Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year

2009

Department of the Treasury Internal Revenue Service

may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

OMB No 1545-1150

Α	For the	2009 calen	dar	year, or tax year beginning , 2009, and ending			,
В	_ Check if a			C	D Er	nployer	identification number
	Address c	hange use	ise IRS	MINISTERIO CATOLICO VOZ DE CRISTO	9	5-48	349319
	Name cha	inge labe	l or t or	PO BOX 1242	Ете	lephone	number
=	Initial retu	rn type See	∍.	SUN VALLEY, CA 91353	l a	18-4	125-3212
=	Termination	on Spe	cific				
H	Amended	tion				roup E umber	emption
	Application						
_	• 5	ection 501(must	c)(3 atta	organizations and 4947(a)(1) nonexempt charitable trusts of Accounting the Accompleted Schedule A (Form 990 or 990-EZ).	ecify) 🟲		
!		e: ► <u>N/A</u>			to attacl	n Sche	ganization is not edule B (Form 990,
J		npt status (ch		my one) == [22] 301(c) (3) = (msert no) [4947(a)(1) or [327]			
к _		A Form 99	0-EZ	anization is not a section 509(a)(3) supporting organization and its gross receipt or Form 990 return is not required, but if the organization chooses to file a return, be	s are no sure to fil	rmally e a co	not more than mplete return
L	ınstead	of Form 99	0-E			► \$	157,846.
Р	art I	Revenu	ıe,	Expenses, and Changes in Net Assets or Fund Balances (See the	e instr	uctio	ns for Part I.)
	1 C	ontributions	s, gr	ts, grants, and similar amounts received		1	157,846.
	2 P	rogram serv	vice	revenue including government fees and contracts.		2	
	3 M	lembership	due	s and assessments.		3	
<u>?</u>	4 In	nvestment ir	ncor	ne		4	
\preceq	5a G	iross amour	nt fro	om sale of assets other than inventory 5a			
ര	b Le	ess. cost or	oth	er basis and sales expenses 5b			
7	C Ga	ain or (loss) fr	om s	ale of assets other than inventory (Subtract in 5b from in 5a)		5 c	
MAK Z	6 Sp	pecial events a	nd ac	trivities (complete applicable parts of Schedule G). If any amount is from gaming, check here.	>		
₹ ĭ	a G	iross revenu	je (r	not including \$ of contributions			
_ E	! re	eported on I	ine	1) <u> </u>			
SCAINNED MAK 2	b Le	ess: direct e	expe	enses other than fundraising expenses. 6b]	
2	c Ne	et income or (l	oss)	from special events and activities (Subtract line 6b from line 6a)	•	6c	
Z	7a G	iross sales o	of in	ventory, less returns and allowances 7a			
	b Le	ess cost of	god	ds sold 7b			
Ĭ	c G	iross profit d	or (I	oss) from sales of inventory (Subtract line 7b from line 7a)		7с	
	18 0	TECHED HIC	desc	be ►)	8	
	\9 T	otal revenu	e. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9	157,846.
_				ar amounts paid (attach schedule).	-	10	
_	1 15.50			pr for members		11	
E X P	12 ≶s			mpensation, and employee benefits		12	
P	13 NP	rofe ss onal	HE	and other payments to independent contractors		13	2,000.
E N S	1400	cupancy.		utilities, and maintenance		14	
S E S	1514P	rintin pub	liga	ions, postage, and shipping		15	4,810.
3	16000	ther expenses	desc	ripe ► See Statement 1)	16	144,394.
				Add lines 10 through 16	<u> </u>	17	151,204.
				for the year (Subtract line 17 from line 9)		18	6,642.
	A	•		nd balances at beginning of year (from line 27, column (A)) (must agree with end	of woor	<u> </u>	
N E	S 13 14	gure reporte	ed o	n prior year's return) .	i-oi-year	19	2,099.
Т				net assets or fund balances (attach explanation)		20	
	SI	•		d balances at end of year. Combine lines 18 through 20	>	21	8,741.
P	art II			heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form	990 insti		
ت		. = =====		(See the instructions for Part II) (A) Beginn			(B) End of year
2	2 Cash.	, savings, a	nd #		2,099		8,741.
		and building			_, _,	23	<u> </u>
		assets (de	~	pe ▶		24	
		assets	J-11		2,099		8,741.
		liabilities (desc	cribe >	0	_	0,711.
_				alances (line 27 of column (B) must agree with line 21)	2,099		8,741.
_							

Par				ons.)	J շ	Expenses
What	is the organization's primary exempt purpose? EV	ANGALIZING OVER 30	,000 HOMES		(Reg 501€	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers)
Desc	cribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses in a clear and co	ncise manner,	orga	nizations and section
prog	ram title	persons benefited, or other	relevant information for	eacn	for o	thers)
	EVANGALIZING OVER 30,000	HOMES. WE COLLECTE	ED FUNDS TO SUP	PORT		<u> </u>
	MISSION FROM PUBLIC TV VI				1	
			<u></u>			
	(Grants \$) If th	is amount includes foreign gi	rants shock hara		√ 28a	151,203.
29	(Ciralis V) II II	ils arrivant includes foreign gi	iants, check here		1 200	131,203.
29						
					굨	
	(Grants \$) If th	iis amount includes foreign gi	rants, check here		29 a	
30						
				_ 	. 🚽	
			-		┩	
		is amount includes foreign gi	rants, check here	<u> </u>	_ 30 a	
31	Other program services (attach schedule	•		. □	٦ 👡	
20		is amount includes foreign gi	rants, check here		31 a	151 000
	Total program service expenses (add II		-1	· · · · · · · · · · · · · · · · · · ·	▶ 32	151,203.
Par	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit p	ns to lans and	(e) Expense account and other allowances
	(a) riamo and address	to position	liot para, criter 5 ty	deferred comper	sation	and other anowarices
RIC	CARDO AREVALO	President	0.		0.	0.
111	106 LEADWELL ST	o				
SUN	VALLEY, CA 91352					
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Form 990-EZ (2009) MINISTERIO CATOLICO VOZ DE CRISTO

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of social activity. 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes and increases and continues to the organization but increase from the protein depth the toxen or for \$90.1. 35 If the organization but increase from biasess solvites, such as those reported in Ires 2.6. and 3 (among others), but not reported in Irem 99.1, attach a statement episioning with the organization of the protein organization of the organization of the statement of the organization of the statement of the organization of the organiza	Fai	Other information (Note the statement requirements in the insus for rare v.)		Yes	No
3 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 35 If the organization bad income from bisiness activates, such as flower seporting, and prays lax requirements? a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and prays lax requirements? bit "Yes," has it field a tax return on Form 990-T for this year? 55 Did the organization because a levidation, despetition, or significant disposition of net assets during the 27 Price amount of political expenditures, street or indirect, as described in the instructions. 56 Did the organization become from, or make any loans for, any officer, director, fursion, or the entire the instructions. 57 Price amount of political expenditures, street or indirect, as described in the instructions. 58 Did the organization between them, or make any loans for, any officer, director, fursion, or the entire the control of the period covered by this return? 58 Did the organization file Form 1120-POL for this year? 59 Did the organization between them, or make any loans for, any officer, director, fursion, and the control of the entire the instructions. 50 Did the organization file Form 1120-POL for this year? 50 Did the organization file Form 1120-POL for this year? 50 Did the organization file Form 1120-POL for this year? 51 Did the organization between them, or make any loans for, any officer, director, fursion, or where the prepared on a file and of the end of the period covered by this return? 51 Did the organization file Form 1120-POL for this year. 52 Did the organization during the year or is it aware that I engaged in an excess benefit transaction during the year or is it aware that I engaged in an excess benefit transaction with a disqualitied person in a prory year, and that the transaction has not been re	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
35 If the erganization had income from bissiness activates, such as those reported on lines 2, \$a, and 7a (aming others), but not reported on From 99-1, stitlos à statemat epidemia why the organization do flot report the income or From 99-1. 36 Did the organization undergo a liquidation, dissolution, formination, for significant disposition of net assets during the year? If 176-5, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in any proyeer and still outstanding at the end of the period covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in any proyeer and still outstanding at the end of the period covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such classes made any such class made and the strength of the period covered by this return? 39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under a intiation fees and capital confributions included on line 9 39 Locas receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 — 0 section 4915 has provided to the organization of the organization and prior year, and that the fransaction has not been reported on any of the organizations and such as a provided to the organization and prior year, and that the fransaction has not been reported on any of the organization and prior forms 900 or 990-EZ? If Yes, complete Form 806-1. 40 List the state		each activity.			X
abilith to report the reginarization and interpret the income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and prizely tax requirements? bit Yes, has at titled a tax return on Form 990-f for this year? 35 bit Yes, has at titled a tax return on Form 990-f for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Stredule R in a year of the companization of political expenditures, direct or indirect, as described in the instructions. 37 a			34		^
reporting, and proxy tex requirements? bit 1'Yes, is all filed a tax return on Form 990-T for this year? 58 Did the organization undergo a faculation, desolution, termination, or significant disposition of net assets during the year? If 1'Yes, complete aprilicable parts of Schedule N 58 all of the organization undergo a faculation, desolution, termination, or significant disposition of net assets during the year? If 1'Yes, complete soft policiable parts of Schedule N 58 all of the organization the Form 1120-POL for this year? 59 a Did the organization the Form 1120-POL for this year? 59 a Did the organization the Form 1120-POL for this year? 59 a Did the organization the Form 1120-POL for this year? 59 a Did the organization the Form 1120-POL for this year? 59 a Did the organization the Form 1120-POL for this year? 50 a Did the organization the Form 1120-POL for this year? 50 a Did the organization the Form 1120-POL for this year? 50 a Did the organization the Form 1120-POL for this year? 50 a Did the organization the Form 1120-POL for this year? 50 a Did the organization the Form 1120-POL for this year? 51 b Did the organization the Form 1120-POL for this year? 52 a Did the organization the Form 1120-POL for this year? 53 b Did the organization for the Form 120-POL for this year? 53 b Did the organization form 120-POL for this year? 54 b Section 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 4991 by the organization form 120-POL form 12	33	attach a statement explaining why the organization did not report the income on Form 990-T.			
bit "Yes," has it filed a tax return on Form 990-T for this year? 35 Did the organization undergo a faculation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a	ā	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice	25-		v
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 2014. 37a Efficial amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. 37b Did the organization for form 1120-PDL for this year? 38a Did the organization from from, or make any loans to, any officer, director, trustee, or key employee or were any such floars made in a prior year and still outstanding at the end of the period covered by this return? 38b Did the organization from from, or make any loans to, any officer, director, trustee, or key employee or were any such floars made in a prior year and still outstanding at the end of the period covered by this return? 38b Difference of the period covered by this return? 38b N/A 39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4915 ▶ 0., section 4911 ▶ 0., section 4912 ▶ 0., section 4915 ▶ 0., section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excress benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If 200, organizations has not been reported on any of the organization prior 990-EZ? If 200, organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior 990-EZ? If 200, organizations are prior or security and solicity of the prior sections 4912, 4955, and 4958 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax monoted organization managers of disqualified person in a prior year. Any time during the tax year, was the organization approach organization with a disqualified person in a prior year. Any time during					X
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39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \rightarrow 0., section 4912 \rightarrow 0., section 4915 \rightarrow 0. Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has to been reported on any of the organizations prior Forms 990 or 990-E2? If Yes, complete Schedule I, Part I C Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the companization of the very section 4912, 4955, and 4958 O . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the very section 4912, 4955, and 4958 O . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the very section 4912, 4955, and 4958 O . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the very section 4912, 4955, and 4958 O . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the very section 4912 (4) organization organization aparty to a prohibited tax sheller transaction? If Yes, complete form 886-1 List the states with which a copy of this return is filed > Notice All erganizations At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial acc	ı	olf 'Yes,' complete Schedule L, Part II and enter the total			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 * 0., section 4912 * 0., section 4955 * 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 lif Yes, complete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations e At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8866-1 10 e	39		4		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4910 \(\) 0., section 4912 \(\) 0., section 4915 \(\) 0. b Section 501(c)(3) and 501(c)(4) organizations but the organization and improve year, and that the transaction have the transaction are section 4912 and that the transaction have the transaction are sections 4912 and 4958 \(\) 0. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualished persons during the year under sections 4912, 4955, and 4958 \(\) 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the lax year, was the organization a party to a prohibited tax sheller transaction? If theys, complete Form 886-1 and 495 \(\) 0. 142a The organization's books are in care of \(\) ERENDIRA SANCHEZ, CPA 154 Telephone no. \(\) 818 -618 -6205 155 Located at \(\) 5933 SATSUMA AVE, CA 165 Telephone no. \(\) 818 -618 -6205 176 Telephone no. \(\) 818 -618 -6205 177 Telephone no. \(\) 818 -618 -6205 178 Telephone no. \(\) 818 -618 -6205 179 Telephone no. \(\) 818 -618 -6205 179 Telephone no. \(\) 818 -618 -6205 189 Telephone no. \(\)		Initiation fees and capital contributions included on line 9	⊣		
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b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2' if Yes, complete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes,' complete Form 8866.T 1 List the states with which a copy of this return is filed > None 142 a The organization's books are in care of > ERENDIRA_SANCHEZ, CPA	40 :				
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheler transaction? If Yes, complete Form 886-T List the states with which a copy of this return is filed. None 12 Telephone no. 818-618-6205 Date and a Feen organization 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? 17 Yes, enter the name of the foreign country. 28 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ. 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes, Form 990-EZ.					
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	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	AE		v
	BAA)-EZ (2009

	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt char 1.				ì
	<u>'</u>				Stateme	Yes	
46 [Old the organization engage in direct or indire or public office? If 'Yes,' complete Schedule	ct political campaign ac C, Part I	tivities on behalf	of or in opposition to cand	didates 46	res	Х
	Did the organization engage in lobbying activi	·			47	 	X
48	s the organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete	Schedule E	48	 	X
49 a [Old the organization make any transfers to an	exempt non-charitable	related organiza	tion?	49	a	X
ЬI	f 'Yes,' was the related organization a section	n 527 organization?			49	b	<u> </u>
50 (Complete this table for the organization's five employees) who each received more than \$10	highest compensated e 00,000 of compensation	mployees (other from the organiz	than officers, directors, truention of there is none, ent	ustees and ke er 'None '	y	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		yee (e)	Expense ount and allowance	es
None	<u></u>						
			· ·				
4 7	Total number of other employees paid over \$	100,000					
51 (Complete this table for the organization's five compensation from the organization. If there (a) Name and address of each independent continuous	s none, enter 'None '	ndependent contr	ractors who each received (b) Type of service		00,000	
None	· · · · · · · · · · · · · · · · · · ·	ractor paid more train \$100,000		(b) Type of service	(0) 00	препзак	
110110							
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d 7	otal number of other independent contractor	s each receiving over \$1	100 000	>			
	oral manuscript of other mappenderic contractor	s caon receiving ever w	. 00,000				
	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (nined this return, including according than officer) is based on a	mpanying schedules ar all information of which	preparer has any knowledge		belief, it i	ıs
Sign				2.27	- 2010		
Here	Signature of officer	eralo	\mathcal{Q}_{i}	Date			
		EVAIU	Pre sic	len T			
	Type or print name and title	2		·	r		
Paid	Preparer's	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Date	Check if	Preparer's Ider (See instruction	tifying Ni is)	ımber
Pre-	signature Erendira Sanche		2.2	7.2010 self-employed	N/A		
parer	's Firm's name (or SANCHEZ ACCOUNT yours if self-						
	employed), ► 5933 SATSUMA AV	F		ا است	N/A		
Use	addrocc and			EIN			
Use Only	address, and ZIP + 4 NORTH HOLLYWOOD					-6205	5
Only	addrocc and	, CA 91601-1447					No No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

MIN	ISI	ERIO CATOLIO	CO VOZ DE CRIS	TO					95-48	349319)		
Par	t I	Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See II	<u>nstructi</u>	ons		
The c	orgar	nization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)		•			
1	X	A church, conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)	•				
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)								
3		A hospital or coope	erative hospital servic	e organization described	ın secti	on 170(l	ΙΧ1χΑχ	iii).					
4		A medical research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A)(iii) En	iter the hos	pital's	ò
		name, city, and sta											
5		An organization op 170(b)(1)(A)(iv). (0	perated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	unit des	scribed in s	ectio	n
6 7	П	An organization the	at normally receives a	governmental unit descri substantial part of its su					t or from	n the ger	neral public	desc	rıbed
	\vdash	ın section 170(b)(1	(Complete P	art II.)		-				_	•		
8				170(b)(1)(A)(vi). (Comple									
9		from activities relate investment income	ed to its exempt function	more than 33-1/3 % of its s is – subject to certain excess iss taxable income (less complete Part III)	eptions, a	and (2) n	no more t	han 33-	1/3 % of	its suppo	ort from aro	SS	ıfter
10		An organization or	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).				
11		more publicly supp describes the type	orted organizations of of supporting organi	exclusively for the benef described in section 509(a zation and complete lines	fit of, to a)(1) or s 11e thi	perform section rough 11	i the fun 509(a)(2 I h	ctions o 2). See	of, or car section	rry out th 509(a)(3	ne purpose). Check ti	s of or he box	ne or that
	_	a Type I	b Type !I	c 💹 Type III	l — Fund	ctionally	ıntegrat	ed		d 📘	Type III-	Other	•
е	_	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led directupportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f		If the organization check this box	received a written def	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since August 17, 2	2006, has the organiza	ition accepted any gift of	r contrib	oution fro	om any	of the fo	ollowing	persons	?		•
		(i) a person who	directly or indirectly	controls, either alone or upported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 - 6	Yes	No_
		-	nber of a person desc								11 g (i) 11 g (ii)		
		• •	•	n described in (i) or (ii) al	hovo?						11g (iii)		
h		• •	•	the supported organization							119(11)		
			(ii) EIN			la 15a	60 04		6.5.1		4-10 4	C	
	(1)	Name of Supported Organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	(v) Did y the organ col (your su	ızatıon in	(vi) I organizati (i) organiz U S		(vii) Amour	it of Sup	iport
			ļ		Yes	No	Yes	No	Yes	No			
						ļ							
							-						
					 	 							
otal													

Par	t II Support Schedule for				(b)(1)(A)(iv) an	d 170(b)(1)(A)((vi)
Sec	 (Complete only if you check tion A. Public Support 	ed the box on line	e 5, 7, or 8 of Pa	(t)	<u></u>			
Cale	ndar year (or fiscal year nning in) ▷	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')					<u>.</u> .		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
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, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support	ı			<u> </u>			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4						-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	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							
12	Gross receipts from related activ	vities, etc. (see in:	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3)
	tion C. Computation of Pu							
	Public support percentage for 20	· · · · · · · · · · · · · · · · · · ·		ne 11, column (f)			14	%_
15	Public support percentage from	2008 Schedule A,	Part II, line 14				15	%_
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the boolicly supported o	ox on line 13, and organization.	d the line 14 is 33	-1/3 % or m	ore, c	heck this box ►
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	3-1/3% or n	nore, c	theck this box
17 a	or nore, and if the organization the organization meets the 'facts	meets the facts-a	and-circumstance	is' test, check this	box and stop he	re. Exnlain i	n Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organ	s' test, check this ization qualifies a	box and stop he s a publicly suppo	re. Explain i orted organia	n Part zation	IV how the ▶
	Private foundation. If the organi	zation did not che	eck a box on line	, 13, 16a, 16b, 17				
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ) 2009

| Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total (c) 2007 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) **Section B. Total Support** Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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.) 13 Total support. (add ins 9, 10c, 11, and 12) 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 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A. Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 99	0-EZ) 2009	MINISTERIO	CATOLICO	VOZ DE	CRISTO	95-4849319 required by Part II, line formation. See instruct	Page 4
Part IV	Supplementa	I Informat	ion. Complete	this part to	provide th	ne explanations r	required by Part II, line	10;
	Part II, line 1	7a or 17b;	and Part III, Iir	ne 12. Provi	de any ot	her additional in	formation. See instruct	ions.
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2009	Federal Statements		Page 1
Client 200A	MINISTERIO CATOLICO VOZ DE CRISTO		95-4849319
2/27/10 Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses BANK CHARGES		\$	01 17PM 1,148.
Conferences, Conventions DONATION TO CHURCH MEMEB RETURNED CHECKS TELEPHONE TELEVISION MASS AIR TIME TV CAMERA SUPPLIES	ERS	Total <u>\$</u>	3,700. 449. 2,837. 132,500. 3,260.

Statement 2 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No