

Form **990**

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Memorial Assistance Ministries, 1625 Blalock Rd., Houston, TX 77080

D Employer Identification Number: 76-0044172; E Telephone number: 713-468-4516; F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? No; H (b) If 'Yes,' enter number of affiliates; H (c) Are all affiliates included? No; H (d) Is this a separate return filed by an organization covered by a group ruling? No; I Group Exemption Number; M Check if the organization is not required to attach Schedule B

G Web site: www.maministries.org

J Organization type: 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 2,356,186.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, sales of assets, special events, and total revenue/expenses.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) See Stmt 2 (cash \$ <u>23,760.</u> non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b	23,760.	23,760.		
23 Specific assistance to individuals (attach schedule).....St. 3	23	570,449.	570,449.		
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	70,244.	32,936.	26,771.	10,537.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	97,947.	37,710.		60,237.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	1,156.	1,018.	69.	69.
29 Payroll taxes.....	29	12,862.	5,404.	2,044.	5,414.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	13,296.		13,296.	
32 Legal fees.....	32				
33 Supplies.....	33	6,026.	3,946.	1,718.	362.
34 Telephone.....	34	3,212.	1,775.	1,352.	85.
35 Postage and shipping.....	35	3,385.	66.	125.	3,194.
36 Occupancy.....	36	16,025.	8,856.	6,748.	421.
37 Equipment rental and maintenance.....	37	3,105.	3,105.		
38 Printing and publications.....	38	14,355.	454.	60.	13,841.
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41	35,903.	19,841.	15,117.	945.
42 Depreciation, depletion, etc (attach schedule).....	42	32,404.	16,270.	12,396.	3,738.
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	67,054.	28,192.	6,559.	32,303.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	971,183.	753,782.	86,255.	131,146.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Provide support to Houston families All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a See Statement 5 ----- ----- ----- ----- (Grants and allocations \$ 594,209.) If this amount includes foreign grants, check here <input type="checkbox"/>	753,782.
b ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).....	753,782.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	59,909.	45	118,748.
	46 Savings and temporary cash investments	221,379.	46	338,375.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	252,313.		
	b Less: allowance for doubtful accounts		48c	252,313.
	49 Grants receivable	19,318.	49	9,509.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	79,811.	52	83,887.
	53 Prepaid expenses and deferred charges	7,402.	53	2,130.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	3,732,241.		
b Less: accumulated depreciation (attach schedule)	168,698.	57c	3,563,543.	
58 Other assets, including program-related investments (describe		58		
59 Total assets (must equal line 74). Add lines 45 through 58	4,187,779.	59	4,368,505.	
LIABILITIES	60 Accounts payable and accrued expenses	34,517.	60	33,449.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	1,584,916.	64b	743,481.
	65 Other liabilities (describe		65	
66 Total liabilities. Add lines 60 through 65	1,619,433.	66	776,930.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,508,792.	67	3,547,107.
	68 Temporarily restricted	59,554.	68	44,468.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,568,346.	73	3,591,575.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,187,779.	74	4,368,505.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,387,386.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	31,200.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): See Stm 8	b4	361,774.
	Add lines b1 through b4	b	392,974.
c	Subtract line b from line a	c	1,994,412.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,994,412.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,364,157.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	31,200.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): See Stmt 9	b4	361,774.
	Add lines b1 through b4	b	392,974.
c	Subtract line b from line a	c	971,183.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	971,183.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
See Statement 10		70,244.	0.	0.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members.....	N/A	
85d	Section 162(e) lobbying and political expenditures.....	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		
86a		N/A	
86b	Gross receipts, included on line 12, for public use of club facilities.....	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		
87a		N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....		10
91a	The books are in care of ▶ <u>Patricia Dornak</u> Telephone number ▶ <u>713-468-4516</u> Located at ▶ <u>1625 Blalock Rd. Houston TX</u> ZIP + 4 ▶ <u>77080</u>		
91b	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)?..... If 'Yes,' enter the name of the foreign country ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	12,536.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			5	265,730.	
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				278,266.	
105 Total (add line 104, columns (B), (D), and (E))					278,266.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please 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.	
	▶ PUBLIC INSPECTION COPY Signature of officer _____ Date _____	
	▶ ORIGINAL SIGNED BY TAXPAYER Type or print name and title. _____	

Paid Preparer's Use Only	Preparer's signature ▶ ORIGINAL SIGNED BY JODY BLAZEK	Date _____	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Blazek & Vetterling 2900 Wesleyan, Suite 200 Houston, TX 77027-5132	EIN ▶ N/A	Phone no. ▶ (713) 439-5739	

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

Name of the organization

Memorial Assistance Ministries

Employer identification number

76-0044172

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(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				
Total number of other employees paid over \$50,000..... ▶		0		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services..... ▶		0

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services..... ▶		0

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) Stmt 11	X	
3b	Did the organization have a section 403(b) annuity plan for its employees?		X
3c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
3d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
4b	Did the organization make any taxable distributions under section 4966?		N/A
4c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year. ▶		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. ▶		N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. ▶		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	913,114.	1,440,287.	678,386.	278,881.	3,310,668.
16 Membership fees received.					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose.	610,254.	526,503.	478,915.	457,828.	2,073,500.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975.	6,259.	1,425.	1,749.	3,058.	12,491.
19 Net income from unrelated business activities not included in line 18.					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21 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.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22.	1,529,627.	1,968,215.	1,159,050.	739,767.	5,396,659.
24 Line 23 minus line 17.	919,373.	1,441,712.	680,135.	281,939.	3,323,159.
25 Enter 1% of line 23.	15,296.	19,682.	11,591.	7,398.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. N/A . . . ▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e). ▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total). ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:
 (2006) 67,382. (2005) 0. (2004) 0. (2003) 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1) the amount on line 25 for the year or (2) \$5,000.** (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2006) 0. (2005) 0. (2004) 0. (2003) 0.

c Add: Amounts from column (e) for lines: 15 <u>3,310,668.</u> 16 _____ 17 <u>2,073,500.</u> 20 _____ 21 _____ ▶	27c	5,384,168.
d Add: Line 27a total. . . . <u>67,382.</u> and line 27b total. <u>0.</u> ▶	27d	67,382.
e Public support (line 27c total minus line 27d total). ▶	27e	5,316,786.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . ▶ 27f <u>5,396,659.</u>	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	98.52 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	0.23 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	
38	Total lobbying expenditures (add lines 36 and 37).....	38	
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000..... 20% of the amount on line 40.....		
	Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000.....		
	Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000.....	41	
	Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000.....		
	Over \$17,000,000..... \$1,000,000.....		
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount.....					
46 Lobbying ceiling amount (150% of line 45(e)).....					
47 Total lobbying expenditures.....					
48 Grassroots nontaxable amount.....					
49 Grassroots ceiling amount (150% of line 48(e)).....					
50 Grassroots lobbying expenditures.....					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers.....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .).....		X	
c Media advertisements.....		X	
d Mailings to members, legislators, or the public.....		X	
e Publications, or published or broadcast statements.....		X	
f Grants to other organizations for lobbying purposes.....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body.....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....		X	
i Total lobbying expenditures (add lines c through h .).....			0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Memorial Assistance Ministries

Employer identification number

76-0044172

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 organizations 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 Form 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 \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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 an *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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

Memorial Assistance Ministries

76-0044172

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 79,601.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 146,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 75,000.	Person <input checked="" 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

Memorial Assistance Ministries

76-0044172

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 52,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 50,000.	Person <input checked="" 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

Memorial Assistance Ministries

76-0044172

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 37,442.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
-----	----- ----- -----	\$ -----	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

Memorial Assistance Ministries

76-0044172

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	Quanta Services, 1500 shs	\$ 37,442.	12/18/07
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Memorial Assistance Ministries

76-0044172

Statement 1
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Resale shop sales.....	\$	627,504.
Gross Sales.....	\$	627,504.
Less Returns & Allowances.....		0.
Net Sales.....	\$	627,504.
Less Cost Of Goods Sold.....		361,774.
Gross Profit From Sales Of Inventory.....	\$	<u>265,730.</u>

Statement 2
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity:	General Support	
Donee's Name:	Fairhaven Food Pantry	
Donee's Address:	1330 Gessner Houston, TX 77055	
Amount Given:		\$ 15,840.

Class of Activity:	General Support	
Donee's Name:	East Spring Branch Food Pantry	
Donee's Address:	7901 Westview Houston, TX 77055	
Amount Given:		7,920.

Total Grants and Allocations \$ 23,760.

Statement 3
Form 990, Part II, Line 23
Specific Assistance to Individuals

Christmas Project.....	\$	7,592.
Food, shelter, clothing.....		407,809.
Medical, dental & hospital expenses.....		60,977.
Transportation & other.....		35,273.
Utilities.....		58,798.
Total	\$	<u>570,449.</u>

Memorial Assistance Ministries

76-0044172

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Insurance	3,551.	1,125.	2,260.	166.
Marketing expenses	9,938.	89.	15.	9,834.
Other Expenses	4,922.	1,028.	857.	3,037.
Other professional fees	42,434.	23,160.	503.	18,771.
Professional fees	2,453.	774.	1,395.	284.
Repair and maintenance	3,756.	2,016.	1,529.	211.
Total	\$ 67,054.	\$ 28,192.	\$ 6,559.	\$ 32,303.

Statement 5
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Memorial Assistance Ministries' (MAM) mission is to assure that families have the means to meet their basic needs. To carry out our mission, MAM assists families facing financial crisis to avoid homelessness. MAM offers programs to enable long term financial self-sufficiency; to assure children have an improved school experience; and to facilitate client access to other support networks.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		159,573.
<p>Shelter: Rental assistance helped to prevent eviction for 1,248 clients. In many cases this means that the primary wage earner will spend less time seeking assistance and more time earning a salary. Children are able to stay in the school where they are enrolled, rather than being transferred. A client receives a pledge and the funds are paid directly to the landlord. Utility (gas and water) assistance, given to prevent service from being disconnected, saved 527 clients from expensive reinstatement fees.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>	295,126.	295,126.
<p>Medical/Health: Of the 636 clients who received financial assistance to help pay for a doctor or dentist visit, or a prescription, many were children referred by the Spring Branch ISD. With MAM's help, children return to school sooner, adults return to work sooner. In some cases, a more serious illness is prevented by early intervention. Spring Branch ISD refers hundreds of students to MAM's I Can See program for vision testing and eyeglasses. Students do better academically with improved vision. Adults are also served when employment performance is affected by vision. MAM served 575 clients with financial assistance for vision needs.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>	60,977.	60,977.
<p>Food/Clothing/Household Items: Oftentimes people who come to</p>		

Statement 5 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>MAM for other help may be in need of a meal. In 2007, MAM fed 1,440 hungry clients with a sack lunch. MAM's Emergency Services provided vouchers for clothing and household items in the MAM Resale Store to 2,620 people. Clothing needed for interviews and/or employment, are distributed regularly. MAM also provides household items for those who are in the process of establishing anew home, or to people in need of items that they just cannot afford. MAM's Resale Store is a program that provides a low cost source of clothing, furniture, books, toys, and household goods to the community.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>	110,861.	110,861.
<p>Transportation/Other: People seeking jobs were given bus token or gasoline vouchers to go to an interview, and, in some cases, to go to work until they received a first paycheck. The same transportation assistance is given to clients needing help getting to a doctor, dentist or pharmacy. MAM served 3,250 clients this way. MAM helped 208 people pay for documents necessary to find work, enroll children in school, etc. These included driver's licenses, birth certificates, and state ID cards. 711 clients received additional miscellaneous help with things such as personal grooming aids, home care packs or vouchers to buy specialty items deemed necessary.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>	35,273.	35,273.
<p>MAM assisted 1,222 people seeking employment. Job openings are located and counseling on resumes and interviews is offered to men and women wishing to achieve or maintain self-sufficiency. Clients needing transportation to an interview or the first week of work are helped with bus tokens or gasoline vouchers. Vouchers for work boots are given to people who find employment requiring them. And if a client needs clothing for an interview or the early stages of work, a voucher is given for the MAM Resale Store.</p> <p>The Back To School program provided 2,205 students with required school uniforms, including shoes and undergarments. This boosts the children's self esteem and helps them to feel like they "fit in".</p> <p style="text-align: right;">Includes Foreign Grants: No</p>	60,620.	60,620.
<p>The Christmas Project delivered a Merry Christmas to 98 families putting smiles on the faces of approximately 350 children.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>	7,592.	7,592.
<p>MAM's English School teaches English as a second language (ESL) enrolling over 90 students in 2007. Helping them to acquire better jobs, assimilate into the community, and help their children in school.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		

Memorial Assistance Ministries

76-0044172

Statement 5 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
The Board authorizes cash donations to community food banks. No estimate on the number of clients served with this assistance.	23,760.	23,760.
Includes Foreign Grants: No		
	<u>\$ 594,209.</u>	<u>\$ 753,782.</u>

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 94,492.	\$ 22,822.	\$ 71,670.
Buildings	2,846,144.	145,876.	2,700,268.
Land	791,605.		791,605.
Total	<u>\$ 3,732,241.</u>	<u>\$ 168,698.</u>	<u>\$ 3,563,543.</u>

Statement 7
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	Amegy Bank of Texas		
Date of Note:	4/12/2005		
Maturity Date:	4/12/2012		
Repayment Terms:	Prin & Int monthly		
Interest Rate:	6.85%		
Security Provided:	Land & building		
Purpose of Loan:	Construction costs		
Original Amount:	1,812,548.		
Balance Due:			\$ 743,481.
		Total	<u>\$ 743,481.</u>

Statement 8
Form 990, Part IV-A, Line b(4)
Other Amounts

Allocation of COGS for Resale Shop.....	\$ 361,774.
Total	<u>\$ 361,774.</u>

Memorial Assistance Ministries

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Statement 9
Form 990, Part IV-B, Line b(4)
Other Amounts

Allocation of COGS for Resale Shop..... \$ 361,774.
 Total \$ 361,774.

Statement 10
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Platt Davis 1625 Blalock Houston, TX 77080	Chairman 15.00	\$ 0.	\$ 0.	\$ 0.
Beverly Bowmaster 1625 Blalock Houston, TX 77080	Vice Chairman 6.00	0.	0.	0.
Gordon Bing 1625 Blalock Houston, TX 77080	Secretary 10.00	0.	0.	0.
Carl Baucum 1625 Blalock Houston, TX 77080	Treasurer 2.00	0.	0.	0.
Karen Comiskey 1625 Blalock Houston, TX 77080	Director 2.00	0.	0.	0.
Connie Dyer 1625 Blalock Houston, TX 77080	Director 4.00	0.	0.	0.
Will Galtney 1625 Blalock Houston, TX 77080	Director 4.00	0.	0.	0.
Ira Green 1625 Blalock Houston, TX 77080	Director 6.00	0.	0.	0.
Greg Nelson 1625 Blalock Houston, TX 77080	Director 2.00	0.	0.	0.
John Ogren 1625 Blalock Houston, TX 77080	Director 4.00	0.	0.	0.

Statement 10 (continued)
Form 990, Part V-A
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
Shane Heumann 1625 Blalock Houston, TX 77080	Director 6.00	\$ 0.	\$ 0.	\$ 0.
Bambi Schiette 1625 Blalock Houston, TX 77080	Director 6.00	0.	0.	0.
Bob Zorich 1625 Blalock Houston, TX 77080	Director 6.00	0.	0.	0.
Wendell Zumwalt 1625 Blalock Houston, TX 77080	Director 6.00	0.	0.	0.
Martha Macris 1625 Blalock Houston, TX 77080	Executive Direc 40.00	70,244.	0.	0.
	Total	\$ 70,244.	\$ 0.	\$ 0.

Statement 11
Schedule A, Part III, Line 3a
Qualifications of Recipients Receiving Grants or Loans

MAM periodically receives requests for assistance from other organizations. This may be assistance in the form of donations of goods (resale donations), cash or in-kind contributions such as office space or equipment. MAM may contribute to other organizations when:

1. The request is from a § 501(c)(3) charitable organization.
2. The organization making the request has a mission similar to or complementary to MAM's mission.

Procedure for all donations:

1. All donations of goods from the resale store must be approved by the Store Manager.
2. The donation of goods must be logged in to the "Donations Log Book"
3. Cash donations will be included in the board approved budget and paid by the accounts payable volunteer.

Memorial Assistance Ministries

76-0044172

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Buildings										
3	Building	Various		2,846,144			72,915	S/L	39	72,961
	Total Buildings			2,846,144		0	72,915			72,961
Furniture and Fixtures										
2	Furniture & equipment	Various		94,492			4,802	S/L	5	18,020
	Total Furniture and Fixtures			94,492		0	4,802			18,020
Land										
1	Land	7/01/04		791,605						0
	Total Land			791,605		0	0			0
	Total Depreciation			<u>3,732,241</u>		<u>0</u>	<u>77,717</u>			<u>90,981</u>
	Grand Total Depreciation			<u>3,732,241</u>		<u>0</u>	<u>77,717</u>			<u>90,981</u>