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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total

assets less than \$1,250,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-1150

2009

Open to Public Inspection

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Miss A miss or print or prin	₽		• • •		C Name of orga	nization	-			D Employ	er ident	ification number
Terminated Population Po		Address	change		MSK Mission F	oundation Inc					26.3	MEDRER
Terminated return Special Programs Section 501(c)(3) organizations and 4847(a)(1) nonexempt charitable trusts must attach Chite (specify) State Chite Ch		Name c	hange						D	F Teleph		
Amenided return Application pending Specific Instructions. Specific City, Isim, or country Tys106 Number Number Section 501(c)3 organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 980-E2). Hocket Garding the organization is not a completed Schedule A (Form 990 or 980-E2). Hocket Garding trusts in the organization is not a completed Schedule A (Form 990 or 980-E2). Hocket Garding trusts in the organization is not a completed Schedule A (Form 990 organization and its gross receipts are normally not more than \$25,000 A Form 990-E2, or 990-E		Initial re	tum	•	Number and site	et (or PO box, it mains i	not delivered to street addre	ss)	Room/suite	Е текери	ione no	
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Form **990-EZ** (2009)

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Part III Statement of Program Service Ac			art III)		Expenses
What is the organization's primary exempt purpose?					ured for section
Describe what was achieved in carrying out the organ	nization's exempt purposes. I	n a clear and concis	se		(3) and 501(c)(4)
manner, describe the services provided, the number	of persons benefited, and oth	ner relevant informa	tion for		(a)(1) trusts, optional
each program title.				for ot	
28 Support of Bell Avenue Church of Christ Mission	s Program. Help in aiding the	work			
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			·		0
32 Total program service expenses. (add lines 28 Part IV List of Officers, Directors, Trustees.	a ullough sta)	<u> </u>	. 💌	32	0
Part IV List of Officers, Directors, Trustees,	(b) Title and average	n one even if not compe (c) Compensation			
(a) Name and address	hours per week	(If not paid.	(d) Contributi employee benefi		(e) Expense account and
	devoted to position	enter -0)	deferred compe		other allowances
Dwayne Brown	Title Director				
7003 Rochelle Lane Amarillo TX 79109	Hr/WK 2.00	0	1	0	l 0
Eddie Hankins	Title Director				
6215 McCoy Drive Amarıllo TX 79109	Hr/WK 2.00	ol o		0	l o
Gene Mayfield	Title Director	<u> </u>		<u>_</u>	-
3605 Van Tassel Amarıllo TX 79121	·1		ļ	^	
		0	 	0	0
Milton Miller	Title Director				
7000 Glenoak Lane Amarillo TX 79109	Hr/WK 2 00	0		0	0
Paul Smith	_ Title Director				
6035 Linden Lane Amanllo TX 79106	Hr/WK 2.00	0		0	0
	Title		1		
	Hr/WK .00	ol o		0	o
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· · · · · · · · · · · · · · · · · · ·	Title				
	- Hrwk .00			ام	0
	LEDITATE CIT.	rı (J	1	1.71	

гаі	Other mormation (Note the statement requirements in the instructions for Part V.)		<u> </u>	
33	. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	_No
33	description of each activity.	33		х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			* 2
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		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		
37 a	during the year? If "Yes," complete applicable parts of Schedule N. Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		X
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	310		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b				
39	Section 501(c)(7) organizations. Enter:			sig
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			-#:·
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			15
	section 4911 ► 0 ; section 4912 ► 0 , section 4955 ► 0	Tok.	- - 1	400
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 has not been reported on any of the organization's prior	40.		
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	42.70	X
C	organization managers or disqualified persons during the year under sections 4912,	1	i i i g	enta.
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	a effet		
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		76.2	
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ Gene Mayfield Telephone no. ▶	(806) 3	31-60	00
	Located at ► 1600 Bell St City Amarillo ST TX ZIP + 4 ► 791	06	-	
b	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		Х
	If "Yes," enter the name of the foreign country:		2.1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	and tage		i dinama n
	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		Х
Ü	If IIV and I need to be a name of the foreign annual seconds.	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
43			•	- _
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A	<u> </u>		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
• •	Form 990-EZ	44	hi ja da menta di	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		-7:24	2 july 1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		Х
		Form 9	90-E2	(2009)

orm 990-E2	Z (2009) MSK Mission Foundation Inc				26-	34596	<u> 556</u>	Page 4
Part VI	Section 501(c)(3) organizations and	section 4947(a)(1) n	onex	empt charitable	trusts only. All s	ection		
	501(c)(3) organizations and section 494	47(a)(1) nonexempt of	charita	ible trusts must a	nswer questions	46-49	∂b	
	and complete the tables for lines 50 an	d 51			·			
6 Did	the organization engage in direct or indirect p	olitical campaign activi	ties on	behalf of or in opp	osition to		Yes	No
	ididates for public office? If "Yes," complete So					46		X
7 Did	the organization engage in lobbying activities	? If "Yes," complete So	hedule	e C, Part II		47		Х
8 Istl	he organization a school as described in section	on 170(b)(1)(A)(ii)? If "	Yes," c	omplete Schedule	E	48		Х
9 a Did	the organization make any transfers to an exe	empt non-chantable rel	ated o	rganization?.		49a		Х
b If"	Yes," was the related organization a section 52	27 organization?	•			49b		
0 Cor	mplete this table for the organization's five high	hest compensated emp	loyees	s (other than officer	s, directors, truste	es and	key	
	ployees) who each received more than \$100,0							
		(b) Title and average		(c) Compensation	(d) Contributions to	(6	e) Expens	se
(a	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		ccount au r allowa	
Name Nor		Title		-	deterred compensation	Oute	allowa	ices
City	ST ZIP	Hr/WK	.00	o	0			0
Name	Str	Title	.00					
		•1	.00	ol	^			0
City		Hr/WK	.00		0			0
Name	Str 7/2	Title	00	ا	0			0
City	ST ZIP	Hr/WK	.00	0	0			0
Name	Str	Title	00		•			_
City	ST ZIP	Hr/WK	00	0	0			0
Name	Str	Title			_			_
City	ST ZIP ral number of other employees paid over \$100	Hr/WK	.00	<u>_</u> 0	<u></u> 0			0
						_		
	(a) Name and address of each independent contracto	r paid more than \$100,000		(b) Type	e of service	(c) Co	mpensat	ion
Name No								
City	ST	ZIP						
Name	Str							
City	ST	ZIP						
Name	Str							
City	<u></u>	ZIP						
Name	Str							
City	ST	ZIP						
Name	Str							
City d Tota	al number of other independent contractors ea	ZIP ach receiving over \$100	0,000 .	· •				
	Under penalties of perjuny, I declare that I have examine and belief, it is true, correct, and complete Declaration of						lge	
	and belief, it is true, correct, and complete Declaration C	or preparer (other than officer)		— — — —		wieuge	, —–	
ign— –						•//		
ere	Signature of officer				Date .			
	6 ENE 1/AYF15L	D. JREASY	2					
	Type or print name and title	•						
	Type of print name and add							
aid	Preparer's A/MD //D +/	1 000	Date	Check if	Preparer's identif	ying num	ber (See in	structions)
aid	Preparer's N. John Kletch	ha CPA		Check if self- 4/2010 employed	Preparer's identif	ŽĀ.	100	structions)
reparer's	Preparer's signature Preparer's N. John Kletchka C.P.	la CPA A Inc		4/2010 self- employed	ه مراز ا	ŽĀ.	700 700	structions)
	Preparer's signature Firm's name (or yours f self-employed), N John Kletchka CPA			4/2010 self- employed	<u> </u>	ŽĀ.	100 100 112 13-	structions) 2 57 768
eparer's e Only	Preparer's signature Firm's name (or yours If self-employed) N John Kletchka CPA	rillo, TX 79120-3682	12/1	4/2010 self- employed	□ 513- 8 EIN > 20-	ŽĀ.	100 100 13-	15 7 76 8 10 No

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.

trust. Open to

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2009
Open to Public Inspection

OMB No 1545-0047

	410	3							Linbiogei	iuenunca	avii nainb	51	
MSK	Miss	sion Foundation	on Inc							26-3	459656		
Pai	1 I	Reason	for Public Cl	harity Status (All or	ganizatio	ns must	complete	e this pai	rt.) See ii	nstructio	ns.		
The	o <u>rga</u> r			ation because it is: (Fe									
1		A church, co	nvention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170((b)(1)(A)(i).			
2		A school des	scribed in secti o	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E.)							
3		A hospital or	r a cooperative I	hospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			esearch organizationers	ation operated in conju	ınction wı	th a hosp	ıtal descrı	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	tion operated fo	r the benefit of a colleg (Complete Part II)	ge or univ	ersity owi	ned or op	erated by	a govern	mental u	nıt descr	ibed	
6	\Box			ernment or governme	ntal unit d	described	in section	n 170(b)(1)(A)(v).				
7	Ħ		_	ly receives a substanti						or from th	e dener	al nuhl	ıc
-		_		(1)(A)(vi). (Complete	-	по обрро		9010	and diffe), (10.11. t.	o gonon	a, pub.	.0
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete I	Part II.)						
9	X			ly receives: (1) more tl									
				ed to its exempt function									S
				ent income and unrela n after June 30, 1975						(ax) Irom	busines	ses	
10	\Box			and operated exclusive						4).			
11	\sqcap			nnd operated exclusive	-		-			•	rrv out th	ie	
	_	-	-	blicly supported organ	-		•				•		on
			_	at describes the type of	of support	ing organi	ization an	d comple	te lines 1	1e throug	gh 11h		
		а 💹 Туре	:I b	Type II c	Туре	e III–Fund	ctionally in	ntegrated		d 📙 -	Type III-	-Other	
е				y that the organization			-	-	-		-		
				on managers and othe	er than on	e or more	publicly s	supported	l organiza	tions des	scribed II	n secti	on
			section 509(a)(•	- 6 41	100 (1)							
f			zation received , check this box	a written determination	n trom the	e IRS that	it is a Typ	ре і, туре	II, or Typ	e III supp	oorting		
g		•		the organization acce	pted any	gift or con	tribution 1	from any	of the		•	•	
Ŭ		following per		ŭ	. ,			,					
			-	or indirectly controls,		_		persons	described	ın (ii)		Yes	No
		·		verning body of the su		rganizatio	• • •	11g(i)	ļI				
				person described in (i		· (ii) above		11g(ii)		_			
h				ation about the suppor				•			11g(iii)		
	Name			(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify		s the		Amount	of
(-)		anization	(-,	(described on lines 1–9 above or IRC section		sted in your document?	the orgar	nization in of vour——-	organizat —(i) organi	tion in col zed in the		support	
				(see instructions))				oort?		S ?			
					Yes	No	Yes	No_	Yes	No	ļ		
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Part					1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked t	he box on line	5, 7, or 8 of	Part I.)			
	on A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					,	
	ınclude any "unusual grants ")	0	0				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	0	0	o	0	0	0
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		4		1 1 2 2		
6	amount shown on line 11, column (f) Public support. Subtract line 5 from line 4			-1			
Sect	ion B. Total Support	القمينية القامية		الـــــــا		L	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	0		0
8	Gross income from interest, dividends,						
U	payments received on securities loans,						
	rents, royalties and income from similar		l l				
	sources	o	0				0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or		Ì	Ì]	
	loss from the sale of capital assets	ا					•
44	(Explain in Part IV.)				San am file ann ann an Arthur	manyor and a second	0
11 12	Gross receipts from related activities, etc. (s	ا <u>لقــــــــــــــــــــــــــــــــــــ</u>	\ \			12	
13	First five years. If the Form 990 is for the o		•	d fourth or fif	th tay year as :		(3)
13	organization, check this box and stop here	iganization 3 iii	ot, second, tim	a, loaitii, or iii	iii tax yeai as i	36011011301(0)	(S) ▶□
Soct	ion C. Computation of Public Support	Porcentage	 				
14	Public support percentage for 2009 (line 6, c		ed by line 11	column (fl)		14	0.00%
15	Public support percentage from 2008 Sched	• • •	•			15	0.00%
16a	33 1/3% support test–2009. If the organiza			-	e 14 is 33 1/3 ⁹		
.00	and stop here. The organization qualifies as						
b	33 1/3% support test–2008. If the organiza						
•	box and stop here. The organization qualifie						
17a	10%-facts-and-circumstances test-2009.						is 10%
	or more, and if the organization meets the "I						
	the organization meets the "facts-and-circur				_		
b	10%-facts-and-circumstances test-2008.		_	-		. •	
	or more, and if the organization meets the "I	_					
	the organization meets the "facts-and-circur	nstances" test.	The organizati	on qualifies as	a publicly sup	ported organiza	ation . ▶ 🔲
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b. checl	k this box and se	e instructions	▶ □
			,,, .	,,			٠ ــــ

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26-3459656 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 103,400 200,500 303,900 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 5. . . . 0 0 200,500 103.400 303.900 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . 0 **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 0 Add lines 7a and 7b. 0 Public support (Subtract line 7c from line 6) 303,900 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 0 Amounts from line 6. . 0 0 200,500 103,400 303,900 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 22,106 30,057 52,163 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 22,106 30,057 52,163 Add lines 10a and 10b 0 0 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 Total support. (Add lines 9, 10c, 11, 13 222,606 356,063 and 12). 133,457 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 0 00% 15 15 Public support percentage from 2008 Schedule A, Part III, line 15. 16 0.00% 16 Section D. Computation of Investment Income Percentage 0.00% Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 0.00% 18 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

	990 or 990-EZ) 2009	MSK Mission Fou	indation Inc	<u> </u>			26-3459656	Page 4
Part IV							ired by Part II, line	10;
	Part II, line 17a	or 17b; and Part	III, line 12	Provide any	other addition	onal informat	ion. See instruction	ns.
				• • • • • • • • • • • • • • • • • • • •				
								
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	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	A.P.C	oteto	choo of Z	, ,
-	Mission Support	Bell Avenue Church of Christ		1600 Bell Street	Amarillo	TX	70106	-
7						{	9	
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4								
2								
9								
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8								
6								
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	,	Date received						
	Method used	O GETERINITIE PINIV						
C	Fair market	Value						
	How book value	neieiiiian						
C	eiley You	DOON ASING						
	Purpose of payment to affiliate Rock value							
	Description of the property Purpose of r		-			 _		
	Relationship							_
16,000	Amount of cash grant	16,000						