

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **OCT 15 2009**

FAITH FAMILY CLINIC
C/O KORRIE C LAWSON
200 CONCORD PLAZA STE 425
SAN ANTONIO, TX 78216

Employer Identification Number:
26-3791828
DLN:
17053258312009
Contact Person:
SIRIJUN MAYI ID# 31449
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
November 25, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

FAITH FAMILY CLINIC

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC



Internal Revenue Service

Tax Exempt/Government Entities Division (TE/GE)

Facsimile Cover Sheet

To: Korrie C Lawson (Faith Family Clinic – EIN: 26-3791828)	From: Sirijun Mayi ID Number: 0203227
Phone Number: (210) 547-7420	Phone Number: 513-263-3645 Group Fax Number: 513-263-3690 or 513-263-4590
FAX Number: (210) 547-7410	Date: OCT 15 2009
Form Number:	Response Date:
Application Form Number: Form 1023	Number of Pages (including cover sheet): 3

Copy to:

For forms/information see the IRS Web site at www.irs.gov to download forms, instructions and publications

Comments:

Hard copy is followed.

Mailing Address

TE/GE Division
P.O. Box 2508
Cincinnati, OH 45201
Attn: Sirijun Mayi, Room 4-511
Grp 7824

Fax Numbers*

(513) 263-3645
(513) 263-3690*
(513) 263-4590* (alt fax)

Office Delivery

TE/GE Division
F.O.B. Room 4-511
550 Main Street
Cincinnati, OH 45202
Attn: Sirijun Mayi , Grp 7824

*Please DO NOT fax the additional information requested if it is more than 10 pages.

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