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)

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2009 calendar year, or tax year beginning and ending	g	
В	Check it	De: Use IRS C Name of organization	D Employer identif	fication number
	Addr chan	ess label or FAMILY LEGACY MISSIONS INTERNATIONAL		
	Nam	ge 200 Doing Business As	75-2	2897392
L	Initia returi Term ated	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone number (972	
	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,684,922.
L	Appli tion pend	IRVING, 1X 75005-1901	H(a) Is this a group	
	pone	F Name and address of principal officer: GREEK A. KENDALL	for affiliates?	Yes X No
_	_	5005 W ROYAL LANE, SUITE 252, IRVING, TX	75 H(b) Are all affiliates in	
		tempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		a list. (see instructions)
			H(c) Group exemption	
	art I	Summary	Year of formation: 2000	M State of legal domicile: TX
_	1	Briefly describe the organization's mission or most significant activities: MISSIONS	S AND ORPHAN E	TT.TT
Activities & Governance		SERVICES	J INVO ORI IIIM I	СВИТВГ
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	ssets
ove	3		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		5
es s	5	Total number of employees (Part V, line 2a)		11
ξ	6	Total number of volunteers (estimate if necessary)	6	400
cti	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	4,053,978.	4,612,240.
Revenue	9	Program service revenue (Part VIII, line 2g)	-1,658.	53,314.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,013. 4,602.	143.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,351.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,072,935.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,833,916.	3,031,776.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,918.	206 205
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,910.	396,285.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 130,304.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,168,743.	1,138,183.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,016,577.	4,566,244.
		Revenue less expenses. Subtract line 18 from line 12	-943,642.	103,804.
Ses			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	402,124.	536,978.
d Bs	21	Total liabilities (Part X, line 26)	30,953.	61,643.
		Net assets or fund balances. Subtract line 21 from line 20	371,171.	475,335.
Pa	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer lother than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled edge.	ge and belief, it is true, correct,
		Sulfalla	11/11	-10010
Sigi		Signature of officer	Data (1 2	7/2010
Her	е		Date	
		GREER A. KENDALL, PRESIDENT AND CEO Type or print name and title		
		Preparer's Date	Check if Prepare	er's identifying number
Paid		signature	self- (see ins	structions)
neo 🤻	arer's	Firm's name (or	employed EIN	
Use	Only	yours if self-employed),	LIN	
		address, and ZIP + 4	Phone no.	
Vlay	the IF	RS discuss this return with the preparer shown above? (see instructions)	1	Yes No.

Pa	Till Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: MISSIONS AND ORPHAN RELIEF SERVICES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 2,531,690. including grants of \$ 1,500,886.)(Revenue \$ 2,762,798.) TOOK 360 AMERICANS ON MISSION CAMPAIGN TO MINISTER TO ORPHANS IN ZAMBIA. SERVED 6,500 ORPHANS OVER 8 WEEKS.
4b	(Code:) (Expenses \$ 625,813. including grants of \$ 500,103.) (Revenue \$ 793,978.) CONTINUED ORPHAN RELIEF PROGRAM FOR OVER 2000 ORPHANS
4c	(Code:) (Expenses \$ 502,347. including grants of \$ 399,520.) (Revenue \$ 724,794.) CONTINUED CONSTRUCTION ON A 130 ACRE CHILDREN'S VILLAGE TO HOUSE OVER
	400 AIDS ORPHANS AND SERVE ANOTHER 10,000 EVERY YEAR. OPENED 4 HOMES HOUSING 64 CHILDREN.
	HOODING OF CHILDREN
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 629,564 • including grants of \$ 255,427 •) (Revenue \$ 371,122 •)
	Total program service expenses ►\$ 4,289,414.

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Part IV Checklist of Required Schedules

			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?								
	If "Yes," complete Schedule A	2	X						
2									
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to								
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,								
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х					
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide								
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V								
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable									
•	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,								
	Part VI.								
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.								
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.								
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in								
	Part X, line 16? If "Yes," complete Schedule D, Part IX.								
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
	Schedule D, Parts XI, XII, and XIII.	12		Х					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional								
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,								
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		٦,						
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١.,		v					
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16		X					
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,									
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I									
18	18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines								
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X					
19		10		Х					
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X					
20	Did the organization operate one of more hospitals: if Too, complete concedit IT								

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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009) FAMILY LEGACY MISSIONS INTERNATIONAL Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	<u>4a</u>		Х
b	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 Foreign Bank and			
_	Financial Accounts.	_		v
5a	, , , , , , , , , , , , , , , , , , , ,	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
C -	Tax Shelter Transaction?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
u	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

75-2897392

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body	'			
b	Enter the number of voting members that are independent	5]			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х	
6	Does the organization have members or stockholders?	6		Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	7a		Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:				
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Does the organization have a written conflict of interest policy? If "No," go to line 13					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	12b	X		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done	12c	Х		
13	Does the organization have a written whistleblower policy?	13		Х	
14	Does the organization have a written document retention and destruction policy?	14		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		X	
b	Other officers or key employees of the organization	15b		Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
<u> </u>	exempt status with respect to such arrangements?	16b			
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE				
17		f			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ior			
	public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request				
40	·	مط د : -	ne!e!		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ıncıal		
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:			
20	GREER KENDALL - 972-620-2020	ilion:			
	5005 WEST ROYAL LANE, SUITE 252, IRVING, TX 75063				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	(0)		Pos			I. A	Reportable	Reportable	Estimated amount of	
	hours per	_	neci	all	tnat	app	iy)	compensation from	compensation from related	other compensation	
	week	directo				-		the	organizations		
		stee or	nstee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		nal trus	onal tr		ployee	t comp ee		(W 2/ 1000 WIIOO)		and related	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
GREER KENDALL											
CHAIRMAN AND PRESIDENT	50.00	Х						18,332.	0.	0.	
SCOTT ELLIS	1 00								•	•	
BOARD MEMBER JOHN LEROHL	1.00	Х						0.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
WAYNE SPENCER	1.00							•	<u> </u>		
BOARD MEMBER	1.00	х						0.	0.	0.	
HAYS GLOVER											
BOARD MEMBER	1.00	Х						0.	0.	0.	
PAIGE BATEN-LOCKE	24 00	,,						45 620	0	0	
DIRECTOR, DONOR DEVELOPM CHAD STOLTZFUS	24.00	Х						45,639.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	

932007 02-04-10 Form **990** (2009)

Form 990 (2009)	FAMILY L	EGACY M	ISS	SIC	SMC	3 :	IN	re:	RNATIONAL	75-28	973	392	Pa	age 8
Part VII Section A	A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
Nam	e and title	Average hours	(0)		Pos		n :app		Reportable compensation	Reportable compensation			mate	
		per	H	lecr	laii	liiai	Т) (y) 	from	from related			ther	Л
		week	directo						the	organizations		comp		
			tee or	stee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MIS0	²⁾		m the nizati	
			al trus	onal tru		loyee	compe		(44-2/1099-141130)			•	relate	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatio	วทร
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	individuals (including but n							20 r	<u> </u>					<u> </u>
	rom the organization	ot iiiiiited to ti	1036	iiste	o a	DOV	C) WI	10 1	eceived more than \$100	,,000 in reportable				0
												'	Yes	No
3 Did the organiza	ation list any former officer,	director or tru	stee	, ke	y em	olqr	yee,	or h	nighest compensated er	mployee on				
<i>'</i>	" complete Schedule J for s											3		<u> </u>
-	al listed on line 1a, is the su anizations greater than \$150	-								-				Х
	listed on line 1a receive or a											4		
	? If "Yes," complete Sched											5		Х
Section B. Independ														
· -	able for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	tion fro	om	
the organization								_	(D)	<u> </u>		(0)		
(A) (B) Name and business address Description of services C							Co	(C) mpens		1				
-								1						
								-						
O Total m	indopondent eartisette "	noludia a la d	O+ 1'	m:4 ·	A 4 -	41	os "		d abaya) wha wa - him t	novo their				
	independent contractors (inpensation from the organia	-	III JOI	mte	u to		se II: 0	stec	a abovej wno received n	iore trian				
Ψ100,000 111 0011	nponsation nom the organia	Lation										orm Q	ΩΩ (σ	2000)

Pa	rt VII	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d 1d 1e 1ts, and ve 1f 4, and 1s 1a-1f: \$ 1,	612,240. 144,924.	4,612,240.			
Program Service (2 a b c d e f	All other program service reverse	CONF FEE	Business Code 813219 813219	41,564. 11,750.	41,564. 11,750.		
	3 4	Investment income (including other similar amounts) Income from investment of tax	dividends, inter	est, and oroceeds	53,314.	143.		
	5 6 a b c	5	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
enne/	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	g events (not					
Other Revenue	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac	a bdraising events		-7,678.	-7,678.		
	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a buing activities					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a bes of inventory	7,196.	12,029.	12,029.		
	11 a b c			Business Code				
		Total. Add lines 11a-11d Total revenue. See instructions.			4,670,048.	57.808.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	` ' ' '	not required to comple		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	18,523.	18,523.		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	•		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	2 012 252	3,013,253.		
	See Part IV, lines 15 and 16	3,013,253.	3,013,233.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	63,971.	28,205.	12,955.	22,811.
6	Compensation not included above, to disqualified	0373711	20/2031	12/3331	22,0110
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	297,274.	177,519.	64,714.	55,041.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	10,873.	6,491.	2,370.	2,012.
10	Payroll taxes	24,167.	14,428.	5,268.	4,471.
11	Fees for services (non-employees):				
а	Management				
	Legal	44,461.	41,220.	2,161.	1,080.
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
		56,686.	34,404.	1,814.	20,468.
12	Advertising and promotion	79,539.	51,679.	18,872.	8,988.
13 14	Office expenses Information technology	98,325.	92,371.	2,835.	3,119.
15	Royalties	3073231	3273720	270331	371130
16	Occupancy	53,996.	40,497.	10,799.	2,700.
17	Travel	722,147.	710,477.	6,143.	5,527.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,158.		6,158.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 600		1 600	
23	Insurance	1,688.		1,688.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	DONATION PROCESSING FEE	46,309.	37,511.	6,714.	2,084.
b			0.,0220	0,1220	
c					
d					
e					
f	All other expenses	28,874.	22,836.	4,035.	2,003.
25	Total functional expenses. Add lines 1 through 24f	4,566,244.	4,289,414.	146,526.	130,304.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet				Ţ.
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		283,491.	1	536,891.
	2	Savings and temporary cash investments	118,633.	2	87.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, t				
		employees, and highest compensated employees. Comp	lete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined u				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		402,124.	16	536,978.
	17	Accounts payable and accrued expenses	30,953.	17	61,643.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Part IV of			21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key employees,			
japi		highest compensated employees, and disqualified perso	ns. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa	ırties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		30,953.	26	61,643.
		Organizations that follow SFAS 117, check here	and complete			
es		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets			27	
Bai	28	Temporarily restricted net assets		28		
Б	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, check her	e ▶ 🔼 and 📗			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or		371,171.	32	475,335.
Z	33	Total net assets or fund balances		371,171.	33	475,335.
	34	Total liabilities and net assets/fund balances		402,124.	34	536,978.

Page	1	2
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Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

				LEGACY MISSI							-2897	334			
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.						
he	organ	ization is not a	a private foundation	because it is: (For lines 1	through ⁻	11, check	only one b	ox.)							
1	Ш	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)							
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)										
3		A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).							
4		A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(iii). Enter tl	ne hospital	's name,			
		city, and stat	e:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
		section 170(b)(1)(A)(iv). (Complete Part II.)													
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	X														
			b)(1)(A)(vi). (Comple				J								
8				ection 170(b)(1)(A)(vi). (Complete	Part II.)									
9				eives: (1) more than 33 1			rom contri	butions m	nembershir	o fees, an	nd aross rea	ceipts fro	om		
-				nctions - subject to certa											
				axable income (less sect											
			509(a)(2). (Complete	•		,			, 9			-,			
0				perated exclusively to test	st for publi	ic safety. S	See sectio	n 509(a)(4	1).						
11				perated exclusively for th						out the	purposes o	of one or			
				ations described in section											
				organization and comple				-,		.,,-,-					
		a Type I		7 -		e III - Func		tegrated		d 🗆	Type III - C	Other			
е		• •		• •			•	•	r more disc		• •				
_				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						d organiza	ations des	cribed in s	ection 509						
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	ed organiza at it is a Ty	ations des pe I, Type	cribed in s II, or Type	ection 509						
		If the organiz	ation received a writ rganization, check th	ten determination from t	he IRS tha	ed organiza at it is a Ty	ations des	cribed in s	ection 509 e III	(a)(1) or s					
f g		If the organiz supporting of Since August	ation received a writ rganization, check th t 17, 2006, has the o	ten determination from t nis box organization accepted an	he IRS tha	ed organiza at it is a Ty ontribution	ations des pe I, Type n from any	cribed in s II, or Type of the follo	ection 509 e III owing pers	(a)(1) or s		(a)(2). [No		
		If the organiz supporting of Since August (i) A person	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind	ten determination from t nis box organization accepted an irectly controls, either alo	he IRS that ny gift or co	ed organiza at it is a Ty ontribution ether with	ations descripe I, Type In from any I persons o	cribed in s II, or Type of the follo	ection 509 e III owing pers in (ii) and (i	(a)(1) or s sons? ii) below,	section 509	(a)(2). [No		
		If the organiz supporting of Since August (i) A persor the gove	ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the su	ten determination from tools box organization accepted an irectly controls, either also upported organization?	ny gift or co	ed organiza at it is a Ty ontribution ether with	ations descripe I, Type I, Type In from any I persons o	cribed in s II, or Type of the follo	ection 509 e III owing pers in (ii) and (i	i(a)(1) or s sons? ii) below,	section 509	(a)(2). [No		
		If the organiz supporting of Since August (i) A person the gove (ii) A family	ation received a writ rganization, check th t 17, 2006, has the on the who directly or ind erning body of the su member of a persor	ten determination from this box organization accepted and irectly controls, either all upported organization? or described in (i) above?	he IRS that ny gift or co	d organiza at it is a Ty ontribution ether with	pe I, Type n from any persons c	cribed in s	ection 509 e III owing pers in (ii) and (i	i(a)(1) or s sons? ii) below,	11g(i)	(a)(2). [No		
g		If the organiz supporting or Since August (i) A person the gove (ii) A family (iii) A 35% of	ation received a writ rganization, check th t 17, 2006, has the on who directly or ind erning body of the su member of a persor controlled entity of a	ten determination from this box organization accepted an irectly controls, either alupported organization? In described in (i) above? In person described in (i) organization.	ny gift or co	ed organizati it is a Ty ontribution ether with	pe I, Type n from any persons c	cribed in s	ection 509 e III owing pers in (ii) and (i	i(a)(1) or s sons? ii) below,	11g(i)	(a)(2). [No		
		If the organiz supporting or Since August (i) A person the gove (ii) A family (iii) A 35% of	ation received a writ rganization, check th t 17, 2006, has the on who directly or ind erning body of the su member of a persor controlled entity of a	ten determination from this box organization accepted and irectly controls, either all upported organization? or described in (i) above?	ny gift or co	ed organizati it is a Ty ontribution ether with	pe I, Type n from any persons c	cribed in s	ection 509 e III owing pers in (ii) and (i	i(a)(1) or s sons? ii) below,	11g(i)	(a)(2). [No		
g h		If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the fo	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alupported organization? In described in (i) above? In person described in (i) organization.	ny gift or coone or tog or (ii) above	ed organizati it is a Ty contribution ether with e? (s).	ations desipe I, Type n from any persons o	cribed in s	ection 509 e III owing pers in (ii) and (i	o(a)(1) or s	11g(i) 11g(ii) 11g(iii)	Yes N	No		
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g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the fo	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alsupported organization? In described in (i) above? person described in (i) cabout the supported organization (described on lines 1-9	ny gift or coone or tog or (ii) above ganization (iv) Is the o	ed organizate at it is a Ty ontribution ether with e? (s).	ations desipe I, Type In from any persons continue (v) Did you organizat	cribed in s II, or Type of the follodescribed	ection 509 e III owing pers in (ii) and (i	the n in col.ed in the	11g(i) 11g(ii) 11g(iii)	Yes N	No		
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g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the interest of the following the interest of the following the interest of t	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		
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g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the ion in col.	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		
g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the ion in col.	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		
g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the ion in col.	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		
g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the ion in col.	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		
g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the ion in col.	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		
g h	Name	If the organiz supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the for supported	ation received a writ rganization, check th t 17, 2006, has the on my who directly or ind erning body of the su member of a persor controlled entity of a following information	ten determination from this box organization accepted an irectly controls, either alcupported organization? n described in (i) above? person described in (i) cabout the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	ny gift or coone or tog or (ii) above ganization((iv) Is the of the coll. (i) Iis governing of	ed organization on tribution ether with er? (s).	real in the second of the seco	of the following the ion in col.	ection 509 e III owing pers in (ii) and (i (vi) Is organizatio (i) organiz U.S.	the n in col.ed in the?	11g(i) 11g(ii) (vii) Am	Yes N	No		

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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FAMILY LEGACY MISSIONS INTERNATIONAL 75-2897392 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3925834. 4612240.13925339. include any "unusual grants.") 696,931. 1606510. 3083824. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 696,931. 1606510. 3083824. 3925834. 4612240.13925339. 4 Total. Add lines 1 through 3 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, 1031992. column (f) 12893347. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 696,931 1606510 3083824 3925834. 4612240.13925339. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2.196. 15,741. 16,013. 143. 34,093. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 13959432. **12** Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.36 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -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 publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	1)(2) (Complete only	if you checked the b	oox on line 9 of Part I.
	ction A. Public Support				_	_	
Cale	endar 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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness 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						
	Total. Add lines 1 through 5						
18	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						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	-			•		
Sec	ction C. Computation of Publ						
15	Public support percentage for 2009 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage)			
17	Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2008 Schedule A	Part III, line 17			18	%
19a	33 1/3% support tests - 2009. If the	organization did				33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2008. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and

line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ______

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization	me of the organization								
FAMILY LEGACY	MISSIONS	INTERNAT	IONAL		75-289739	2			
			tside the United States. Compl	ete if the orgar					
to Form 990, P									
1 For grantmakers. Do	es the organizatior	n maintain record	ds to substantiate the amount of the g	rants or assista	ance, the				
grantees' eligibility for	the grants or assis	stance, and the	selection criteria used to award the gra	ants or assista	nce?X	Yes No			
2 For grantmakers. Des	scribe in Part IV th	e organization's	procedures for monitoring the use of o	grant funds ou	tside the United Sta	tes.			
3 Activities per Region.	(Use Schedule F-1	(Form 990) if ad	ditional space is needed.)						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for region			
Totals	0	0				0.			

		=	Outside the United States. Cooperations one recipient received more	-	ganization answered	d "Yes" to Form	990, Part IV, line 15, for	any
		onal space is needed.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AID AND RELIEF WORK FOR ORPHANS	1894533.	GRANT		SHOES, T-SHIRTS, SCHOOL SUPPLIES, SOCKS.	FMV
			recognized as charities by the n 501(c)(3) equivalency letter					
)		1 - 5 (5 200) 2000

Part III Grants and Other Assistand Use Schedule F-1 (Form 990)			ates. Complete i	f the organization answered "Yes"	to Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

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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.

Open To Public Inspection

Name of the organization **Employer identification number** FAMILY LEGACY MISSIONS INTERNATIONAL 75-2897392 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations X Internet and email solicitations □ Solicitation of government grants Special fundraising events Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No Yes 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name of individual tò (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No 3 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.

Schedule G (Form 990 or 990-EZ) 2009 FAMILY LEGACY MISSIONS INTERNATIONAL 75-2897392 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with	gross receipts greater th	•	,			,	
			(a) Event #1	(b) Event #2	(c) Other events		d) Total		
ne			(event type)	(event type)	(total number)		col.	(c))	
Revenue	1	Gross receipts							
	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
ses	5	Noncash prizes							
t Expenses	6	Rent/facility costs							
Direct	7	Food and beverages							
	8	***************************************							
	9	Other direct expenses			•	()
	11	Net income summary. Combine line 3, column	n (d), and line 10		>				
Pa	art	III Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than				
	_	\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(I-) Dull toba/instant		(-N T			/l -l
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal ga a) thro		
Be	1	Gross revenue							
	9	Cash prizes							
Expenses									
t Exp	3	Noncash prizes							
Direct I	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	column (d) and line 7						
		Net garning income summary. Combine line	i, column (a), and line r			-		Yes	No
		ter the state(s) in which the organization opera	_						
		the organization licensed to operate gaming ac	tivities in each of these	states?			9a		X
b	" fl ('No," explain:							
40-		e de la companiona della companiona della companiona della companiona della companiona dell					10-		X
		ere any of the organization's gaming licenses re 'Yes," explain:	evokea, suspended or te	erminated during the tax y	/ear /		10a		21
	_								77
	ls t	pes the organization operate gaming activities vences the organization a grantor, beneficiary or truste	e of a trust or a member	•	r entity formed to		11		X
	ad	minister charitable gaming?					12		X

Schedule G (Form 990 or 990-EZ) 2009 $$ ${ m FAI}$	MILY LEGACY	MISSIONS	INTERNATIO	ONAL	75-289	739	2 Pa	age 3
							Yes	No
13 Indicate the percentage of gaming activity	operated in:							
a The organization's facility				13a	%			
b An outside facility					%			
14 Enter the name and address of the persor					rds:			
Name ▶								
Address >								
15a Does the organization have a contract with	h a third party from wh	nom the organizatio	n receives gaming ı	revenue?		15a		
b If "Yes," enter the amount of gaming rever				and the amo	ount			
of gaming revenue retained by the third pa		·						
c If "Yes," enter name and address of the th	ird party:							
Name								
Address >								
16 Gaming manager information:								
Name								
Gaming manager compensation > \$								
Description of services provided								
Director/officer En	nployee	Independent co	ontractor					
17 Mandatory distributions:								
a Is the organization required under state la	w to make charitable o	distributions from th	ne gaming proceeds	s to				
retain the state gaming license?						17a		
b Enter the amount of distributions required								

Schedule G (Form 990 or 990-EZ) 2009

organization's own exempt activities during the tax year > \$

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2009

FAMILY LE	EGACY MISS	SIONS INTERN	NATIONAL				75-2897392
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	istance?						etion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990 Part	IV line 21 for any
recipient that received more than		-					
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
DUGENED GUODG FOR ORDUM GOULG							
BUCKNER SHOES FOR ORPHAN SOULS 5405 SHOE DRIVE						SHOES, BUBBLE	
MESQUITE, TX 75149			0.	18,523.	FMV	WRAP MACHINE	INTERNATIONAL MISSIONS
·				·			
2 Enter total number of section 501(c)(3) a	and government o	rganizations			1		<u> </u>
3 Enter total number of other organization		- gariizations					········ 5 <u> </u>

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Complete this part to p	orovide the informatio	n required in Part I	. line 2. and anv other	additional information.	
			, <u> </u>		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Types of Property

FAMILY LEGACY MISSIONS INTERNATIONAL

Employer identification number 75-2897392

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1ç	(d Method of d reven	eterminir	ng	
4	Art Marko of ort							
1 2	Art - Works of art							
_	Art - Historical treasures							
3	Art - Fractional interests							
4 5	Books and publications	X		1,144,924.	FMV			
6	Cars and other vehicles	- 21		1,111,021,	1114			
7								
8	Boats and planes							
9	Intellectual property Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Closely field stock Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other (
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	contributions	•			
	for which the organization completed Form 82	83, Part IV, [Donee Acknowled	gment 29				
						,	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	oorted in Part I, lines 1-28 t	nat it must hold for			
	at least three years from the date of the initial	contribution,	and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contri	butions?	31		_X_
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	h			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in o	olumn (c) for	a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Privacy Act and Paperwork Reduction	Act Notice	, see the Instruct	ions for Form 990.	Schedule l	M (Form	990)	2009