Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

The organization may have to use a copy of this polynomia.

► 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

Α	For the	2009 calendar	year, or tax ye	ar beginning		, 2009,	and en	ding				
В	Check if ap	eck if applicable: C						D Employer identification number				
	Address ch	dress change Please ACTS Missions							74-2860112			
	Name chai	ne change							E Telephone number			
	Initial retur	nitial return type. San Antonio, TX 78216							210)-342	-1077	
	Terminatio	Specific										
*********		Amended return tions. Application pending							F Grou		nption ► 5549	
								G Accounting	_		ash X Accrual	
	• 5	Section 50 i(c)(: must att	3) organization: ach a complete	s and 4947(a)(1) ed Schedule A (F	nonexempt char orm 990 or 990-1	Table trusts EZ),		Other (spe	•	ш `		
								H Check ►			ization is not	
I	Website	e:► www.ac	ctsmission	ns.org				required to	attach S	chedul	е В (Form 990,	
J	Tax-exem	n <mark>pt status (c</mark> heck o	only one) — X	501(c) (3) -	(insert no.)	4947(a)(1) or	527	990-EZ, or				
K	Check •	if the org	janization is no	t a section 509(a)(3) supporting	organizationar	nd its gr	ross receipts a	re normal	lynot r	nore than	
									rn, be sur	e to III	e a complete return.	
L	Add line	es 5b, 6b, and	7b, to line 9 to	determine gross	s receipts; if \$50	0,000 or more	e, file Fo	orm 990	ı	- \$	489,878.	
(B) - 192	ınstead	of Form 990-E	<u> Z</u>	and Changes	in Net Asset	c or Fund F	2 alanc	cas (See th		•		
	III I	Revenue,	Expenses, a	and Changes	s received	5 OI FUIIU L	Jaiaii	es (See III	e madu	1	111,608.	
	1 C	ontributions, gi	ints, grants, and	ı sımılar amouni	s received t fees and contra	oto				2	121,379.	
	2 P	rogram service	revenue includ	ung governmen		icis				3	+41,010.	
									⊢	4	<u> </u>	
					ventory							
	5a G	ross amount in	om sale of ass	els uner man ir			5h					
R	D L	ess: cost or ou	ner Dasis and s	ales expenses.	tract in 5h from in 5s					5 c		
È	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)								100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ě	0 3	pecial events and a	ionivines (complete	applicable parts of t	of contr	ibutione	g, 0o.	, , , , , , , , , , , , , , , , , , ,	لسما			
	aG	ross revenue (not including 9		of contr	ipulons	6a	24	435.			
E					xpenses				462.			
	p L	ess: direct exp	enses outer una	an runuraising e board octivities (Sul	otract line 6b from lir				TUZ. 1	6c	15,973.	
	700	et income or (loss)	nuontory loss r	is and activities (our	wances	ie oa)	 7a	232	456.		20/3/04	
	h l	aross sales of an	inventory, 1655 i ande enld	etarris aria ario			7b	166,	896.			
	6	ess. cost of go	(Ince) from esle	s of inventory (S	Subtract line 7b 1	from line 7a)				7c	65,560.	
	}	ther revenue (descr		o or arrondory (````	8		
				3 4 50 50 70	and 8	• • • • • • • • • • • • • • • • • • • •				9	314,520.	
_	3 1	Otal revenue /	Had intes 1, 2,	id (attack asha)	dula)					10	021/0211	
	10 G	aranis anu siiii Demetite meid te	nar amounts pa	iiu (attacii scriet	dule)	AXPAYE	rs C	OPY	-	11		
Ê	11 E	Serients paid to	or for member	and amplayee h	enefits	Hector E. G	arcia.	CPA		12	124,779.	
ê	12 S	Profossional fac	compensation, as and other na	and employees	oendent co nfrão<u>f</u>	okiamilton V	Molfe I	21 #203		13	3,629.	
EXPENSE	14									14		
	15 F								-	15		
s				Statement	1	" " The charac	5-335EE)	16	180,982.	
	17 1	rotal evnenses	Add lines 10	through 16	,,,						309,390.	
_	18 E	Typess or (defic	cit) for the year	(Subtract line 1	7 from line 9)					18	5,130.	
	a!		المان برد. د. د. د. او دارد الماد الم	therinaina of w	ear (from line 27	column (A)	/must s	acree with end	of vear		· · · · · · · · · · · · · · · · · · ·	
N E	s 19 N s f	net assets of it figure reported	on prior vear's	return)	-ar (nom me 27	, column (-))				19	144,624.	
N E T	20	Other changes	in net assets of	r fund balances	(attach explanat	ion)	<i>.</i>		<i></i> [_	20		
	21	Net assets or fu	und balances at	t end of year. C	ombine lines 18	through 20			🟲	21	149,754.	
P	C5YE92/3890-21/29968888	Balance S	Sheets. If Tot	al assets on line	e 25, column (B)	are \$1,250,00	00 or m	ore, file Form 9	990 instea	d of F	orm 990-EZ.	
4,			(See the	instructions for	Part II.)			(A) Beginni	ng of yea	r	(B) End of year	
2	2 Cash	n, savings, and	investments	<i></i>				11	0,077.		135,372.	
_	3 Land	d and buildings.								23	77 700	
2	4 Othe	er assets (descr	ribe ► <u>See</u>	Statement	2)	· · · · · · · · · · · · · · · · · · ·	<i>.</i>		7,160.	24	71,199.	
2	5 Tota	l assets	,						7,237.		206,571.	
2	6 Tota	l liabilities (des	scribe 🟲 <u>See</u>	Statement	3	_)			2,613.		56,817.	
- 2	7 Net:	assets or fund	balances(line 2	27 of column (B) must agree with	1 line 21)		1 14	4,624.	4/	149,754.	

Forn	1990-EZ(2009) ACTS Missions			74	- 28	60112 Page 2
The second	t III Statement of Program Se	rvice Accomplishment	See the instruct	ions.)		Expenses
Desc	s the organization's primary exempt purpose? <u>Se</u> ribe what was achieved in carrying out t ribe the services provided, the number of ram title.	e Statement 4 he organization's exempt purple for other	poses. In a clear and co relevant information fo	oncise manner, r each	501(orga 4947	quired for section c)(3) and (4) inizations and section (a)(1) trusts; optional
	7 7				for o	thérs.)
29	(Grants \$ 8,800.) If the	nis amount includes foreign g	rants, check here	> []	28a	207,268.
30	(Grants \$) If the	nis amount includes foreign g	rants, check here		29a	
	(Grants \$) If the	nis amount includes foreign g	rapte shock here		20 -	
31	Other program services (attach schedul	e)			30 a	
	(Grants \$) If the	nis amount includes foreign a	rants, check here	▶ □	31 a	
32	Total program service expenses(add lin	nes 28a through 31a)		>	32	207,268.
Par	List of Officers, Directors	, Trustees, and Key Em	ployees. List each o	ne even if not cor	npens	sated. (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	to	(e) Expense account
 See	Statement 6		38,000.		0.	
			30,000.		0.	0.
			·			

Form 990-EZ(2009) ACTS Missions

WE MASS	See Sta	Leme	ent	/
33	Did the organization engage in any activity not must be able to the IDOO V. IV.		Yes	No
	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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), buhot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	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?	_35a		X
	o if 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		-
	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		X
3/: 	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. Do Did the organization file Form 1120-POL for this year?	37 b	. Alizani	X
38:	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a 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:	14		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
İ	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
•	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	1		
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	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 e		X
41	List the states with which a copy of this return is filed None			
42	The organization's books are in care of ► Tom Peterson Telephone no. ► 210-34	<u> 12-1</u>	277_	
	Located at ► 285 Oblate Dr. San Antonio, TX San Antonio TX ZIP + 4 ► 78216			
ŀ	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here		-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		-	- 1	
	Didle and delicated and delica		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		X
BAA	TEEA0812L 01/30/10 Fo.	rm 990	-EZ (2009)

PartVI	501(c)(3)	01(c)(3) organizations organizations and second complete the tables	tion 4947(a)(1) noi	nexemnt charit:	opt charitable trusts of able trusts must answe	nly All coots	Page 4 ion
46 Did t	the organization	engage in direct or indirect	t political campaign ac	tivities on behalf o	f or in opposition to candida	ates Yes	
4 101	INDIRE OFFICES 11	res, complete schedule C	, Part I			46	X
47 Did t	ne organization	i engage in lobbying activiti	es? If 'Yes,' complete s	Schedule C, Part I	l	47	X
48 Is the	e organization a	a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete S	Schedule E	48	X
43a Dig (rie organization	make any transfers to an	exempt non-charitable	related organizatio	n?	49a	X
50 Com empl	plete this table loyees) who ead	for the organization's five hehreceived more than \$100	1,000 of compensation	from the organizat	an officers, directors, truste ion. If there is none, enter '	es and key 'None.'	
	Name and address more than	of each employee paid a \$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 allowand	4
None_							
							
- Total		er employees paid over \$10	20.000				
51 Comp	plete this table bensation from	for the organization's five he the organization. If there is	ighest compensated in none, enter 'None.'	dependent contrac	stors who each received mo	re than \$100,000	0 of
	(a) Name and	address of each independent contra	tor paid more than \$100,000		(b) Type of service	(c) Compensati	ion
<u>None</u>							
_						1	
							
	_ 						
d Total	number of other	er independent contractors	each receiving over \$1	00.000			
a rotar	Transpor of Gate	or independent contractors	each receiving over \$1	00,000			
	Under penalties of true, correct, and o	perjury, I declare that I have examinomplete. Declaration of preparer (o	ned this return, including accommend that return, including accommendation and the second sec	panying schedules and s	statements, and to the best of my knowledge.	owledge and belief, it	is
Ciar	•			or E. Garcia, CP			
Sign Here	Signature of o	fficer	4751 Hau	ilion Wolfe Rd,	#203 Date		
11010	Tom Pet	terson	San A	ntonio, TX 7822			
	Type or print r			210 -492-5522			
		Original Tax Hetu	rn Signed	Date	Observity Pr	reparer's Identifying N	lumber
Paid	Preparer's signature	By Hector E. Ga		11/15/	/10 Self- TT 15	reparer's Identifying N See instructions) '00172747	
Pre-	Firm's name (or	Hector E. Garcia		111/13/	TU employed ► X P	UU1/2/4/	
parer's Use	yours if self- employed),	4751 Hamilton Wo	·		EIN ►	74-2678077	,
Only	address, and ZIP + 4		78229		Phone no. ► (21		
		eturn with the preparer sho		ctions	introde no (ZI	• X Yes	No
BAA		<u></u>				Form 990-EZ	

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.

OMB No. 1545-0047 2009

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	Missions							74-2	36011	2		
Part I	Reason for Pu	blic Charity Statu	ı s (All organizations	must	comple	ete this	s part.) See i	instruc	tions		
The org	janization is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check c	nly one	box.)					
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	nsection	170(b)(1)(A)(i).					
2			AXii). (Attach Schedule E			` ` `	,					
3												
4			ed in conjunction with a h					(bY1YA)	(iii) Ent	er the bosn	ital'e	
	name, city, and sta		,					(-)(-)(-)	(III) WITE	or and mosp	itai 3	
5	An organization op 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II.)	of a college or university	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed ise	ction	. — — -
6 7	The second second as the second secon											
8			яг н <i>.)</i> I 70(b)(1)(А)(vi). (Complet	n Dort II	`							
9			· · · · · · · · · · · · · · · · · · ·		-							
J L	investment income	ted to its exempt tunc	(1) more than 33-1/3 % of tions— subject to certain ess taxable income (less amplete Part III.)	excepti	ons and	1 (2) no	more th	12n 33.1	/3 % of	ite eumnort	from 1	arnee
10	An organization org	ganized and operated	exclusively to test for pu	ublic saf	ety. See	section	509(a)(4	4).				
11	An organization or more publicly supp describes the type	ganized and operated orted organizations of of supporting organiz	exclusively for the bene described in section 509(zation and complete line	fit of, to a)(1) or s 11e thi	perform section rough 1	the fun 509(a)(2 1h.	ctions (2). Ses	of, or ca ection 5	rry out ti 09(a)(3).	he purposes Check the	s of or box tl	ne or hat
	_ a	b Type II				integrat			d 🗌	Type III-		
e _	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	If the organization check this box	received a written det	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organization	٦,	
g			ition accepted any gift o				of the f	ollowing	persons	;? 	·····	
	(i) a person who	directly or indirectly	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (iii)	11 (1)	Yes	No
			ribed in (i) above?									
			described in (i) or (ii) a							1 2 1 1		
h			the supported organization		<i></i>					. 11g (iii)	1	
				T				·	[
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	is the tion in col. d in your eming ment?		ization in (i) of	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount	t of Sup _l	port
				Yes	No	Yes	No	Yes	No			
	•						-					
Total	Pa									000	00.55	
BAA FO	IT FILL THE TAIL OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PART	YOLK KEAUCTION ACT NOTICE.	, see the Instructions for Form	1 770 OF 95	JV-EZ.			ocneaul	e A (FOI	m 990 or 99	ツロ・ヒム) 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.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			*****	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	66,621.	72,174.	88,789.	109,490.	111,608.	448,682.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
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						0.	
4	Total. Add lines 1-through 3	66,621.	72,174.	88,789.	109,490.	111,608.	448,682.	
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)						0.	
6	Public support. Subtract line 5 from line 4						448,682.	
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	66,621.	72,174.	88,789.	109,490.	111,608.	448,682.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						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 loss from the sale of capital assets (Explain in Part IV.)						0.	
11	Total support. Add lines 7 through 10						448,682.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
	First five years. If the Form 990 i organization, check this box and	stop here	<u></u>	d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► ∏	
	tion C. Computation of Pul							
	Public support percentage for 20		· · · · · · · · · · · · · · · · · · ·				100.0%	
	Public support percentage from 2						100.0%	
16a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization	the line 14 is 33-	1/3 % or more, ch	eck this box	
b	33-1/3 support test— 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box o licly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, ch	neck this box	
17a	17a 10%-facts-and-circumstances test— 2009 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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this ration qualifies as	box and stop here a publicly suppor	.Explain in Part I\ ted organization.	V how the	
ZΔZ	1 Tivate Touridation. If the organiz	cautori ulu Hot Che	on a box off lifte,	10, 10a, 10b, 17a,			90 or 990-F7) 2009	

Schedule A (Form 990 or 990-EZ) 2009 ACTS Missions 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar 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.').					(3/2003	(i) rotar
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			- Parties and the second			
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
t	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						
	Public support (Subtract line			reason and the second			
		and grade to the second		10 10 10 10 10 10 10			
Sec	tion B. Total Support		A CONTRACTOR OF THE PROPERTY O	Trest and the second and second	Markana da marana an markana		<u> </u>
	ndar year(or fiscal yr beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2009	(-) 2000	/A T - 1 - 1
	Amounts from line 6	(a) 2003	(b) 2000	(c) 2007	(d) 2008	(e) 2009	(f) Total
	of Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		, 11.44.111				
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)						
	Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, shack this box and	is for the organiza	ition's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
Sec	organization, check this box and tion C. Computation of Pu	hlic Sunnart D	ercentage	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •		
				20 12 anima (A)		7 ==	0.7
	Public support percentage for 20						%
16 Sac						16	%
	tion D. Computation of Inv				(0)		
17	, ,			-			%
18	Investment income percentage f						%
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pul	blicly supported o	rganization	· · · · · · · · · · · · · · · · · · ·
	33-1/3 support tests— 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppo	rted organization	
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, cl	neck this box and	see instructions.	····· ►

Schedule A (Form 990 c	or 990-EZ) 2009 🛮 🗛	CTS Mission	S	74	-2860112 Page 4
Part IV Suppleme	ental Information	n. Complete th	is part to provide the	e explanations require er additional informati	d by Part II. line 10:
Part II, lin	e 17a or 17b; ar	nd Part III, line	12. Provide any oth	er additional informati	on. See instructions.
					
					
					
					
	- 				
·					
					
					
	- 				
,					

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	A SAME SQUAREMANY	Employer identification number					
ACTS Missions		74-2860112					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	 X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trustnot treated as a private foundation 527 political organization 						
Form 990-PF	501(c)(3) exempt private foundatio 4947(a)(1) nonexempt charitable to 501(c)(3) taxable private foundatio	rust treated as a private foundation					
Check if your organization is covered Note: Only a section 501(c)(7), (8), o	by the General Rule or a Special Rule . r (10) organization can check boxes for both the 0	General Rule and a Special Rule. See instructions.					
General Rule —							
		ear, \$5,000 or more (in money or property) from any one					
Special Rules –							
509(a)(1)/170(b)(1)(Å)(vi) and rec	on filing Form 990 or 990-EZ, that met the 33-1/3 eived from any one contributor, during the year, a , line 1h or (ii) Form 990-EZ, line 1. Complete Pa	a contribution of the greater of \$5,000 or (2) 2% of the					
aggregate contributions of more t	0) organization filing Form 990 or 990-EZ, that re han \$1,000 for use <i>exclusively</i> for religious, charit or animals. Complete Parts I, II, and III.	ceived from any one contributor, during the year, table, scientific, literary, or educational purposes, or the					
contributions for use exclusively for this box is checked, enter here the purpose. Do not complete any of	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 arexclusively 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, contribu	tions of \$5,000 or more during the year						
990-PF) but it muset answer 'No' on P	covered by the General Rule and/or the Special R art IV, line 2 of their Form 990, or check the box et the filing requirements of Schedule B (Form 99	Rules does not file Schedule B (Form 990, 990-EZ, or on line H of its Form 990-EZ, or on line 2 of its Form 90, 990-EZ, or 990-PF).					
BAA For Privacy Act and Paperwor for Form 990, 990EZ, or 990-PF.	k Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)					

	B (Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of 1	of Part I
Name of org	anization Missions			identification numb	er
Partil	Contributors (see instructions.)		-		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of cor	
1	Catholic Archdioces of SATX 1201 Donaldson Ave, San Antonio, TX 78228	\$8	3 <u>,800.</u>	Person X Payroll Noncash (Complete Pais a noncash	art II if there
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of cor	
2	ACTS Retreat Foundation 1303 S. Comal, Ste 100 San Antonio, TX 78207		5 <u>,000</u> .	Person Payroll Noncash (Complete Pais a noncash	art if there
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of co	
3	Ken & Beverley McClure 219 Branch Oak Way San Antonio, TX 78230	\$1	0,000.	Person Payroll Noncash (Complete Pais a noncash	art II if there
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contribut	te ons	(d) Type of co	
		\$		Person Payroll Noncash (Complete Pais a noncash	art II if there contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contribut	ite ions	(d) Type of co	
		\$		Person Payroll Noncash (Complete Pis a noncash	contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contribut	ite ions	(d Type of co	
		\$		Person Payroll Noncash (Complete Pis a noncash	art II if there contribution.)

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

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

Page 1

of Part II

ACTS Missions

of 1 of P

74-2860112

Partill	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		
		\$	
(a) No, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

ACTS Missions

Employer identification number

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 contributions of \$1,000 or less for the year. (b)	total ofe <i>xclusively</i> religious, cha (Enter this information once— s	aritable, etc, ee instructior	ns.)▶\$ N/A					
(a) No. from Part I	(b) Purpose of gift N/A	(c) Use of gift		(d) Description of how gift is held					
	·								
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held					
	Transferee's name, addres	Rela	ationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addre	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
									
	Transferee's name, addre	Relationship of transferor to transferee							
	1 .		I						

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization Employer identification number ACTS Missions 74-2860112 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts (or retained by) (vi) Amount paid to have custody or control (or retained by) or entity (fundraiser) from activity fundraiser listed in of contributions? col.(i) organization Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

(College of the College of the Colle	15-101-7-20	reported more than \$15,000 on F	orm 990-EZ, line 6	inswered res to real. List events with	gross receipts gre	ater than \$5,000.
R			(a) Event #1 Annual Golf Fu (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
Ę				(event type)	(total number)	
REVENUE	1	Gross receipts	20,535.			20,535.
E	2	Less: Charitable contributions				
•	3	Gross income (line 1 minus line 2)	20,535.			20,535.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs	7,826.		· · · · · · · · · · · · · · · · · · ·	7,826.
Č	7	Food and beverages				
E X P	8	Entertainment				
EXPESSES	9	Other direct expenses				
Š	10	Direct expense summary. Add lines 4- tr	nrough 9 in column (d).	• • • • • • • • • • • • • • • • • • • •		7,826.
oc ontro	11	Net income summary. Combine lines 3, c	olumn (d) and line 10.	• • • • • • • • • • • • • • • • • • •		12,709.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or re	ported more than
псия<пъ			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
N U E		_ ·				
	1	Gross revenue		-		
D X	2	Cash prizes			1170-1170-1-1-1-1	
D-RECT	3	Non-cash prizes				
ัร	4	Rent/facility costs		-		
	5	Other direct expenses				
	_		Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			-
	8	Net gaming income summary. Combine li	nes 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? 9 a						
b If 'No,' explain:						
	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					
11	 Doe	s the organization operate gaming activitie				11
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to					
BAA		and the second s	TEEA3702L 0			rm 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 ACTS Missions	74-2860112	Page
		YES NO
13 Indicate the percentage of gaming activity operated in:	-	
a The organization's facility		
b An outside facility.		
14 Enter the name and address of the person who prepares the organization's gar	ming/special events books and records:	
Name: •		
	7.8 V	
Address: -		
1Fo Decoration and the U.S. Community of the Community of		
15a Does the organization have a contact with a third party from whom the organization	ation receives gaming revenue? 15	a
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: ►		
Name; ►		
Address: ►		
Address: ►		
16 Gaming manager information		
Taking managar monnadari		
Name: ►		
Name: ►		
Gaming manager compensation ► \$		
Description of services provided: ►		

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

TEEA3703L 02/05/10

Independent contractor

Schedule G (Form 990 or 990-EZ) 2009

Director/officer

17 Mandatory distributions

BAA

Employee

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:

Affiliated Organization Name	Address	EIN
ACTS MISSIONS BROWNSVILLE CHAPTER	1910 E. ELIZABETH BROWNSVILLE, TX 78520	26-0598248
ACTS MISSIONS EL PASO CHAPTER	13009 BATTALION WAY EL PASO, TX 79938	26-4753956
ACTS MISSIONS FT. WORTH CHAPTER	4700 ARGYLE LANE ARGYLE TX 76226	26-4428559
ACTS MISSIONS GLAVESTON-HOUSTON CHAPTER	18101 STARBOARD DR. HOUSTON, TX 77058	26-4340134
ACTS MISSIONS NORWICH CT CHAPTER	P.O. BOX 906 COVENTRY CT 06238	26-4773863
ACTS MISSIONS ST. LOUIS MO CHAPTER	602 LALOR DR. MANCHESTER MO 63011	26-4422430
4000		

Nov. 15. 2010 8:05AM

No. 2075 P. 2

ACTS MISSIONS TAX YEAR ENDED December 31, 2009

Organization: ACTS MISSIONS Brownsville Chapter

FORM 990 EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

1910 E. Elizabeth Brownsville, TX 78520		
TIN: 26-0598248		
Tax Year Ended: December 31, 2009		
The above-referenced organization hereby authorizes its parent organization MISSIONS to include it in the 2009 group return (Form 990) filed for affilial ACTS MISSIONS Brownsville Chapter. In accordance with Reg. 1.6033-2(d following statements and other information are attached to and made a parauthorization.	ates of I)(2)(I), the	
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). Acts Missions Bowns of the Charter Line 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: Atheropy Title: The assure Date: 11-12-2010		

ACTS MISSIONS
TAX YEAR ENDED December 31, 2009

FORM 990 EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

Organization:	ACTS MISSIONS EL PASO CHAPTER			
	13009 Battalion Way El Paso, TX 79938			
TIN:	26-4753956			
Tax Yea Ended:	r December 31, 2009			
MISSIONS ACTS MISS	referenced organization hereby authorizes its parent organization to include it in the 2009 group return (Form 990) filed for affilial SIONS El Paso Chapter. In accordance with Reg. 1.6033-2(d)(2)(tatements and other information are attached to and made a paron.	tes of i), the		
1, \$	Statement of gross income and receipts (attached). $\sim \mathcal{O}$ –	\$ - 0 -		
2. S	Statement of disbursements (attached).	\$ - 0 -		
	ther information required to be stated in the return (attached).			
I, Ernestian Britalla, the undersigned officer of Ft Pasa Chepter, 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.				
Sigr Title Dat				

ACTS MISSIONS TAX YEAR ENDED December 31, 2009

FORM 990 EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

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 MISSIONS to include it in the 2009 group return (Form 990) filed for affiliate ACTS MISSIONS Ft Worth Chapter. In accordance with Reg. 1.6033-2(d)(2)(following statements and other information are attached to and made a part authorization.	s of i), the
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, <u>Brenda O'Shel</u> , the undersigned officer of <u>Ft Worth Chapter</u> hereby declare under the penalties of perjury that this authorization (includin accompanying schedules and statements) has been examined by me and to of my knowledge and belief is true, correct, and complete and made in good	ng any the best
Signature: Branda O'Shell Title: Chapter Facilitator	
Date: November 12, 2010	

FORM 990 EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

Organization: ACTS MI	ISSIONS GALVESTON-HOUSTON CHAPTE	₹
	TARBOARD DR HOUSTON, TX 77058	
TIN: 26-4340	0134	
Tax Year Ended: <u>Decem</u>	nber 31, 2009	
MISSIONS to include	ed organization hereby authorizes its pare e it in the 2009 group return (Form 990) Houston Chapter. In accordance with Reg s and other information are attached to a	1.6033-2(d)(2)(i), the
1. Statement	t of gross income and receipts (attached)	. \$4,242
2. Statement	it of disbursements (attached).	\$1,337
3. Other info	ormation required to be stated in the retu	rn (attached).
HOUSTON CHAPTER	, the undersigned officer of ACT R, hereby declare under the penalties of ompanying schedules and statements) has wiedge and belief is true, correct, and con	begury that this authorization is been examined by me and to
Signature: / Title: Co- Date: ///	Bot Auf DIRRETORY	

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

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

Title:

Date:

TREASURER

SUPPORTING AFFILIATED STATEMENT

A CTO NATOCIONE NODINITCH CT CHAPTED			
Organization: ACTS MISSIONS NORWICH CT CHAPTER			
P.O. BOX 906 COVENTRY CT 06238			
TIN: 26-4773863			
Tax Year Ended: December 31, 2009	ansonus.		
The above-referenced organization hereby authorizes its parent organization MISSIONS to include it in the 2009 group return (Form 990) filed for affi Acts Missions. In accordance with Reg. 1.6033-2(d)(2)(i), the following s and other information are attached to and made a part of this authorization.	iliates of tatements		
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).		
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: Lobert J. Felif			

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

LIN. 20-4773003		
	2009 WTB	Net
Cash	25,676.81	
Deferred retreat fees	(3,237.00)	
Fund balance	(20,534.21)	
Donations	(11,488.00)	
Program fees	(102,599.88)	
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		112,182.28
net revenues in excess of expenses		(1,905.60)

ST JOSEPH CHURCH

ACTS MISSIONS TAX YEAR ENDED December 31, 2009

FORM 990 EIN: 74-2860112

SUPPORTING AFFILIATED STATEMENT

Organization:	ACTS MISSIONS ST. LOUIS MO CHAPTER	<u></u>
	567 St. Joseph Lane, Manchester, MO 63021	,
TIN:	26-4422430	
Tax Year Ended:	December 31, 2009	
ACTS MISS affiliates of 1.6033-20	referenced organization hereby authorizes its parent orgions to include it in the 2009 group return (Form 990) in ACTS MISSIONS ST. LOUIS MO CHAPTER. In accordance ()(2)(i), the following statements and other information a part of this authorization.	neo ror 2 with Reg.
1. 5	statement of gross income and receipts (attached).	\$12,075
2. 9	Statement of disbursements (attached).	\$11,976
3. (Other information required to be stated in the return (atti	eched).
MO CHAFT authorizati examined	the undersigned officer of ACTS MISSION ER, hereby declare under the penalties of perjury that the ion (including any accompanying schedules and statement by me and to the best of my knowledge and belief is true and made in good faith.	ns its) has been
Signature: Tide: Date:	Bill Brank Treasurer 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

			Gross
	2009 WTB	Net	Amounts
Cash	99.00		
Donations	(2,375.00)		
Program fees	(2,000.00)		
		(4,375.00)	(4,375.00)
Sale of ACTS merchandise	(7,700.00)		(7,700.00)_
Cost of ACTS merchandise	5,324.00		(12,075.00) 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	793.00	6,652.00	6,652.00
			11,976.00 Disbursements
net	-	(99.00)	

-	-	-	_
• 1	71		
_	LI		

Federal Statements

Page 1

ACTS Missions

74-2860112

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

Advertising & promotions	ċ	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. 4,915.
Scholarships		4,913. 600.
Store expense		3,056.
Telephone		5,500.
Translation consulting fees		5,775.
Total		180.982.
10041	· <u></u>	+00,002.

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

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

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

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

ACTS Missions

74-2860112

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 <u>Per Week Devoted</u>	Compen- sation	Contri- bution to _EBP & DC	Expense Account/ Other
Dan Kasprowicz 29638 Fairview Place Fair Oaks Ranch, TX 78015	Trustee \$			
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 <u>§</u>	38,000.	\$ 0.	\$ 0.

2009 **Federal Statements** Page 4 **ACTS Missions** 74-2860112 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?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No

2009	Federal Worksheets	Page 1
	ACTS Missions	74-2 860112
Computation of Cost of G	Goods Sold (Form 990-EZ)	
2. Purchases	t of year osts 1 through 5) of year d (Subtract line 7 from line 6)	48,711. 155,464. 0. 0. 19,459. 223,634. 56,738. 166,896.

2009	Federal Exempt Organizat	ion Tax Sumr	nary (EZ)	Page 1
	ACTS Miss	ions		74-2860112
FORM 990-E	7 DE\/ENI IE	2009	2008	Diff
Contribut Program s Net incom	ions, gifts, and grantservice revenuee (loss) - special eventsefit (loss) - inventory sales	111,608 121,379 15,973 65,560	109,490 18,379 0 59,602	2,118 103,000 15,973 5,958
Total rev	enue	314,520	216,723	97,797
Professio	and employee benefitsnal fees/pymt to contractors	124,779 3,629 180,982	132,745 4,407 60,359	-7,966 -778 120,623
Total exp	enses	309,390	197,511	111,879
Excess or Net asset	OR FUND BALANCES (deficit) for the years/fund bal. at beg. of years/fund bal. at end of year	5,130 144,624 149,754	19,212 104,886 124,098	-14,082 39,738 25,656

74-2860112

2009	Federal Worksheets	Page '
	ACTS Missions	74-286011
Computation of Cost of	of Goods Sold (Form 990-EZ)	
2. Purchases	costs s 1 through 5) d of year cold (Subtract line 7 from line 6)	48,711. 155,464. 0. 0. 19,459. 223,634. 56,738. 166,896.

12/31/09		2(2009 Fe	dera	l Boo	ok Del	deral Book Depreciation Schedule	ion S	chedı	ıle				Page 1
					A	ACTS Missions	sions		:					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	Method Life. Rate	Current Depr.
Schedule Onl														
Furniture and Fixtures														
1 L-shape desk (Tom's)	1/01/98		250							250	250	S/L	8	0
2 60' straight desk	1/01/98		250	6						250	250	S/L	œ	0
3 96' 4 shelf unit	1/01/98		100							100	100	S/L	∞	0
4 Office chair & cabinets	1/01/98		400	0						400	400	S/L	∞	0
5 Office computer	1/01/98		1,000	_						1,000	1,000	S/L	∞	0
6 Desk & file cabinet (Jo)	6/27/08	•	245	. ئ			***************************************			245	15	S/L	∞	31
Total Furniture and Fixtures			2,245	15	0	0	0	0	0	2,245	2,015			31
Improvements														
17 Store improvement	2/25/09		906	·c						906		S/L	9	126
Total Improvements		-	906		0	0	0	0 0	0	906	0			126
Machinery and Equipment														
7 Metafile DB mgnt software	12/19/06		6,276	"						6,276	3,520	20008	9	919
8 Vostros notebook	6/20/08		1,649	£.						1,649	275	200DB		458
9 Printer & accessories	7/01/08		198	00						198	33	20008		55
	7/31/08		141							141	~ £	S/L	∞ ω	2 2
11 Phone system	8/13/08		674	ה וה						423	8	200DB		230
	80/5/6		130							130	4	1/S		91
	12/02/08		920	c						020	81	200DB	9	211
15 2 drawer cabinet (Tom)	12/17/08		140	0						140		1/8	∞	81
		Commence of the second	nanosamusamus englighte								The second secon	A THE PROPERTY OF THE PARTY OF		Aleman de la constante de la c

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