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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# **Short Form**

2009

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

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

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

OMB No 1545-1150

Open to Public Inspection

Form **990-EZ** (2009)

Α	For th	e 2009 ca	lendar	year, o	r tax ye	ar beginn	ing	0ct	1		, 2009	, and en	ding	Sep	30		, 2	2010	
В	Check i	f applicable		C Nai	me of org	anization									D Er	D Employer identification number			
Ш	Address	change	Please use iRS	Lisl	le Fe	llowsh	ip In	С							3	8-1	405	5270	
	Name c		label or print or			street (or P (			delivered to	street	address)	Roo	m/suit	e	Ете				_
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					<u> </u>									Check >		the o	organ	ization is	not
I	Webs	ite: ► <u>1</u>	isle	inter	rnati	onal.o	rg						1	required	to attach	Sch		B (Form	
J	Tax-ex	empt status	(check o	nly one)	_ X	501(c) (	3) ◀	(ınsert n	0) []	4947(a	)(1) or	527	9	990-EZ,	or 990-P	F).			
	Check		the orga	anızatıc	on is no	t a section	1 509(a)(	(3) sup	porting o	rganı	zation <b>a</b>	ı <b>nd</b> its gr	rossı	receipts	are norm	ally	not r	nore than	
	\$25,0	00 A For	m 990-E	Z or Fo	orm 990	return is	not requ	ıred, b	ut if the o	organ	ızatıon (	chooses	to fil	e a retui	rn, be su	re to	file a	complete	return.
					ne 9 to	determine	gross re	eceipts	, ıf \$500,	000	or more,	file For	m 99	0					
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还	20			•	-	fund bala	nces (att	ach ex	:nlanatior	n)	ç	See L-	-20	Stmt		20	1		8,041.
	21					end of year						JC.C 1		Denic	<b></b>			21	0,191.
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25		al assets	,	•		· · ·							$\vdash$	20	01,399			21	0,191.
26		al liabilitie	es (desc	cribe ►	•	•				)	-					. 2			0.
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) Lisle Fellowshi				-140	)5270 Page <b>2</b>
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? Pr	omote world minded	iness		(Reg	uired for section
Describe what was achieved in carrying out the describe the services provided, the number of	organization's exempt purpo	ses In a clear and cond	cise manner,	organ	c)(3) and (4) hizations and section
describe the services provided, the number of program title	persons benefited, or other re	levant information for e	ach	4947	(a)(1) trusts, optional thers )
<del></del>				101 0	11613)
28 Approx 250 persons partic					
promote diverse group act			<u>rder</u>		
to foster peace through w	<u> inderstanding. [S</u>	tatement 1)			
(Grants \$ 0.) If the	is amount includes foreign gra	ants, check here	<b>►</b> 🗓	28 a	8,000.
29 We maintain contact with					
them on the current work			<b></b>		
			<b></b>	1	
present articles of inter					
	is amount includes foreign gra		<u> </u>	29 a	3,154.
30 Hold Annual Board meeting					
host previous participant		e area - to sh	are		
information and keep ther	n involved				
(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here		30 a	238.
31 Other program services (attach schedule)	) .				<del></del>
	is amount includes foreign gra	ants, check here	▶ □	31 a	
32 Total program service expenses (add lin		<del></del>	<b>&gt;</b>		11,392.
Part IV List of Officers, Directors,		nlovees List each on	e even if not com		
Tartiv   Elst of Officers, Directors,	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
	to position	,	deferred compens	ation	
Martin Tillman					
2400 41st St NW	President				
	2.00	0.	į	0.	0
	2.00	· · · · · · · · · · · · · · · · · · ·		<u> </u>	0.
Mark Kinney	_				
PO_Box_87	Exec Director				
Presque Isle, MI 49777	5.00	0.		0.	0.
Barbara Bratton					
900 County Rd 269	Office Mgr&Trea				
Leander, TX 78641	2.00	0.		0.	0.
Hearder, 12/0041	2.00	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del></del>
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га	TO THE INFORMATION (Note the statement requirements in the insus for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
-	each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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.	_ <del></del>		
i	a 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?	35 a		x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
ļ	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	,	X
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	~		
	b Gross receipts, included on line 9, for public use of club facilities . 39b			
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
	section 4911 ►, section 4912 ►, section 4955 ►	~~~		
,	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 Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		, K 6.3	z
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	, ,		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40 -		
	List the states with which a copy of this return is filed Texas	40 e		Х
٠,	List the states with which a copy of this return is med > 1exas			
	a The organization's books are in care of ► Barbara Bratton, Treasurer  Located at ► 900 County Road 269,  Leander,  TX ZIP + 4 ► 78641-  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	259 -163	-440 3Yes	)4  No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country. ▶	Ī		
		*	~ %	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	-	- }	
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.	42 c		<u>X</u>
	in rest, enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Ш	
	The state of the s			,
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45	!	
	Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X

BAA

Form **990-EZ** (2009)

rait Vi	501(c)(3) organizations and see 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charita	ble trusts must answer	questic	ns	1
<b>46</b> Did ti	he organization engage in direct or indirec	t political campaign act	ivities on behalf of or	r in opposition to candidates		Yes	No
	he organization engage in direct or indirec ublic office? If 'Yes,' complete Schedule C				46		X
	he organization engage in lobbying activiti	•	·	•	47		X
	e organization a school as described in sec		•		48		X
	he organization make any transfers to an	· ·	elated organization?	•	49 a	_	X
b If 'Ye	es,' was the related organization a section	527 organization?		• •	49b		<u> </u>
50 Complempl	plete this table for the organization's five hoyees) who each received more than \$100	0,000 of compensation f	rom the organization	If there is none, enter 'None	nd key		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense unt and lowances	s
None_							
		-					
		-					
	number of other employees paid over \$10	00 000					
51 Comp	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent control	none, enter 'None '		s who each received more th		000 of	
None						<u> </u>	
<b>d</b> Total	number of other independent contractors	each receiving over \$10	00,000	<b>-</b>			
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (	nined this return, including according than officer) is based on	ompanying schedules and si all information of which pre	tatements, and to the best of my know parer has any knowledge	ledge and b	elief, it is	5
Sign Here	Signature of officer	Later		12/11/10 Date	<del></del>		
riere	Barbara Bratton Type or print name and title			Treasurer	<del></del>	_	
Paid	Preparer's signature	a R	Date		parer's Ident	ifying Nu	mber
Pre-	110000	a Colored	12/11/	10 employed ►			
parer's Use	yours if self-						
Only	employed), address, and ZIP + 4 Leander	209	TX 78641	EIN ► .9517 Phone no ► (512	) 250-	-4404	
	RS discuss this return with the preparer sho			. JOZ / Trione ilo - (JIZ	/ 239- ►X Ye		*

#### 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.

2009

\_\_\_\_\_

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of	the organization							Employe	r identifical	tion number
Lisl	e Fellowship	Inc						38-14	10527	o
Part	I Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See II	nstruct	ions
The or	ganization is not a priv	ate foundation because	se it is (For lines 1 through	gh 11, cl	neck onl	y one bo	) x			
1	A church, convention	on of churches or asso	ciation of churches desci	ribed in s	section	170(b)(1	χΑχί).			
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)						
3	<b>=</b>	, , , , ,	organization described i	•	n 170(b)	X1XAXii	i).			
4	<b>≡</b> ' '	•	d in conjunction with a ho				•	<b>ΙΥΊΥΔ</b> Υ	iii) Ente	er the hospital's
	name, city, and sta		a in conjunction man a no	opital at	00011000	5000	··· · · · · · · · · · · · · · · · · ·	~,,,,,,,	,	or the mospitars
5		erated for the benefit of	of a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ribed in section
6										
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bx1xAxvi). (Complete Part II)									
8		described in <b>section 1</b>	70(b)(1)(A)(vi). (Complete	e Part II	)					
9	An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)									
10		•	exclusively to test for pub					•		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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>b</b> Type II	c Type III	I – Fund	tionally	integrate	ed		d 🗌	Type III - Other
е	By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly sup	d directl	y or indi organiza	rectly by	y one or escribed	more d in secti	squalifie on 509(a	ed persons other a)(1) or section
f	If the organization in check this box	received a written dete	ermination from the IRS ti	hat is a <sup>.</sup>	Гуре І, ⅂	Гуре II о	r Type I	II suppo	rtıng org	janization,
g	Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?	
_	•					-		0.		Yes No
	(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	ogether v	vith pers	sons des	scribed i	n (II) an	d (III)	11 g (i)
	(ii) a famıly mem	ber of a person desc	ribed in (i) above?							11g (ii)
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)
h	Provide the following	ig information about th	ne supported organization	าร						
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	s the ion in col in your rning ment?	the organ	ou notify uzation in (i) of upport?	organizat (i) organi	s the ion in col zed in the 5 ?	(vii) Amount of Support
				Yes	No	Yes	No	Yes	No	
	- "									
	-	· · · · · · · · · · · · · · · · · · ·					<u> </u>			<del></del>
				1						
				<del>                                     </del>						
Total										

BAA 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

		iste retiowship inc	30-1403270
Part II Su	pport Schedule for Orga	nizations Described in Section	ons 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Co	mplete only if you checked the	box on line 5, 7, or 8 of Part I)	
A 1:	Destable Comment		

<u>Sec</u>	tion A. Public Support		·····				
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include unusual grants")			-			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			:			
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		, .*	· · · · · · · · · · · · · · · · · · ·	<u>.</u>		
6	<b>Public support.</b> Subtract line 5 from line 4		*	,	*		
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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.)						
11	Total support. Add lines 7 through 10.		*			*	
12	Gross receipts from related activ	ities, etc. (see ins	tructions) .			1:	2
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	l, third, fourth, or	fifth tax year as	a section 501(c)	)(3) ► □
Sec	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from 2	•	•	11, column (f)		1	4     %       5     %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did	not check the box	on line 13, and	the line 14 is 33-1	/3 % or more, o	check this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box o	n line 13, or 16a,	and line 15 is 33	-1/3% or more,	_
17 a	a 10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	test, check this b	oox and stop here	. Explain in Par	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances'	nd-circumstances' test. The organiza	test, check this bation qualifies as	oox and <b>stop here</b> a publicly suppor	e. Explain in Par ted organization	t IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)

_			e 9 of Part I)		<del> </del>			
	tion A. Public Support	······································			<del></del> . ,		-	<del> </del>
Cale	ndar year (or fiscal yr beginning in) 🗖	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	18,620.	27,643.	19,134.	10,136.			75,533.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	0.	0.	0.	0.			0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		0.	0.	, , , , , , , , , , , , , , , , , , ,			<u>.                                    </u>
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	18,620.	27,643.	19,134.	10,136.			75,533.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	_		0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the							
	year	0.	0.	0.	0.			0.
C	: Add lines 7a and 7b	0.	0.	0.	0.			0.
8	Public support (Subtract line	<b>,**</b> √		_ ^ / /	· <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	* "		
	7c from line 6)	4.9 %	# \$ # X	#1.4 , J. #1	^ ·			75 <b>,</b> 533.
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009		(f) Total
	Amounts from line 6	18,620.	27,643.	19,134.	10,136.	, ,		75,533.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	5,928.	11,373.	11,861.	7,944.		-	37,106.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,920.	11,373.	11,001.	7,344.			37,100.
c	: Add lines 10a and 10b	5,928.	11,373.	11,861.	7,944.			37,106.
11	Net income from unrelated business activities not included inline 10b.		1	1				
	whether or not the business is regularly carried on							
12	whether or not the business is							
	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-				112,639.
13 14	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	s for the organiza stop here		, third, fourth, or	fifth tax year as a	section 501 (	c)(3	
13 14	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990	s for the organiza stop here		, third, fourth, or	fifth tax year as a	section 501 (	c)(3	112,639. ▶ □
13 14 Sec	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	s for the organiza stop here blic Support P	ercentage		fifth tax year as a	•	c)(3	
13 14 Sec 15	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul  Public support percentage for 20	s for the organiza stop here blic Support P 09 (line 8, column	ercentage (f) divided by line		fifth tax year as a			) ▶∏
13 14 Sec 15 16	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Pulpublic support percentage for 200 Public support percentage from 2	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, I	ercentage (f) divided by line Part III, line 15	13, column (f))	fifth tax year as a		15	67.06%
13 14 Sec 15 16 Sec	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 200  Public support percentage from 2  tion D. Computation of Inv	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, f restment Incor	ercentage (f) divided by line Part III, line 15 ne Percentage	13, column (f))			15 16	67.06% 67.05%
13 14 Sec 15 16 Sec 17	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 201 Public support percentage from 2 tion D. Computation of Investment income percentage for	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, for estment Incor or 2009 (line 10c, co	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	13, column (f))			15 16 17	67.06% 67.05% 32.94%
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 201  Public support percentage from 2 tion D. Computation of Investment income percentage from 12 investment income percentage from 2 investment in 2 investment income percentage from 2 investment in 2 investment in 2 i	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, forestment Incor or 2009 (line 10c, com 2008 Schedule om 2008 Schedule ne organization dic	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 I not check the box	13, column (f)) by line 13, column 7 . x on line 14, and	n (f)) line 15 is more th	nan 33-1/3%,	15 16 17 18	67.06 % 67.05 %  32.94 % 32.95 %
13 14 Sec 15 16 Sec 17 18 19a	whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 201  Public support percentage from 2 tion D. Computation of Investment income percentage for Investment income percentage from 2 the support percentage for Investment income percentage from 2 the support percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Inve	s for the organiza stop here  blic Support P  09 (line 8, column  008 Schedule A, frestment Incor  or 2009 (line 10c, com 2008 Schedule  ne organization dictor and stop here.  ne organization dictor and stop here.	ercentage  (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 I not check the box The organization of	13, column (f)) by line 13, column 7 x on line 14, and qualifies as a public on line 14 or 19a,	n (f)) line 15 is more thicly supported organd line 16 is mo	nan 33-1/3%, ganization	15 16 17 18 and	67.06% 67.05% 32.94% 32.95% line 17 is not

#### Form 990-EZ Part II

## Other Assets and Liabilities

2009

Name as Shown on Return Lisle Fellowship Inc		Employer Identification No 38-1405270	
Line 24 - Other Assets:	Beginnir of Year		End of Year
Post Office Deposit	1	.00.	100.
Totals to Form 990-EZ, Part II, line 24		.00.	100.
Line 26 - Total Liabilities:	Beginnir of Year	ıg	End of Year
Totals to Form 990-EZ, Part II, line 26		_	

TEEW1801 SCR 02/11/10

Lisle Fellowship	Inc	38-1405270		
Form 990-EZ, Pa Other Expenses				
Other expenses Property Ta Board Meeti	х	cribe)	509. 246.	
Total		=	755.	
Form 990-EZ, Pa <b>Grants and Simi</b>				
Purpose of Payn	nent	Support Internationa	l Event to clean	up a beach
Class of Activit	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant		Business X Person	No relationship Applicant from Grant process	3,000.
If property other Description of Pr Date of Gift		n cash was given, the following additional in	nformation needs to be p	rovided:
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	· · · · · · · · · · · · · · · · · · ·
l Purpose of Payn	nent	Support summer camp p	orogram in an Afri	.can Village
Class of Activit	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant		Business X Person	No relationship Grant applicant from online search	3,000.
If property other Description of Pr Date of Gift		n cash was given, the following additional in	nformation needs to be p	rovided:
Book Value		How Book Value	Determined	
EM/		How FMV Det	ermined	

Total

Changes to Fair Market Value of assets

8,041.

8,041.

	Description		Amount
Form 990-EZ, Page Other Changes in I	e 1, Part I, Line 20 Net Assets or Fund Balances		
FMV	How FMV De	termined	
Book Value	How Book Value	Determined	
If property other that Description of Prop Date of Gift	an cash was given, the following additional interests	nformation needs to be p	rovided:
Grant	3 Jamaican teachers  c/o 2409 W> Wilson Apt 1  Chicago IL 60625	No relationship Grant awarded from online application	2,000.
Class of Activity	Grantee's Name and Address  Business Person X	Grantee's Relationship	Amount Given
Purpose of Paymer	nt <u>Teacher training fro</u>	om Jamaican exchar	nge group
Form 990-EZ, Part <b>Grants and Simila</b> r			Continued
Lisle Fellowship Inc	; 38-14052/0 		