

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning , 2009, and ending ,

**B** Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Please use IRS label or print or type. See Specific Instructions.  
**ACTS Missions**  
285 Oblate Drive  
San Antonio, TX 78216

**D** Employer identification number  
74-2860112

**E** Telephone number  
210-342-1077

**F** Group Exemption Number ..... ► 5549

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ►

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ► [www.actsmissions.org](http://www.actsmissions.org)

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ► \$ 489,878.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1																111,608.											
	2																121,379.											
	3																											
	4																											
	5a																											
	5b																											
	5c																											
	6																											
	6a	24,435.																										
	6b	8,462.																										
6c																15,973.												
7a	232,456.																											
7b	166,896.																											
7c																65,560.												
8																												
9																314,520.												
EXPENSES	10																											
	11																											
	12																124,779.											
	13																3,629.											
	14																											
	15																											
	16																180,982.											
	17																309,390.											
18																5,130.												
NET ASSETS	19																144,624.											
	20																											
	21																149,754.											
	22																											

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	110,077.	135,372.
23 Land and buildings.....		
24 Other assets (describe ► See Statement 2 ).....	67,160.	71,199.
25 Total assets.....	177,237.	206,571.
26 Total liabilities (describe ► See Statement 3 ).....	32,613.	56,817.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	144,624.	149,754.

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

Form 990-EZ (2009)

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28a	207,268.
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29a

30a

--	--

31 a

32

207,268.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

See Statement 7

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b> 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.		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>36</b> 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.		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">37a 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <span style="float:right">38b N/A</span>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9.		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.		N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
<b>b</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.		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		0.
<b>e</b> 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.		X
<b>41</b> List the states with which a copy of this return is filed <span style="float:right">None</span>		

**42a** The organization's books are in care of Tom Peterson Telephone no. 210-342-1077  
 Located at 285 Oblate Dr. San Antonio, TX San Antonio TX ZIP + 4 78216

**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 account)? Yes No  
 If 'Yes,' enter the name of the foreign country: 42b X

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.? Yes No  
 If 'Yes,' enter the name of the foreign country: 42c X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Yes No  
44 X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Yes No  
45 X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000. . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000. . . . .

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<p style="text-align: center;"><b>TAXPAYER COPY</b></p> <p style="text-align: center;"><b>Hector E. Garcia, CPA</b></p> <p>Signature of officer <u>4751 Hamilton Wolfe Rd, #203</u> Date _____</p> <p><b>Tom Peterson</b> San Antonio, TX 78229</p> <p>Type or print name and title. <u>210-492-5522</u></p>			
Paid Preparer's Use Only	Preparer's signature	Original Tax Return Signed By <b>Hector E. Garcia CPA</b>	Date	11/15/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>Hector E. Garcia, CPA</b> <b>4751 Hamilton Wolfe, Suite 203</b> <b>San Antonio, TX 78229</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) <b>P00172747</b>
			EIN	74-2678077
			Phone no.	(210) 492-5522

May the IRS discuss this return with the preparer shown above? See instructions. . . . . ☒ Yes ☐ No

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Form 990-EZ (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . .	66,621.	72,174.	88,789.	109,490.	111,608.	448,682.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						0.
<b>3</b> 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. . . . .						0.
<b>4 Total.</b> Add lines 1-through 3. . . . .	66,621.	72,174.	88,789.	109,490.	111,608.	448,682.
<b>5</b> 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). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						448,682.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4. . . . .	66,621.	72,174.	88,789.	109,490.	111,608.	448,682.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						0.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						448,682.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.
<b>13 First five years.</b> 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. . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). . . . .	14	100.0 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14. . . . .	15	100.0 %
<b>16a 33-1/3 support test— 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .		
		<input checked="" type="checkbox"/>
<b>b 33-1/3 support test— 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .		
		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test— 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .		
		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test— 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .		
		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . .		
		<input type="checkbox"/>

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Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr 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 'unusual grants'.)						
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.						
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 <b>Total.</b> Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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.						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%
19a <b>33-1/3 support tests— 2009.</b> 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.	<input type="checkbox"/>	
b <b>33-1/3 support tests— 2008.</b> If the organization did not check a box on line 14 or 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.	<input type="checkbox"/>	
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

Name of the organization

**ACTS Missions**

Employer identification number

**74-2860112**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust ~~not~~ treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule —**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (i) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use ~~exclusively~~ for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use ~~exclusively~~ for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for ~~exclusively~~ religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ACTS Missions

74-2860112

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Catholic Archdioces of SATX 1201 Donaldson Ave, San Antonio, TX 78228	\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ACTS Retreat Foundation 1303 S. Comal, Ste 100 San Antonio, TX 78207	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Ken & Beverley McClure 219 Branch Oak Way San Antonio, TX 78230	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ACTS Missions

74-2860112

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ACTS Missions

74-2860112

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once— see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Annual Golf Fu (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross receipts.....	20,535.			20,535.
	2 Less: Charitable contributions.....				
	3 Gross income (line 1 minus line 2).....	20,535.			20,535.
<b>DIRECT EXPENSES</b>	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....	7,826.			7,826.
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....				
	10 Direct expense summary. Add lines 4- through 9 in column (d).....				7,826.
	11 Net income summary. Combine lines 3, column (d) and line 10.....				12,709.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross revenue.....				
<b>DIRECT EXPENSES</b>	2 Cash prizes.....				
	3 Non-cash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
	6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7.....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?.....

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?.....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....

	YES	NO
9 a		
10 a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

a The organization's facility.....	<b>13a</b>	%
b An outside facility.....	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

c If 'Yes,' enter name and address of the third party:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

## Affiliated Organizations Included in a Group Return

Group Exemption Name: ACTS MISSIONS \_\_\_\_

Group Exemption EIN: \_\_74-2860112\_\_

Group Exemption Number (GEN): \_\_\_\_5549\_\_\_\_

Form 990 for Tax Year Ended: \_\_\_\_DECEMBER 31, 2009\_\_\_\_

### **Form 990, Page 1, Item H(b)**

A total of 6 (number) organizations are affiliated with the organization identified above and included in the group return for the current year. The organizations included are:

<b><u>Affiliated Organization Name</u></b>	<b><u>Address</u></b>	<b><u>EIN</u></b>
<u>ACTS MISSIONS BROWNSVILLE CHAPTER</u>	<u>1910 E. ELIZABETH</u> <u>BROWNSVILLE, TX 78520</u>	<u>26-0598248</u>
<u>ACTS MISSIONS EL PASO CHAPTER</u>	<u>13009 BATTALION WAY</u> <u>EL PASO, TX 79938</u>	<u>26-4753956</u>
<u>ACTS MISSIONS FT. WORTH CHAPTER</u>	<u>4700 ARGYLE LANE</u> <u>ARGYLE TX 76226</u>	<u>26-4428559</u>
<u>ACTS MISSIONS GLAVESTON-HOUSTON CHAPTER</u>	<u>18101 STARBOARD DR.</u> <u>HOUSTON, TX 77058</u>	<u>26-4340134</u>
<u>ACTS MISSIONS NORWICH CT CHAPTER</u>	<u>P.O. BOX 906</u> <u>COVENTRY CT 06238</u>	<u>26-4773863</u>
<u>ACTS MISSIONS ST. LOUIS MO CHAPTER</u>	<u>602 LALOR DR.</u> <u>MANCHESTER MO 63011</u>	<u>26-4422430</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>



Nov. 15. 2010 8:05AM

No. 2075 P. 2

ACTS MISSIONS

TAX YEAR ENDED December 31, 2009

FORM 990

EIN: 74-2860112

## SUPPORTING AFFILIATED STATEMENT

## Authorizing Inclusion in a Group Return

Organization: ACTS MISSIONS Brownsville Chapter1910 E. Elizabeth Brownsville, TX 78520TIN: 26-0598248

Tax Year

Ended: December 31, 2009

The above-referenced organization hereby authorizes its parent organization, ACTS MISSIONS to include it in the 2009 group return (Form 990) filed for affiliates of ACTS MISSIONS Brownsville Chapter. In accordance with Reg. 1.6033-2(d)(2)(i), the following statements and other information are attached to and made a part of this authorization.

1. Statement of gross income and receipts (attached). \$ - 0 -
2. Statement of disbursements (attached). \$ - 0 -
3. Other Information required to be stated in the return (attached).

I, J. Humberto Rodriguez, the undersigned officer of ACTS MISSIONS Brownsville Chapter, hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith.

Signature: Title: TreasurerDate: 11-12-2010

ACTS MISSIONS  
TAX YEAR ENDED December 31, 2009

FORM 990  
EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

**Authorizing Inclusion in a Group Return**

Organization: ACTS MISSIONS EL PASO CHAPTER

13009 Battalion Way El Paso, TX 79938

TIN: 26-4753956

Tax Year

Ended: December 31, 2009

The above-referenced organization hereby authorizes its parent organization, ACTS MISSIONS to include it in the 2009 group return (Form 990) filed for affiliates of ACTS MISSIONS El Paso Chapter. In accordance with Reg. 1.6033-2(d)(2)(i), the following statements and other information are attached to and made a part of this authorization.

1. Statement of gross income and receipts (attached). \$ - 0 -  
- 0 -
2. Statement of disbursements (attached). \$ - 0 -  
- 0 -
3. Other information required to be stated in the return (attached).

I, Ernestina Brizalón the undersigned officer of El Paso Chapter, hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith.

Signature: Ernestina Brizalón  
Title: Facilitator  
Date: 11/12/10

ACTS MISSIONS  
TAX YEAR ENDED December 31, 2009

FORM 990  
EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

**Authorizing Inclusion in a Group Return**

Organization: ACTS MISSIONS Ft. Worth Chapter

4700 Argyle Ln Argyle TX 76226

TIN: 26-4428559

Tax Year

Ended: December 31, 2009

The above-referenced organization hereby authorizes its parent organization, ACTS MISSIONS to include it in the 2009 group return (Form 990) filed for affiliates of ACTS MISSIONS Ft Worth Chapter. In accordance with Reg. 1.6033-2(d)(2)(i), the following statements and other information are attached to and made a part of this authorization.

1. Statement of gross income and receipts (attached). \$ - 0 -
2. Statement of disbursements (attached). \$ - 0 -
3. Other information required to be stated in the return (attached).

I, Brenda O'Shel, the undersigned officer of Ft Worth Chapter, hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith.

Signature: Brenda O'Shel

Title: Chapter Facilitator

Date: November 12, 2010

ACTS MISSIONS  
TAX YEAR ENDED December 31, 2009

FORM 990  
EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

**Authorizing Inclusion in a Group Return**

Organization: ACTS MISSIONS GALVESTON-HOUSTON CHAPTER  
18101 STARBOARD DR HOUSTON, TX 77058  
TIN: 26-4340134  
Tax Year  
Ended: December 31, 2009

The above-referenced organization hereby authorizes its parent organization, ACTS MISSIONS to include it in the 2009 group return (Form 990) filed for affiliates of ACTS Missions Galveston-Houston Chapter. In accordance with Reg. 1.6033-2(d)(2)(i), the following statements and other information are attached to and made a part of this authorization.

1. Statement of gross income and receipts (attached). \$4,242
2. Statement of disbursements (attached). \$1,337
3. Other information required to be stated in the return (attached).

I, Bob Christy, the undersigned officer of ACTS MISSIONS GALVESTON-HOUSTON CHAPTER, hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith.

Signature: Bob Christy  
Title: CO-DIRECTOR  
Date: 11/12/10

ACTS MISSIONS  
Schedule of Affiliates WTB  
Tax year ended December 31, 2009

EIN: 74-2860112  
Form 990

ACTS MISSIONS GLAVESTON-HOUSTON CHAPTER  
EIN: 26-4340134

	<u>2009 WTB</u>	<u>Net</u>
Cash	2,904.69	
Donations	(242.00)	
Program fees	<u>(3,999.51)</u>	(4,241.51)
Program Expenses		
Manuels	159.94	
Supplies	290.57	
Meals & refreshments	432.33	
Postage		
Copies/handouts	453.98	1,336.82
net	<u>-</u>	<u>(2,904.69)</u>

ACTS MISSIONS  
TAX YEAR ENDED December 31, 2009

FORM 990  
EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

**Authorizing Inclusion in a Group Return**

Organization: ACTS MISSIONS NORWICH CT CHAPTER

P.O. BOX 906 COVENTRY CT 06238

TIN: 26-4773863

Tax Year

Ended: December 31, 2009

The above-referenced organization hereby authorizes its parent organization, ACTS MISSIONS to include it in the 2009 group return (Form 990) filed for affiliates of ~~Acts Missions~~. In accordance with Reg. 1.6033-2(d)(2)(i), the following statements and other information are attached to and made a part of this authorization.

1. Statement of gross income and receipts (attached). \$114,088
2. Statement of disbursements (attached). \$112,182
3. Other information required to be stated in the return (attached).

I, Robert F. Felix, the undersigned officer of ACTS MISSIONS NORWICH CT CHAPTER, hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith.

Signature: Robert F. Felix

Title: TREASURER

Date: November 8, 2010

ACTS MISSIONS  
Schedule of Affiliates WTB  
Tax year ended December 31, 2009

EIN: 74-2860112  
Form 990

ACTS MISSIONS NORWICH CT CHAPTER  
EIN: 26-4773863

	<u>2009 WTB</u>	<u>Net</u>
Cash	25,676.81	
Deferred retreat fees	(3,237.00)	
Fund balance	(20,534.21)	
Donations	(11,488.00)	
Program fees	<u>(102,599.88)</u>	
total gross receipts		(114,087.88)
Program Expenses		
Retreat house charges	99,295.00	
Retreat expenses	8,114.71	
General & administrative expenses	1,711.30	
Contributions to ACTS Mission	1,001.90	
Canada Mission retreat expenses	1,371.63	
Leadership training expenses	687.74	
total disbursements	<u>112,182.28</u>	
net revenues in excess of expenses		<u>(1,905.60)</u>

ACTS MISSIONS  
TAX YEAR ENDED December 31, 2009

FORM 990  
EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

**Authorizing Inclusion in a Group Return**

Organization: ACTS MISSIONS ST. LOUIS MO CHAPTER  
567 St. Joseph Lane, Manchester, MO 63021  
TIN: 26-4422430  
Tax Year  
Ended: December 31, 2009

The above-referenced organization hereby authorizes its parent organization, ACTS MISSIONS to include it in the 2009 group return (Form 990) filed for affiliates of ACTS MISSIONS ST. LOUIS MO CHAPTER. In accordance with Reg. 1.6033-2(d)(2)(i), the following statements and other information are attached to and made a part of this authorization.

- |  |          |
|--|----------|
| 1. Statement of gross income and receipts (attached).                | \$12,075 |
| 2. Statement of disbursements (attached).                            | \$11,976 |
| 3. Other information required to be stated in the return (attached). |          |

I, Bill Grant, the undersigned officer of ACTS MISSIONS ST. LOUIS MO CHAPTER, hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete and made in good faith.

Signature: Bill Grant  
Title: Treasurer  
Date: 11-4-2010



**ACTS MISSIONS**  
**Schedule of Affiliates WTB**  
**Tax year ended December 31, 2009**

**EIN: 74-2860112**  
**Form 990**

**ACTS MISSIONS ST. LOUIS MO CHAPTER**  
**TIN: 26-4422430**

	<u>2009 WTB</u>	<u>Net</u>	Gross Amounts	
Cash	99.00			
Donations	(2,375.00)			
Program fees	<u>(2,000.00)</u>	(4,375.00)	(4,375.00)	
Sale of ACTS merchandise	(7,700.00)		<u>(7,700.00)</u>	
Cost of ACTS merchandise	<u>5,324.00</u>		<u>(12,075.00)</u>	Receipts
		(2,376.00)		
Cost of ACTS merchandise			5,324.00	
Program Expenses				
Contributions to ACTS Retreatants	3,500.00			
Supplies	703.00			
Workshop food & refreshments	1,306.00			
Board workshop supplies	350.00			
Copies/handouts supplies	<u>793.00</u>	6,652.00	<u>6,652.00</u>	
			<u>11,976.00</u>	Disbursements
net	-	(99.00)		

## ACTS Missions

74-2860112

Statement 1  
Form 990-EZ, Part I, Line 16  
Other Expenses

Advertising & promotions.....	\$	740.
Affiliate chapters program exp.....		120,171.
Bad debt expense.....		119.
Bank service charges.....		1,046.
Board meeting expense.....		1,213.
Computer consulting.....		7,844.
Contributions-retreat fees.....		2,550.
Credit card discounts.....		4,087.
Depreciation.....		3,298.
Dues & subscriptions.....		12.
Insurance.....		1,649.
Interest expense.....		59.
Miscellaneous.....		68.
Office expense.....		5,973.
Postage.....		894.
Printing.....		1,468.
Program Core Gathering.....		337.
Program-ACTS Workshop.....		1,000.
Program-Core Installation.....		128.
Program-Director's Conferences.....		7,485.
Program-Teen Director Workshop.....		793.
Program-Thanks Celebration.....		202.
Scholarships.....		4,915.
Store expense.....		600.
Telephone.....		3,056.
Translation consulting fees.....		5,500.
Travel.....		5,775.
<b>Total</b>	<b>\$</b>	<b>180,982.</b>

Statement 2  
Form 990-EZ, Part II, Line 24  
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 11,763.	\$ 6,601.
Furniture and Fixtures.....	6,686.	7,860.
Inventories.....	48,711.	56,738.
<b>Total</b>	<b>\$ 67,160.</b>	<b>\$ 71,199.</b>

Statement 3  
Form 990-EZ, Part II, Line 26  
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 8,117.	\$ 19,126.
Accrued wages.....	0.	4,875.
Customer deposits.....	0.	3,065.
Deferred Revenue.....	0.	3,237.
Escrow retreat funds.....	21,962.	20,912.
Payroll liabilities.....	2,534.	2,475.
Sales tax payable.....	0.	3,127.
<b>Total</b>	<b>\$ 32,613.</b>	<b>\$ 56,817.</b>

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

The purpose for the corporation is religious within the meaning of the IRC section 501(c)(3). Specifically, the Corporation is organized to work for the cultivation of Catholic communities by consulting in, facilitating and sponsoring ACTS Retreats.

**Statement 5**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

The organization provides retreat spiritual formation and assistance to religious church communities located mainly in Texas and several inside the U.S. boundary. Program services include workshops conducted for the assistance of church leaders in cultivating of Catholic communities by consulting in, facilitating and sponsoring ACTS Retreats.

**Statement 6**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Most Rev. Oscar Cantu, STL 2718 W. Woodlawn Ave. San Antonio, TX 78228	Trustee 0	\$ 0.	\$ 0.	\$ 0.
Richard Acosta, Sr. 6818 Oakridge San Antonio, TX 78229	Trustee 0	0.	0.	0.
Gisela Girard 106 Auditorium Circle San Antonio, TX 78205	Trustee 0	0.	0.	0.
Arturo Elizondo 623 Byrnes San Antonio, TX 78209	Trustee 0	0.	0.	0.
Sylvia Hernandez 7827 Dashwood San Antonio, TX 78240	Trustee 0	0.	0.	0.
Rose Mary Lopez 522 Pleasant Valley Dr. N Boerne, TX 78006	Trustee 0	0.	0.	0.

## ACTS Missions

74-2860112

Statement 6 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Dan Kasprowitz 29638 Fairview Place Fair Oaks Ranch, TX 78015	Trustee 0	\$ 0.	\$ 0.	\$ 0.
Mark Wittig 318 E. Summit San Antonio, TX 78212	Secretary 0	0.	0.	0.
Bertha Gonzaba 19311 Hill Meadow Dr. Fair Oaks Ranch, TX 78015	Trustee 0	0.	0.	0.
Ray Olivarri 107 Waydele Circle San Antonio, TX 78213	Trustee 0	0.	0.	0.
Mark Rizzo 136 Merry Trail San Antonio, TX 78232	Treasurer 0	0.	0.	0.
Rev Eric Ritter 5919 Ingram Road San Antonio, TX 78228	Trustee 0	0.	0.	0.
Armando Medina 9007 Village Drive San Antonio, TX 78217-3406	President 0	0.	0.	0.
Tom Peterson 2902 Meadow Circle San Antonio, TX 78231	Executive Direc 40.00	38,000.	0.	0.
Rev. Ron Rolheiser, OMI 285 Oblate Drive San Antonio, TX 78216	Trustee 0	0.	0.	0.
Most Rev. Patrick F. Zurek, DD 1800 N. Spring Street Amarillo, TX 79117-5644	Trustee 0	0.	0.	0.
	Total	\$ 38,000.	\$ 0.	\$ 0.

**Statement 7**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

## Computation of Cost of Goods Sold (Form 990-EZ)

1. Inventory at start of year.....	48,711.
2. Purchases.....	155,464.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	19,459.
6. Total (Add lines 1 through 5).....	<u>223,634.</u>
7. Inventory at end of year.....	<u>56,738.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>166,896.</u></u>

## ACTS Missions

74-2860112

	2009	2008	Diff
<b>FORM 990-EZ REVENUE</b>			
Contributions, gifts, and grants.....	111,608	109,490	2,118
Program service revenue.....	121,379	18,379	103,000
Net income (loss) - special events.....	15,973	0	15,973
Gross profit (loss) - inventory sales....	65,560	59,602	5,958
Total revenue.....	314,520	216,723	97,797
<b>EXPENSES</b>			
Salaries and employee benefits.....	124,779	132,745	-7,966
Professional fees/pymt to contractors....	3,629	4,407	-778
Other expenses.....	180,982	60,359	120,623
Total expenses.....	309,390	197,511	111,879
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year.....	5,130	19,212	-14,082
Net assets/fund bal. at beg. of year.....	144,624	104,886	39,738
Net assets/fund bal. at end of year.....	149,754	124,098	25,656

2009

General Information

Page 1

ACTS Missions

74-2860112

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch G

Carryovers to 2010

None



## Computation of Cost of Goods Sold (Form 990-EZ)

1. Inventory at start of year.....	48,711.
2. Purchases.....	155,464.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	19,459.
6. Total (Add lines 1 through 5).....	<u>223,634.</u>
7. Inventory at end of year.....	<u>56,738.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>166,896.</u></u>

12/31/09

## 2009 Federal Book Depreciation Schedule

Page 1

## ACTS Missions

74-2860112

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
<b>Depr. Schedule Only</b>																
<b>Furniture and Fixtures</b>																
1	L-shape desk (Tom's)	1/01/98		250							250	250	S/L	8		0
2	60" straight desk	1/01/98		250							250	250	S/L	8		0
3	96" 4 shelf unit	1/01/98		100							100	100	S/L	8		0
4	Office chair & cabinets	1/01/98		400							400	400	S/L	8		0
5	Office computer	1/01/98		1,000							1,000	1,000	S/L	8		0
6	Desk & file cabinet (Jo)	6/27/08		245							245	15	S/L	8		31
<b>Total Furniture and Fixtures</b>																
				2,245		0	0	0	0	0	2,245	2,015				31
<b>Improvements</b>																
17	Store improvement	2/25/09		906							906		S/L	6		126
<b>Total Improvements</b>																
				906		0	0	0	0	0	906	0				126
<b>Machinery and Equipment</b>																
7	Metafile DB mgmt software	12/19/06		6,276							6,276	3,520	2000B	6		919
8	Vostros notebook	6/20/08		1,649							1,649	275	2000B	6		458
9	Printer & accessories	7/01/08		198							198	33	2000B	6		55
10	Chair (JoAnne)	7/31/08		141							141	7	S/L	8		18
11	Phone system	8/13/08		425							425	59	2000B	6		122
12	Vacuum	8/27/08		775							775	86	2000B	6		230
13	Chair (Libby)	9/26/08		130							130	4	S/L	8		16
14	Pentium processor	12/02/08		650							650	18	2000B	6		211
15	2 drawer cabinet (Tom)	12/17/08		140							140		S/L	8		18

## ACTS Missions

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Est.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage /Basis Reduction	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
16	Video Surveillance System	1/14/09		2,488							2,488		200DB	6		829
18	Dell SC1420 Sys Ident	4/08/09		557							557		200DB	5		167
19	Printer	4/21/09		321							321		200DB	6		71
20	Camera Red W320	9/08/09		200							200		200DB	5		27
Total Machinery and Equipment																
				13,950		0	0	0	0	0	13,950	4,002				3,141
Total Depreciation																
				17,101		0	0	0	0	0	17,101	6,017				3,298
Grand Total Depreciation																
				17,101		0	0	0	0	0	17,101	6,017				3,298