_	 	-	
											•
					-		 			<u> </u>	L
			I v	i			1	1	1	,	i

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

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)

<u> </u>	tion A. Public Support										
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	679,232	549,116	559,747	478,425	580,320	2,846,840				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	679,232	549,116	559,747		580,320	2,846,840				
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		a de la seconda	m,	* * * * * *	* * * * * *					
	shown on line 11, column (f)	*	was some		~	/ ~ ×					
6	Public support. Subtract line 5 from line 4	ter j	7 @ L 27 4 7 17	~ * (***	, , , , , , , , , , , , , , , , , , ,	2,846,840				
Section B. Total Support											
Ca	Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total										
7	Amounts from line 4	679,232	549,116	559,747	478,425	580,320	2,846,840				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,348	3,974	7,201	602`0	64,718	79,843				
9	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)	84,613	88 , 661	90,533			453,682				
11		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3 % (1	<u> </u>		3,380,365				
12	Gross receipts from related activities, etc					12					
13	First five years. If the Form 990 is for										
	organization, check this box and stop he		<u> </u>	<u></u>			<u> ▶ ⊔</u>				
	tion C. Computation of Public Su						04.004				
14	Public support percentage for 2009 (line 6		•	, column (f))		14	84.22%				
15											
	 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
D	box and stop here . The organization qua										
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums	9. If the organ	zation did not c stances" test, ch	heck a box on lineck this box ar	ine 13, 16a, or ind stop here. I	16b, and line 14 Explain in Part I	ıs 10% or				
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstan Private foundation. If the organization did	acts-and-circums nces" test The o	tances" test, ch rganization quali	eck this box and fies as a publicly	d stop here E supported orga	xplain in Part l' nization	V how the▶ □				
						_					

	dule A (Form 990 or 990-EZ) 2009						Page 3
Ра	rt III Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				_		
2	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			t ege propriés Le grégories		and a street	1
$\overline{}$	tion B. Total Support			 ,			,
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)		¥	*		*	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>	d, third, fourth,			
Sec	tion C. Computation of Public Su	• •				T	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column (i		15 16	<u>%</u> %_
	tion D. Computation of Investmen		·			T47	0/
17	Investment income percentage for 200					17	<u> </u>
18 19a	Investment income percentage from 20 33% % support tests—2009. If the org 17 is not more than 33% %, check this be	anization did n	ot check the bo	ox on line 14, ai	nd line 15 is m	ore than 33 1/3	%, and line _
b	33\% support tests—2008. If the organ line 18 is not more than 33\%%, check this	nization did not	check a box on	line 14 or line 1	19a, and line 16	3 is more than	33 1/3 %, and

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

Page	4

Part IV	Part II, I	ine 17a or 1	mation. 7b, and l	Complete Part III, Iir	e this part to ne 12 Provid	provide e any ot	tne ex	pianati ditiona	ons require I informatio	n See II	rt II, IIn <u>nstructi</u>	ons
Part II	, Line	= 10										
Other i	ncome	consist			service							
of inve	entory.		••••									

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2009

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

•	Section 527 organizations Complete Part I-A only										
If th	the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then										
	 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A 										
		s," to Form 990, Part IV, line 5 (Prox		(n)) Complete Pa	ט פ-וו חו	o not complete Part II)-A				
	Section 501(c)(4), (5), or (6) org		,								
	ame of organization					er identification numbe	÷r				
	UMENICAL MINISTR					363262					
		organization is exempt unde	-	•		organization.					
1	-	e organization's direct and indirect									
2	Political expenditures				▶ Ψ						
	volunteer nours ,				•						
Pa	rt I-B Complete if the	organization is exempt und	er section 501(c)(3).							
1		xcise tax incurred by the organizat			▶ \$						
2		xcise tax incurred by organization			▶ Ψ		i				
3 4a											
	a										
Pa	art I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).										
1											
	activities										
2											
3											
•	line 17b										
4											
5		and employer identification number									
		zation listed, enter the amount paid fi vere promptly and directly delivered t									
		nmittee (PAC) If additional space is									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political contributions received					
				filing organizat funds If none, ei		promptly and directly	у				
						delivered to a separa political organization					
						none, enter -0-					
			· · · · · ·								

Pa	rt II-A Complete if the organization under section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768	3 (election
	Check ▶ ☐ if the filing organization Check ▶ ☐ if the filing organization	belongs to an affiliated group. checked box A and "limited control" provision	ns apply.	
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	reserved on the served of the		9,886	
C	Total lobbying expenditures to influence Total lobbying expenditures (add lines	• • • • • • • • • • • • • • • • • • • •	9,886	
d e	Other exempt purpose expenditures . Total exempt purpose expenditures (ad	609,066 618,952		
f		amount from the following table in both	117,843	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	, _ r, '	スパナシャ 🆠
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	% ý ; * ·	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	29,461	
h	Subtract line 1g from line 1a If zero or		0	
i	Subtract line 1f from line 1c If zero or I	less, enter -0	0	
j —	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or line 1i, did the organization file Fo		☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lo	bbying Expenditure	s During 4-Year	Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				117,843	117,843
b Lobbying ceiling amount (150% of line 2a, column (e))		gge Yu X , * e		* 4 . 2	176,765
c Total lobbying expenditures				0	0
d Grassroots nontaxable amount				9,886	9,886
e Grassroots ceiling amount (150% of line 2d, column (e))	/ ^ \$ i ÷ 1		*	*	14,829
f Grassroots lobbying expenditures				9,886	9,886

Schedule C (Form 990 or 990-EZ) 2009

Yes No.	or sec	ction Yes	# · · · · · · · · · · · · · · · · · · ·
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
01(c)(5),	or sec	ction	
	or sec	ction	
	or sec	ction Yes	ĵ
	or sec	ction Yes	7
	or sec	ction Yes	,
		Yes	
	-	+-	
	-	- 1	No
\4/_\/F\			
-A, line	3 is a	nswei	ed
cal			
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Schedule C (Fo	rm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
	•••••	
	•	
	••••••	
	•••••••••••••••••••••••••••••••••••••••	
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number Name of the organization ECUMENICAL MINISTRIES, INC. 23-7363262 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Page	2
·ugc	_

Par	t III Organizations Maintaining C	collections of	of Art, H	istori	<u>cal Treasures,</u>	or O	ther Similar	Assets (d	<u>:ontını</u>	леd)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and o	ther reco	rds, cl	neck any of the	follow	ving that are a	sıgnifican	t use c	of its
a	Public exhibition		d	Ц	Loan or exchai					
b	Scholarly research		е		Other					-
C	Preservation for future generations									
4	Provide a description of the organization' Part XIV.	s collections	and expla	ain ho	w they further th	ne org	anızation's ex	empt purp	ose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive doi to be maintai	nations of ned as pa	art, hi	stoncal treasure: le organization's	s, or o collec	ther similar	. 🔲 Y	es 🔲	No
Par	Escrow and Custodial Arran IV, line 9, or reported an amou					swer	ed "Yes" to Fo	orm 990,	Part	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or oth	er interm	ediary	for contribution	s or o	other assets no	ot . 🔲 Y	es 🗌	No
b	If "Yes," explain the arrangement in Part	XIV and com	plete the	follow	ing table:					
								Amount		
C	Beginning balance					1c	_			
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a b	Did the organization include an amount of "Yes," explain the arrangement in Part	on Form 990,						. DY	es 🗌	No
	t V Endowment Funds. Comple		anızatıoı	n ansv	vered "Yes" to	Forr	n 990, Part I	V, line 10	,	
		Current year	(b) Prio		(c) Two years t		(d) Three years ba		r years t	back
1a	Beginning of year balance			•	12.0%	*	√ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √		- 3	
h	Contributions				:					
	Net investment earnings, gains,				x 82m -	Ť	~	*		
	and losses		·				d. *		.,,	
	Grants or scholarships				1.72 . 1 .					
е	Other expenditures for facilities				25 2 2 6	×	***		8	1
	and programs				<u>関すられる。 </u>	* 	<u> </u>			
r g	Administrative expenses End of year balance					, 			:	
. •	•				44-4-44-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<u>.</u>		<u> </u>		
2	Provide the estimated percentage of the	•		as						
a	Board designated or quasi-endowment I		%							
D	Permanent endowment ▶ 9	o								
	Term endowment ▶ %									
За	Are there endowment funds not in the pos	session of the	e organiza	ition th	at are held and	admir	ustered for the		Yes	No
	organization by.							3a(i)	100	
	(i) unrelated organizations							3a(ii)		
h	(ii) related organizations	tions listed as		 I on S				. 3a(11)		
4	Describe in Part XIV the intended uses o	of the organiza	ation's en	dowm	ent funds			. [30		
Par	t VI Investments—Land, Buildir					rt X	line 10			
	Description of investment	(a) Cost or oth			Cost or other		ccumulated	/d\ Roc	k value	
	Description of investment	(investme			sis (other)		preciation	(4) 500	N Value	
4.5	Lond				27,550				27,5	550
1a					421,370		147,543		73,8	
b	Buildings				121/0/0		11,,040		, y <u>,</u> .	
C	Leasehold improvements	· -		-	46,145		44,930		1 :	215
	Equipment				10,140		44,000	-		-10
	Add lines 1a through 1e. (Column (d) must	equal Form 9	90 Part Y	colun	n (B) line 10(c)	1		3	02 5	592

Part VII Investments—Other Securities	See Form 990, Part X	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial derivatives			
Closely-held equity interests			
Other			
	<u>-</u> .		
•	<u> </u>		
	<u>.</u>		
			
•			. <u></u>
••••••			
•••••••			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		* * * *	
Part VIII Investments—Program Related	d. See Form 990, Part X	. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion ket value
Tatal (Calumn (h) must squal Form 000, Bort V and (D) line 12.)	<u> </u>	& A , #	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Pa	rt Y line 15	Is	
Other Assets. See Form 930, Fa	(a) Description		(b) Book value
Accrued interest receivable	(4) 2000.1510		118,117
Residential real estate			85,000
Other assets			1,500
			u
			204 617
Total. (Column (b) must equal Form 990, Part X, col		<u> </u>	204,617
Part X Other Liabilities. See Form 990,		<u> </u>	
(a) Description of liability Federal income taxes	(b) Amount	-	
rederal income taxes		-	
		_	
			
		7	
			
	-	7 '	
		Ţ	
			'
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1_	739,933
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	618,952
3	Excess or (deficit) for the year Subtract line 2 from line 1	3_	120,981
4	Net unrealized gains (losses) on investments	4_	
5	Donated services and use of facilities	_5	
6	Investment expenses	<u>6</u> 7	
7	Prior period adjustments	8	
8	Other (Describe in Part XIV.)	9	0
9 10	Total adjustments (net). Add lines 4 through 8	10	120,981
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
1		1	899,552
2	I otal revenue, gains, and other support per audited financial statements		7.57
a	Net unrealized gains on investments		,
b	Donated services and use of facilities	7	
c	Recoveries of prior year grants	┨.、	
ď	Other (Describe in Part XIV)	5] :	یا
е	Add lines 2a through 2d	2e	159,619
3	Subtract line 2e from line 1	3	739,933
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	203 ¹ / ₂	
а	Investment expenses not included on Form 990, Part VIII, line 7b		,
b	Other (Describe in Part XIV.)	ينقيا	
C	Add lines 4a and 4b	4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	739,933
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses p	
1	Total expenses and losses per audited financial statements	1	778,571
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		~
а	Donated services and use of facilities	_	68
b	Prior year adjustments	- %-	•
С	Other losses	. 1	
d	Other (Describe in Part XIV.)		150 610
е	Add lines 2a through 2d	2e	159,619 618,952
3	Subtract line 2e from line 1	3	010,932
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ŀ	
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	┥	
	Other (Describe III at XIV.)	40	<u>-</u>
5	Add lines 4a and 4b	5	618,952
	t XIV Supplemental Information		010/332
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and apart to provide any additional information		
Pai	ct XII, Line 2d	•	
Thi	s amount represents the cost of sales of inventory. For	or	financial
sta	atement purposes, it is disclosed as an expense, for ta	х р	urposes, it
is.	deducted from revenue.		
Pai	ct XIII, Line 2d		
See	e above.		

Schedule D (Fo	m 990) 2009	Page 3
Part XIV	Supplemental Information (continued)	
I dit XIV	Supplemental information (continued)	-
		· · • • • • •
	••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

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(h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more, than \$5,000. Use Employer identification number Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to X 23-7363262 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations. (c) IRC section if applicable Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (P) EIN ECUMENICAL MINISTRIES, 1 (a) Name and address of organization or government Name of the organization Part II

SA

3 Enter total number of other organizations.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009

Part III Grants a

OSE L'ALLY AND SCHEGUIE I-1 (L'OILLE SSO) IL ACCHION	aso) II additionia	ומו אסמבר וא ווככתכת.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Emergency aid	1,016	106,714			
Food pantries	839	3,356			
Home repair	13	14,793			
Cost of meals to elderly and disabled	130	56,170			
Doctors and prescriptions	150	13,120			
Utility relief	370	27,776			
Superior Charlement Information Complete the and to		the contract acitematical of the charges	1000	The state of the s	Addition of the same of the sa

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

Par I, Line 2

the Organization's criteria for assistance, assistance is provided to the individual through a cash disbursement for the benefit of the individual made payable to a vendor, bank, or hospital. For The Organization conducts interviews with client's requesting grant aid. If the individual meets

example, individuals needing assistance with utility bills who meet the Organization's criteria have

check disbursed by the Organization to the utility company on their behalf.

Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

NonCash Contributions

20**09**

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

OMB No 1545-0047

Name of the organization

ECUMENICAL MINISTRIES, INC.

Employer identification number

23-7363262

Pa	Types of Property				, -,-			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) of determination	nıng	
1	Art—Works of art			• "-				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		1. 美国家 建合物物					
5	Clothing and household		人参表的的物理中有有					
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous .							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential	Х	1	85,000	FMV			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			<u> </u>	-			
25	Other ► ()			<u> </u>				
26	Other ▶ ()	-						
27 28	Other ► () Other ► ()							
29	Number of Forms 8283 received	d by the or	ganization during the tax y	ear for contributions for				
	which the organization complete	d Form 828	33, Part IV, Donee Acknow	ledgement	29			
	·					Ye	s I	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that		ł	
	it must hold for at least three year	ars from the	e date of the initial contribu			 	_ _	
	used for exempt purposes for th	e entire ho	lding period?			30a		X
b	If "Yes," describe the arrangeme							
31	Does the organization have a contributions?	gift accep	otance policy that require	s the review of any non	-standard	31 X]
32a	Does the organization hire or us contributions?		ties or related organization		I noncash	32a		x
b	If "Yes," describe in Part II.				-			_
33	If the organization did not report r	evenues in	column (c) for a type of prop	perty for which column (a) is	checked,			

Schedule M (Form 990) 2009 Pag	e 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization Ecumenical Ministries, Inc.	Employer identification number 23-7363262
Form 990, Part VI, Line 11 - A copy of the final form	
and the required schedules were provided to the Boa	
electronically for their review prior to the return	n being filed. The
Treasurer is Carol Stickney	
Form 990, Part VI, Line 12c - The Organization, on	an annual basis, asks
each member of the Board of Directors to review the	e Conflict of Interest
Policy to verify that they do not have any conflict	ts of interest with the
Organization.	
Form 990, Part VI, Line 15a - The compensation of	the Executive Director
was reviewed by the Budget and Finance Committee ar	
Board of Directors as part of the approval of the a	
Form 990, Part VI, Line 18 - The Organization's For	rm 990 is posted to
Guidestar and a paper copy of the return will be ma	ailed to anyone who
requests a copy of the form.	
Form 990, Part VI, Line 19 - The Organization's gov	verning documents,
Conflict of Interest Policy, the annual Audited Fir	nancial Statements and
the Form 990 are made available to anyone who reque	ests the documents.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Ecumenical Ministries, Inc.	23-7363262
11.11.11.11.11.11.11.11.11.11.11.11.11.	23 1303202
,	
	••••••••••••••••
•••••••••••••••••••••••••••••••••••••••	••••••

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Schedule O (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ECUMENICAL MINISTRIES, INC.

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

23-7363262

Part	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	organization answered	d "Yes" to Form 9	90, Part IV, line 3	3.)	
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	complete if the organity the tax year.)	zation answered "	Yes" to Form 990), Part IV, line 34 t	because it
:	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

חברים וו וומח	because it riad of le of Illore refated organizations treated as a partitle ship during the tax year.	ateu orga	nzalions nealer	Jasaparinersi	iip dariiig ale i	ax year.)					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
				512-514)				Yes	N _o		Yes No
The Village at Meadowview, LTD	Low Income	AL	N/A	Related	- p	(31)	0		×	0	
Blvd.	Housing										
187											
									<u> </u>		
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Part IV Identification of line 34 because	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization an line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	inizations iore relate	Taxable as a (e as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	Trust (Comple	ete if the organst	inization answe tax year.)	ered "	Yes" to	Form 990, Pa	٦. ≥,
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	соте	eud-	(g) Share of end-of-year assets	(h) Percentage ownership
Ecumenical Meadowview 564 Fairhope Avenue	GP	Inc.	Real Estate	AL	N/A	C Corp		(31		0	100%
Fairhope, Alabama 26-0424142	36532										
	1										

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

341 Schedule R (Form 990) 2009 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (c) Amount involved Yes 58 1a ၁ 7 Ē 4 6 두 9 9 **±** (b)
Transaction
type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? ർ Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a)
Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets . . . Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s) Reimbursement paid by other organization for expenses Gift, grant, or capital contribution to other organization(s) Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Exchange of assets Purchase of assets from other organization(s) (1) The Village at Meadowview, Sale of assets to other organization(s) Sharing of paid employees Ε 0 ۵, ල 3 3 9 8 | 04

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a)	(0)	(2)	9	_		E '		6	Ē	
יאווים, מטוסטט, מוט בווי טי פוווין	rimary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	arrners on (3)	Share of end-of-year assets	Uisproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	ե թ.
			Yes	ŝ		Yes	<u>۹</u>		Yes No	١٥
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