

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)

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

2006

Open to Public
Inspection

A For the 2006 calendar year, or tax year beginning

, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MISSION LAZARUS INCORPORATED

Number and street (or P.O. box if mail is not delivered to street address)

47 W. IRVING PARK ROAD

City or town

State or country

ZIP + 4

ROSELLE

IL

60172

D Employer identification number

75-3151070

E Telephone number

630-886-3526

F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶

J Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

938,693

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a		0	
	b	Direct public support (not included on line 1a)	1b	933,929		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	0		
	e	Total (add lines 1a through 1d) (cash \$ 933,929 noncash \$ 0)	1e	933,929		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe ▶)	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	0	
	b	Less: cost or other basis and sales expenses	8b	0		
	c	Gain or (loss) (attach schedule)	8c	0		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11	4,76		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	938,69		
	Expenses	13	Program services (from line 44, column (B))	13	361,95	
		14	Management and general (from line 44, column (C))	14	79,82	
		15	Fundraising (from line 44, column (D))	15		
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 16 and 44, column (A)	17	441,78		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	496,91		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	268,64		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	765,56		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 0	0	0	0
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 84,816	67,006	17,810	
27 Pension plan contributions not included on lines 25a, b, and c	27 0			
28 Employee benefits not included on lines 25a - 27	28 0			
29 Payroll taxes	29 0			
30 Professional fundraising fees	30 0			
31 Accounting fees	31 0			
32 Legal fees	32 2,593	1,220	1,373	
33 Supplies	33 20,452	20,114	338	
34 Telephone	34 423	275	148	
35 Postage and shipping	35 0			
36 Occupancy	36 6,297	5,174	1,123	
37 Equipment rental and maintenance	37 27,859	23,581	4,278	
38 Printing and publications	38 0			
39 Travel	39 7,010	6,352	658	
40 Conferences, conventions, and meetings	40 0			
41 Interest	41 0			
42 Depreciation, depletion, etc. (attach schedule)	42 14,405	7,202	7,203	0
43 Other expenses not covered above (itemize):				
a See attached statement	43a 277,925	231,032	46,893	0
b	43b 0	0	0	0
c	43c 0	0	0	0
d	43d 0	0	0	0
e	43e 0	0	0	0
f	43f 0	0	0	0
g	43g 0	0	0	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 441,780	361,956	79,824	0

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

What is the organization's primary exempt purpose? ► SEE BELOW	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a What is the organization's primary exempt purpose? TO PROVIDE HUMANITARIAN AID AND DEVELOPMENT FUNDING FOR PERSONS IN THE DEVELOPING COUNTRIES OF LATIN AMERICA, IN PARTICULAR HONDURAS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b SEE ATTACHED '2006 HIGHLIGHTS / ACCOMPLISHMENT'S' IN ADDITION TO ON-GOING OPERATING EXPENSES, THE ORGANIZATION SPENT \$236,664 ON LAND IN LAS PALMAS AND A FARM IN SAN LAZARO, \$34,734 ON THE LAS PALMAS REFUGE, \$21,117 FOR A HACIENDA BARN, \$22,346 FOR CATTLE, HORSES, PIGS & CHICKENS, \$1,493 ON FURNITURE & MACHINERY, AND \$36,125 ON SIX VEHICLES. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	361,956
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	361,956

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	55,438	45	139,688
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c 0	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
55 a Investments—land, buildings, and equipment: basis	55a 0			
b Less: accumulated depreciation (attach schedule)	55b 0	55c 0	0	
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 644,684			
b Less: accumulated depreciation (attach schedule)	57b 18,810	287,801	57c 625,874	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	343,239	59	765,562	
Liabilities	60 Accounts payable and accrued expenses	74,590	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
66 Total liabilities. Add lines 60 through 65	74,590	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	268,649	72	765,562
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	268,649	73	765,562	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	343,239	74	765,562	

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

a	Total revenue, gains, and other support per audited financial statements		a	938,693
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	938,693
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	938,693

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

a	Total expenses and losses per audited financial statements		a	441,780
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	441,780
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	441,780

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

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name JARROD BROWN	Str	Title PRESIDENT			
City CHOLUTECA	ST HONDURAS	Hr/WK 40+	0		ACTUAL GAS & VEHICLE MAINT.
Name MIKE HARPER	Str 1743 RICHBOURG PARK DR	Title TREASURER			
City BRENTWOOD	ST TN ZIP 37027	Hr/WK 1	0	0	0
Name EMILY GRAY	Str 207 S PROSPECT ST	Title SECRETARY			
City WHEATON	ST IL ZIP 60187	Hr/WK 1	0	0	0
Name JOE COTTRELL	Str 701 PRINCETON HILLS DR	Title BOARD MEMBER			
City BRENTWOOD	ST TN ZIP 37027	Hr/WK 1	0	0	0
Name BILL BROWN	Str 12 DANBURY HILL	Title BOARD MEMBER			
City SHARPSBURG	ST GA ZIP 30277	Hr/WK 1	0	0	0
Name MIKE HAYES	Str 1920 OLD HILLSBORO RD	Title BOARD MEMBER			
City FRANKLIN	ST TN ZIP 37064	Hr/WK 1	0	0	0
Name N/A	Str	Title			
City	ST ZIP	Hr/WK			
Name N/A	Str	Title			
City	ST ZIP	Hr/WK			
Name N/A	Str	Title			
City	ST ZIP	Hr/WK			
Name N/A	Str	Title			
City	ST ZIP	Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 6		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <input type="text"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
91 a	The books are in care of <input type="text" value="Name JOHN WILLIAM 'BILL' BROWN"/> Telephone no. <input type="text" value="770-463-2714"/> Located at <input type="text" value="12 DANBURY HILL"/> City <input type="text" value="SHARPSBURG"/> ST <input type="text" value="GA"/> ZIP + 4 <input type="text" value="30277"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
	91b		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country Honduras92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a SALE OF VEHICLE		0	05	4,764	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		4,764	0
105 Total (add line 104, columns (B), (D), and (E))					4,764

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

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

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

▼	N/A

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Part XI

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's SSN or PTIN (See Gen. Inst. X)	
	McCURDY, STEWART & SOUTHWARD, P.C.		EIN	75-2301069
	425 CYPRESS STREET, ABILENE, TX 79601		Phone no.	325-677-1231

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2006

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

Name of the organization

MISSION LAZARUS INCORPORATED

Employer identification number

75-3151070

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	273,181	N/A	N/A	N/A	273,181
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	273,181	0	0	0	273,181
24 Line 23 minus line 17	273,181	0	0	0	273,181
25 Enter 1% of line 23	2,732	0	0	0	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 5,464
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 110,380
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 273,181
d Add: Amounts from column (e) for lines:	18	19			26d 110,380
	22	26b	110,380		26e 162,801
e Public support (line 26c minus line 26d total)					26f 59.59%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines:	15	16			27c 0
	17	20	21		27d 0
d Add: Line 27a total					27e 0
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2006

Name of organization

MISSION LAZARUS INCORPORATED

Employer identification number

75-3151070

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

MISSION LAZARUS INCORPORATED

Employer identification number

75-3151070

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>ARCHWAY PEOPERTIES</u> <u>3721 BRIARPARKD DR, STE 155</u> <u>HOUSTON TX 77042</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>27,600</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>BERRY'S CHAPEL CHURCH OF CHRIST</u> <u>1777 BERRY'S CHAPEL RD</u> <u>FRANKLIN TN 37069</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>64,577</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>CHRISTIAN RELIEF FUND</u> <u>PO BOX 19670</u> <u>AMARILLO TX 79114</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>50,069</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>ESPERANZA MINISTERIES</u> <u>6315-B FM 1488 #117</u> <u>MAGNOLIA TX 77354</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>146,120</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>JANE ESTES TINDOL</u> <u>902 N 18TH STREET</u> <u>ABILENE TX 79601</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>63,300</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>MIKE HARPER</u> <u>1743 RICHBOURG PARK DR</u> <u>BRENTWOOD TN 37027</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>90,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

MISSION LAZARUS INCORPORATED

Employer identification number

75-3151070

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	<u>SERVICE DECORATING COMPANY</u> <u>47 W IRVING PARK RD</u> <u>ROSELLE</u> <u>IL</u> <u>60172</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>42,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>SHINE MISSIONS</u> <u>1777 BERRY'S CHAPEL RD</u> <u>FRANKLIN</u> <u>TN</u> <u>37069</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>49,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	<u>SOUTHEASTERN CHURCH OF CHRIST</u> <u>6500 SOUTHEASTERN AVENUE</u> <u>INDIANAPOLIS</u> <u>IN</u> <u>46203</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>28,574</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	<u>T.M. ENTERPRISES</u> <u>4502 LaSCASSAS HWY</u> <u>MURFREESBORO</u> <u>TN</u> <u>37130</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>25,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	<u>THOMAS & JENNIFER HOPKINS</u> <u>1111 FARMHOUSE RD</u> <u>LaSCASSAS</u> <u>TN</u> <u>37085</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	<u>WEST HOUSTON CHURCH OF CHRIST</u> <u>17100 WEST RD</u> <u>HOUSTON</u> <u>TX</u> <u>77095</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>27,585</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

12/31/06

2006 FEDERAL SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT MISSION

MISSION LAZARUS INC.

8/08/07

01:01PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
SCHEDULE A (2%)										
1	A1 - CHILDREN HOME & BLDG	1/01/05		40,000			984	S/L MM	39	1,026
2	2006 FORD 250, 4X4 EX-CAB	1/01/05		35,670			3,260	200DB HY	5	5,200
3	CHILD DEVELOPMENT CENTER	1/01/05		6,536			161	S/L MM	39	168
4	B1 - LAS PALMAS LAND	1/01/05		210,000						0
5	A2 - MISS LAZARUS REFUGE	7/01/06		34,734				S/L MM	39	409
6	MIS LAZARUS HACIENDA BARN	7/01/06		21,117				S/L HY	7	1,508
7	HENS	7/01/06		352				S/L HY	5	35
8	PIGS	7/01/06		2,836				S/L HY	3	473
9	HORSES	7/01/06		1,748				S/L HY	7	125
10	CATTLE	7/01/06		17,409				S/L HY	5	1,741
11	FURNITURE	7/01/06		516				S/L HY	7	37
12	MACHINERY	7/01/06		977				S/L HY	7	70
13	'81 TOYOTA LANDCRUISER PU	7/01/06		4,235				S/L HY	5	424
14	'95 TOYOTA HIACE PASS VAN	7/01/06		10,852				S/L HY	5	1,085
15	'86 TOYOTA HILUX	7/01/06		7,411				S/L HY	5	741
16	'86 TOYOTA LANDCRUISER	7/01/06		3,547				S/L HY	5	355
17	'88 NISSAN PICKUP	7/01/06		4,764				S/L HY	5	476
18	'89 TOYOTA LANDCRUISER	7/01/06		5,315				S/L HY	5	532
19	B2 - MIS LAZ REFUGE ANNEX	7/01/06		183,650						0
20	SAN LAZARO FARM LAND	7/01/06		53,015						0
TOTAL				644,684		0	4,405			14,405
TOTAL DEPRECIATION				644,684		0	4,405			14,405
GRAND TOTAL DEPRECIATION				644,684		0	4,405			14,405

Line 43 (990) - Other Deductions

277,925

231,032

46,893

0

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Description					
1	ADMINISTRATIVE EXPENSES	48,945	17,072	31,873	
2	BANK FEES	1,706		1,706	
3	BENEVOLENCE MINISTRY EXPENSES	15,923	15,923		
4	FORKLIFT EXPENSES	127	95	32	
5	FUEL	15,604	11,815	3,789	
6	INSURANCE	893	447	446	
7	MAINTENANCE - BUILDINGS	11,265	8,396	2,869	
8	MAINTENANCE - RANCH	727	364	363	
9	DIDACTIC MATERIALS	4,379	4,199	180	
10	MISCELLANEOUS	10,844	8,991	1,853	
11	OFFICE SUPPLIES	188	47	141	
12	PROVISIONS	68,251	67,301	950	
13	SECURITY	209	52	157	
14	UTILITIES	10,028	7,890	2,138	
15	VEHICLE PAPERWORK	792	396	396	
16	INTERSHIP PROGRAM - LIVING EXPENSES	5,409	5,409		
17	MAINTENANCE - MACHINER & EQUIPMENT	190	190		
18	MEDICINE & PATIENT TREATMENT	26,044	26,044		
19	SCHOLARSHIPS	5,645	5,645		
20	SPECIAL ACTIVITIES	298	298		
21	SUPPORT OF LOCAL CHURCHES	37,960	37,960		
22	TAXES	2	2		
23	TRANSPORT EXPENSES	12,496	12,496		

Line 57 (990) - Land, Buildings, and Equipment

Land (net of any amortization)				Land (net of any amortization)			
				Beginning		End	
1	LAS PALMAS REFUGE LAND	1		210,000		446,664	
2		2					
3		3					
4		4					
5		5					
6	Total land (net of any amortization)	6		210,000		446,664	

Buildings and equipment				Buildings and equipment				Accumulated depreciation			
				Beginning		End		Beginning		End	
7	CHILDREN'S HOME & BUILDINGS	7		40,000		74,734		984		2,419	
8	VEHICLES	8		35,670		71,794		3,260		12,073	
9	BLDG IMPROVEM'T - DEV CENTER	9		6,536		6,536		161		329	
10	HACIENDA BARN	10		0		21,117				1,508	
11	LIVESTOCK	11		0		22,346				2,374	
12	FURNITURE & MACHINERY	12		0		1,493				107	
13		13									
14		14									
15		15									
16		16									
17	Total buildings and equipment	17		82,206		198,020		4,405		18,810	
18	Buildings and equipment (less accumulated depreciation)	18						77,801		179,210	
19	Total land, buildings and equipment	19						287,801		625,874	

Category or Item		Cost/Other Basis		Accumulated Depreciation		Book Value	
1		1					
2		2					
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total	11	0	0		0	

Part III, Line 3a (Sch A (990/99u-EZ)) - Fellowships, Scholarships, and Student Loans

Do you make grants for scholarships, fellowships, student loans, etc.? ☒ Yes ☐ No

If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.

STUDENTS SELECTED FOR SCHOLARSHIPS ARE CHOSEN BY CHURCH LEADERS FOR BEING
OUTSTANDING PERSONS FROM POVERTY STRICKEN FAMILIES AND COMMUNITIES. THESE
PERSONS HAVE COMMITTED THEMSELVES TO IMPROVE THEIR SITUATION IN LIFE THROUGH
EDUCATION. WITH ALL ODDS AGAINST THEM THEY HAVE SHOWN EXCELLENCE IN THEIR
STUDIES. ALL STUDENTS CHOSEN FOR THE SCHOLARSHIP MUST MAINTAIN AN 80% AVERAGE
IN THEIR CLASSES.

Mission Lazarus 2006 Highlights

The Mission Lazarus Refuge was begun. Set on 1250 acres of beautiful highland ranch land this project is a one of a kind in this region of Honduras. Construction on the facilities that will be home to Homeless, Orphaned, Neglected and Abandoned children were begun in 2006. This facility will focus on training the children with vocational trades that will provide a living in this region of Honduras. No more than 10 children will live in each home with Christian house parents. The ranch side of the refuge provides food resources for the home as well as training in trades such as dairy production, coffee production, cattle production, & vegetable production.

Early Childhood Development Centers ministered to on average 450 children daily offering them education, love, and nutrition through two warm meals a day. All children also received medical treatment when needed.

Lazarus Clinic ministered to over 4000 sick patients in the jungle village of Las Pitas near the Nicaraguan border. This clinic offering a completely stocked pharmacy offered much needed medical treatment to peasant farmers living in the remote jungle and mountains of southern Honduras. Without this clinic most of the patients would have gone untreated and perhaps even died.

The Lazarus Clinic also hosted numerous medical brigades in other more remote regions that have limited outside access or communication.

The Lazarus Clinic also assisted in sending two young boys to the U.S. for life saving heart surgery, both boys are now back in Honduras, healthy and strong.

Vocational Sewing School provided much needed education for over 40 women who would ordinarily have no means to earn extra income for their families. The sewing school, completely supplied with thread, cloth, and sewing machines offers a second chance to many woman who never had a chance. This allows them to slowly break the chains of poverty that have plagued their families for years.

Christian Leader Training Center provided Bible education for over 45 adult Christians from all over the region of southern Honduras. This education empowers them to share the same hope that they have found with their friends and neighbors.

Visiting groups from the US built 2 invaluable swinging bridges of mountain streams that had previously claimed lives annually of those trying to cross the swollen waters.