Date of this notice: 04-01-2009

Employer Identification Number: 26-4584081

Form: SS-4

Number of this notice: CP 575 A

VALLEY OF THE SON CHRISTIAN MINISTRIES INC
ALMOST NEW CONSIGNMENT : POB12104
CHANDLER, AZ 85248

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-4584081. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940 Form 944

01/31/2011 01/31/2011

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes and Publication 4248, EFTPS (Brochure). If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS Web site at http://www.irs.gov/localcontacts/index.html. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the orga	nization					nate mau	actions.		Inspection
VALIEY	OF THE SO	NCHRISTIAN	/ MIN	I.STD7	rec 1	16	- 1つ.	ハ・カノだり	tification number
Part I R	eason for Public	Charity Status (Al	l organiz	ations n	nust cor	molete t	his part	See inc	Tructions
The organization	m is not a private	loungation decause it	is: (For li	inae 1 thr	rough 11	ahaala -	والمسامية		tructions.
· L A MIG	CIT, COTTVETILION OF	churches, or associat	ion of ch	urches di	escribed	in sectio	n 170(b)	(1)(A)(i).	
- C / COCIN	on agactinga ili 26	CUON 1/U(D)(1)(A)(I).	(Attach S	Schedule :	Εì				
3 ∐ A hosp	oital or a cooperat	ive hospital service or	ganizatio	n describ	ed in se	ction 170)(b)(1)(A)	(iii).	
hospita	al's name, city, and	mzation operated in d d state:	onjunctio	on with a	hospital	describe	d in sec	tion 170(b	
	1 11 11 11 11								ntal unit described in
6 ∐ A fede	ral, state, or local	government or govern	mental u	nit descri	ibed in s	ection 17	70/Б)/1)/Д	J(v)	
r yoxan orga	anzadon that norm	laliv receives a substa	ntial nart	of ite our	port fror	n a gover	nmental	unit or fro	m the general multi-
								u 01 110.	m the general public
9 \square An oraș	nunity trust descri	bed in section 170(b)	(1)(A)(vi).	(Comple	te Part II	i.)			
receipts	i iizalion (nai norm S from activities re	ally receives: (1) more	than 331/3	% of its	support f	from cont	tributions	, member:	ship fees, and gross
support	from aross inves	lated to its exempt fur tment income and un	TCTIONS— related t	subject to	o certain	exception	ns, and	(2) no mor	re than 33%% of its
acquire	d by the organizat	ion after June 30, 197	5. See s	osiness Action 50	iaxable i 19/21/91	income (i	ess sect	ion 511 ta	ax) from businesses
10 🗌 An orga	nization organized	and operated exclusion	ively to te	et for ou	iblia aasa	Complete	e Fait III.) 	
	ii iiZaliOH OHUMHIZM	I AND ODERSTED EVALUE	cistobe for	460 ban.					
purpose	s of one or more p	oublicly supported org	anization	s describ	ed in se	ction 500	i the tun (a)(1) or (Ctions of,	or to carry out the
<u></u> ,		that describes the type	e of supp	orting or	ganizatio	on and co	omplete li	ines 11e t	brough 11h
ацı	Abe i	i I IVDA II	~ I I T	una III Eu				_	
e Ma By ched	king this box, I c	AMIN that the organiz	ation in a		-112 12				
			er than o	ne or mo	re public	ly suppor	ted organ	izations c	described in section
	(.3)								
If the or	ganization receive tion, check this bo	d a written determina	tion from	າ the IRS	that it i	is а Туре	I, Type	II, or Typ	e III supporting
		s the organization acc							· · · ·
.00*******	Porcours								
(i) A per	son who directly	or indirectly controls,	either ald	one or to	gether w	ith perso	ns desci	fbed in (ii	Yes No
	my bolott, the gove	erning body of the sup erson described in (i)	portea o	rganizatio	on? .				11g(i)
(iii) A 359	% controlled entity	of a person describe	above?	(ii) aba					11g(ii)
h Provide t	he following inforn	nation about the supp	orted are	(II) above ranization	97 Vel				11g(iii)
(i) Name of supporte	d (ii) EIN	(iii) Type of organization		organization		you notify	6.0	(- A)	T
organization		(described on lines 1-9 above or IRC section	in col. (i) ii	isted in vour	the orga	anization in		Is the ation in col.	(vii) Amount of support
	1	(see instructions))	governing	document?) of your port?		ized in the	
		ļ	Yes	No	Yes	No	Yes	No	
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tal							By William		
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Sec	ction C. Computation of Public Support Percentage
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (fi)
15	Public support percentage from 2008 Schedule A. Part II. line 14
16a	33\% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33\% % or more, check this box and stop here. The organization qualifies as a publicly supported organization.
b	box and stop here. The organization qualifies as a publicly supported organization.
17a	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b	now-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publish overset test.
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

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Schedule A (Form 990 or 990-EZ) 2009

	Part III Support Schedule for Org	anizations I	Described in	Section 509	(a)(2)		Pag
_	(Complete only if you chec	ked the box	on line 9 of	Part I.)	(a)(<i>L</i>)		
	ection A. Public Support						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					····	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				er dezerbilek a Megenya et 1921	Market Carachina Services	·
Cz	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 0a	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
- 6	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for thorganization, check this box and stop he	71 0		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	on C. Computation of Public Supp	ort Percent	age			· · · · · ·	· · ·
r	Public support percentage for 2009 (line Public support percentage from 2008 Sc	hedule A. Parl	III. line 15	13, column (f)		15 16	<u>%</u>
	on D. Computation of Investment						
l l	nvestment income percentage for 2009 (nvestment income percentage from 2008)	Schedule A.	Part III, line 1	7	1 -	17	% %
•	3% % support tests—2009. If the organ. 7 is not more than 33% %, check this box	and stop nere	. The organiza	ition qualifies a	s a publicky eur	anorted argani	70tion b 🗍
ı s	on 18 is not more than 33½ %, check this b	ition did not ch ox and stop h e	eck a box on ii r e. The organi:	ne 14 or line 19 ration qualifies a	a, and line 16 is	s more than 33	/3 %, and
	rivate foundation, if the organization did	not check a	oox on line 14	<u>19a, or 19b, c</u>	heck this box	and see instru	ctions ▶ 🗌

Part IV	Supplemental Information Complete William Page 4
	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12 Provide any other additions required by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
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Schedule A (Form 990 or 990-EZ) 2009

## STATE OF ARIZONA

### Department of State



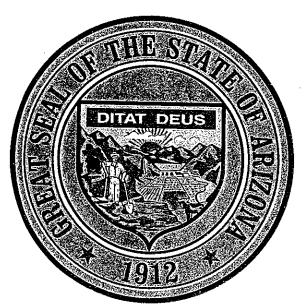
#### TRADE NAME CERTIFICATION

ALMOST NEW CONSIGNMENT

I, Ken Bennett, Secretary of State, do hereby certify that in accordance with the Trade Name Application filed in this Office, the Trade Name herein certified has been duly registered pursuant to Section 44-1460, Arizona Revised Statutes, in behalf of:

VALLEY OF THE SON CHRISTIAN MINISTRIES P. O. BOX 7461 GOODYEAR AZ 85338-

7/31/2009 Application



Registration Date: 07/31/2009

Expiration Date: 7/31/2014

Date First Used: 5/1/2009

Trade Name No.: 467189

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at Phoenix, the capitol,

this 11 day of August, 2009.

KEN BENNETT KUNNER

Date of this notice: 04-01-2009

Employer Identification Number: 26-4584081

Form: SS-4

Number of this notice: CP 575 I

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

VALLEY OF THE SON CHRISTIAN MINISTRIES INC
ALMOST NEW CONSIGNMENT
POB12104
CHANDLER, AZ 85248

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following form(s) by the date(s) shown. Based on the information received from you or your representative, you must file

Form 944

01/31/2011 01/31/2011

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obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites. The IRS is committed to helping all taxpayers comply with their tax filing

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

# IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issue one time and the IRS will not be able to generate a duplicate copy for you. This notice is issued only
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents

at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your comparation If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

obligations. If you need help completing your returns or meeting your tax obligations. Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites. The IRS is committed to helping all taxpayers comply with their tax filing

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CP 575 A (Rev. 7-2007)

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