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| Pai    | t IV Checklist of Required Schedules (continued)   |            | -   |          |
|--------|--|------------|-----|----------|
|        |  |            | Yes | No       |
| 21     | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21         |     | ✓        |
| 22     | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | ✓        |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23         |     | <b>√</b> |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25                           | 24a        |     | <b>√</b> |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     | <b>✓</b> |
|        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c        |     | <b>√</b> |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d<br>25a |     | <b>√</b> |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                    | 25b        |     | <b>√</b> |
| 26     | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26         |     | <b>→</b> |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.  | 27         |     | <b>√</b> |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            | ,   |          |
| a<br>b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |     | <b>√</b> |
| С      | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |     | 1        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |     | 1        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 30         |     | ✓        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | 1        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |     | 1        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | ✓        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34         |     | ✓        |
| 35     | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35         |     | <b>✓</b> |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  | 36         |     | 1        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | <b>√</b> |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38         | 1   |          |

| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance   |            |          |             |
|--------|---|------------|----------|-------------|
|        |   |            | Yes      | No          |
| 1a     | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |            |          |             |
|        | U.S. Information Returns Enter -0- if not applicable  |            |          |             |
|        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |            |          |             |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c         |          | <b>✓</b>    |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   | 1          |          |             |
| h      | Statements, filed for the calendar year ending with or within the year covered by this return 2a life at least one is reported on line 2a, did the organization file all required federal employment tax returns?       | 2b         |          | 1           |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see   |            |          |             |
|        | instructions)   |            | ]        |             |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by   | 3a         | -        | ./          |
| h      | this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b         |          | <del></del> |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   |            |          |             |
| -Tu    | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a         |          | ✓           |
| b      | If "Yes," enter the name of the foreign country. ▶  |            |          |             |
| -      | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank   |            |          |             |
| _      | and Financial Accounts  | Ea         |          | ./          |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a<br>5b   | $\vdash$ | <u></u>     |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding   | 0.0        |          |             |
| C      | Prohibited Tax Shelter Transaction?   | 5c         |          | _ ✓         |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a         |          | <b>√</b>    |
|        | organization solicit any contributions that were not tax deductible?  |            |          |             |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b         |          | ✓           |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |            |          |             |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   | <br>       |          | ,           |
|        | and services provided to the payor?   | 7a<br>7b   |          | <u> </u>    |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 10         |          |             |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c         |          | ✓_          |
|        | If "Yes," indicate the number of Forms 8282 filed during the year   | -          |          |             |
| е      | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |          | <b>✓</b>    |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |          | <b>√</b>    |
| g      | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .  | 7 <u>g</u> |          | <b>√</b>    |
| h      | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h         |          | ✓           |
| 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting   | [          |          |             |
|        | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring  |            |          |             |
|        | organization, have excess business holdings at any time during the year?  | 8          |          | <b>✓</b>    |
| 9      | Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  | 9a         |          | j           |
| a<br>b | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b         |          | <del></del> |
| 10     | Section 501(c)(7) organizations. Enter.   |            |          |             |
| а      | Initiation fees and capital contributions included on Part VIII, line 12.   | ]          |          |             |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |            |          |             |
| 11     | Section 501(c)(12) organizations. Enter   |            |          |             |
| а      | Gross income from members or shareholders   | [          |          |             |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |            |          |             |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |          | ✓           |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b  | Į .        | i '      | l           |

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

| Sec          | tion A. Governing Body and Management  |                 |          |             |
|--------------|--|-----------------|----------|-------------|
|              |  |                 | Yes      | No          |
| 1a           | Enter the number of voting members of the governing body   |                 |          | ·           |
| ь            | Enter the number of voting members that are independent  |                 |          |             |
| 2            | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |                 |          |             |
|              | any other officer, director, trustee, or key employee?   | 2               |          | ✓           |
| 3            | Did the organization delegate control over management duties customarily performed by or under the direct  |                 |          |             |
|              | supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3               |          | ✓_          |
| 4            | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4               |          | ✓           |
| 5            | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5               |          | <b>✓</b>    |
| 6            | Does the organization have members or stockholders?  | 6               |          | ✓_          |
| 7a           | Does the organization have members, stockholders, or other persons who may elect one or more members   |                 |          |             |
|              | of the governing body?   | 7a              |          | <b>✓</b>    |
| b            | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b              |          | ✓           |
| 8            | Did the organization contemporaneously document the meetings held or written actions undertaken during   |                 |          | Ì           |
|              | the year by the following:   |                 |          | *.          |
|              | The governing body?  | 8a              | ✓        |             |
| ~ <b>b</b> - | Each committee with authority to act on behalf of the governing body?  | 8b_             |          | <b>✓</b>    |
| 9            | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  |                 |          | ,           |
| _            | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9a              |          | <u>√</u>    |
|              | tion B. Policies (This Section B requests information about policies not required by the Integral Code)  | ernai           |          |             |
| nev          | enue Code.)  |                 |          | <del></del> |
|              |  | 40-             | Yes      | No /        |
|              | Does the organization have local chapters, branches, or affiliates?  | 10a             |          | <b>-</b>    |
| b            | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,  | 10b             |          | 1           |
|              | affiliates, and branches to ensure their operations are consistent with those of the organization?   | 100             |          |             |
| 11           | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the   | 11              |          | <b>/</b>    |
| 11 A         | form?  | <del>- ``</del> |          | <u> </u>    |
|              | Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13  | 12a             |          | 1           |
|              | Are officers, directors or trustees, and key employees required to disclose annually interests that could give   |                 | i        | †           |
|              | rise to conflicts?   | 12b             |          | 1           |
| _            | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |                 |          |             |
| ·            | describe in Schedule O how this is done  | 12c             |          | <b>✓</b>    |
| 13           | Does the organization have a written whistleblower policy?   | 13              |          | <b>✓</b>    |
| 14           | Does the organization have a written document retention and destruction policy?  | 14              |          | <b>✓</b>    |
| 15           | Did the process for determining compensation of the following persons include a review and approval by   | 1               |          | '           |
|              | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | }               |          |             |
| а            | The organization's CEO, Executive Director, or top management official .   | <u>15a</u>      |          | <b>✓</b>    |
| b            | Other officers or key employees of the organization  | 15b             |          | <b>✓</b>    |
|              | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)   |                 | ļ        |             |
| 16a          | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   | !               | '        | 1 .         |
|              | with a taxable entity during the year?   | 16a             | <u> </u> | 1           |
| b            | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate  |                 |          | ] ,         |
|              | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard   |                 | ł        | 1           |
| -            | the organization's exempt status with respect to such arrangements?  | 16b             | <u> </u> | <u> </u>    |
|              | ction C. Disclosure  |                 |          |             |
| 17           | List the states with which a copy of this Form 990 is required to be filed None  | -1/0            |          |             |
| 18           | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990, 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applica | c)(3)s          | only)    |             |
|              | available for public inspection. Indicate how you make these available. Check all that apply.  |                 |          |             |
|              | Own website Another's website Upon request   |                 |          |             |
| 19           | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict  | or int          | erest    |             |
| 00           | policy, and financial statements available to the public.  | مامس            | £ 41     |             |
| 20           | State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► WILLIAM H> HOLLAND, 5370 Camino Real, Riverside, CA 92509-5305   | oras o          | tne      |             |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did not co                          | mpensate                                  | any c              | curre                | ent     | offic        | cer, d                       | irec   | tor, or trustee.   |  |   |
|--|---|--------------------|----------------------|---------|--------------|------------------------------|--------|--|--|---|
| (A)  | (B)                                       |                    |                      | (0      | C)           |                              |        | (D)  | (E)  | (F)   |
| Name and Title   | Average<br>hours per<br>week <sup>-</sup> | Individual trustee | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other of compensation from the organization and related organizations |
|  |   |                    |                      |         | <br>         |                              |        |  |  |   |
| MICHAEL SCHMICKRATH, CEO<br>8797 Maroon Peak Way, Riversisde, CA 92508 | 30  |                    | _                    |         |              |                              |        | 0  | 0  | 0   |
| MICAHEL R S. TEILMANN, DIR 15511 Sherman Way, #7, Sherman Oaks, CA     | 15  |                    |                      |         |              |                              |        | 0  | 0  | 0   |
| JOHN WILSON, DIR<br>1642 Kingston Ave, Placentia, CA 92780             | 15  |                    |                      |         |              |                              |        | 0  | 0  | 0   |
| WILLIAM WENGER, DIR 1317 E. Grand Ave #D, ElSegundo CA 90245           | 5   |                    |                      |         |              |                              |        | 0  | 0  | 0   |
| LISA BAILEY, SEC<br>1612 Irvine Ave. Newport Beach, CA 92660           | 10  |                    |                      |         |              |                              |        | 0  | o  | 0   |
| WILLIAM H. HOLLAND, CFO<br>5370 Camino Real, Riverside, CA 92509       | 15  |                    |                      |         |              |                              |        | 0  | 0  | 0   |
| DAVID CRIPPEN, DIR<br>2817 VIA DEL rOBLES, fLLBROOK, ca 92028          | 5   |                    |                      |         |              |                              |        | 0  | 0  | 0   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |
|  |   |                    |                      |         |              |                              |        |  |  |   |

| Par | Section A. Officers, Directors, Tru   | stees, Key                   | Emp                | loy                  | ees,          | and                | d Higi                       | nes            | t Compensated   | d Employee   | s (cont        | inued)                               |  |   |
|-----|---|------------------------------|--------------------|----------------------|---------------|--------------------|------------------------------|----------------|---|--|----------------|--------------------------------------|--|---|
|     | (A)   | (B)                          |                    |                      | ((            | <b>C)</b>          |                              |                | (D)   | (E)  | (F)            |                                      |  |   |
| -   | Name and title  | Average<br>hours per<br>week | Individual trustee | nstitutional trustee | Officer       | a Key employee     | Highest compensated employee | ply)<br>Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportabl<br>compensati<br>from relate<br>organizatio<br>(W-2/1099-M | on<br>ed<br>ns | amo<br>compe<br>froe<br>organ<br>and | mated<br>ount of<br>ther<br>ensation<br>the<br>nization<br>related<br>nization | f<br>on<br>in<br>d                                  |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    | L                    |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    | -                    |               |                    |                              |                |   |  |                | ·····                                |  | <u> </u>  |
|     |   |                              |                    |                      | <u> </u>      |                    |                              | -              |   |  |                |                                      |  |   |
|     |   | <del></del>                  |                    | -                    | -             | -                  | <u>-</u>                     |                |   |  |                |                                      |  |   |
|     |   |                              | <u> </u>           |                      | -             |                    | -                            | -              |   |  |                |                                      |  |   |
|     |   |                              |                    | _                    | -             | <u> </u>           |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    | ļ                    |               | _                  |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  | -   |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
| 1b  | Total   |                              |                    |                      |               |                    |                              | <b>&gt;</b>    |   |  |                |                                      |  |   |
| 2   | Total number of individuals (including but reportable compensation from the organization)           |                              | to th              | ose                  | list          | ed                 | above                        | e) w           | ho received m   | ore than \$1   | 00,000         | ) in                                 |  |   |
|     |   |                              |                    |                      | -             |                    |                              |                |   |  |                | ,                                    | Yes  | No  |
| 3   | Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," complete S | er, director<br>Schedule J   | or tr              | uste                 | ee,<br>ınd    | key<br>ivid        | empl<br>ual                  | oye            | ee, or highest of   | compensate   | ed L           | 3                                    |  | ✓   |
| 4   | For any individual listed on line 1a, is the sthe organization and related organizations individual | sum of rep<br>greater tha    | ortab<br>an \$1    | le c<br>50,0         | 000°          | pen<br>? <i>If</i> | satıor<br>"Yes,              | n ar<br>" cc   | nd other compe<br>emplete Schedi                              | ensation froule J for suc  | m<br>ch        | 4                                    | ,  | ✓   |
| 5   | Did any person listed on line 1a receive services rendered to the organization? If "                | or accrue                    | com                | per<br>Scl           | nsati<br>hedu | ion<br>ule .       | from<br>J for s              | any            | y unrelated org   | ganization f   | or             | 5                                    |  | ✓   |
| Se  | ction B. Independent Contractors  |                              |                    |                      |               |                    |                              |                |   | •  |                |                                      |  |   |
| 1   | Complete this table for your five highest compensation from the organization.                       | ompensate                    | ed inc             | depe                 | end           | ent                | contr                        | acto           | ors that receive  | ed more tha  | n \$100        | 0,000                                | of   |   |
|     | (A)<br>Name and business add  | dress                        |                    |                      |               |                    |                              |                | (B)<br>Description of   | services   | С              | (C)<br>ompen                         |  |   |
| NC  | NE  |                              |                    |                      |               |                    |                              |                |   |  |                |                                      |  |   |
|     |   |                              | _                  |                      |               |                    |                              | +              |   |  |                |                                      |  |   |
|     |   |                              |                    |                      |               |                    |                              | -              |   |  |                |                                      |  |   |
| 2   | Total number of independent contractors (<br>more than \$100,000 in compensation from               |                              |                    |                      |               | d to               | those                        | e lis          | ted above) who  | o received   | , , , ,        | , ,                                  | ,,,,   | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |

| FORTH 9  |                       |   |   | <del></del>          |  |   |   |
|--|-----------------------|---|---|----------------------|--|---|---|
| Part   | VIII                  | Statement of Revenue  |   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | b<br>c<br>d<br>e<br>f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a- | 1a     0       1b     42335       1c     0       1d     0       1e     0       1f     10000       If \$ |                      |  |   |   |
| <u>a</u> C   | h                     | Total. Add lines 1a-1f  | . ▶   | 52335                |  |   |   |
| Program Service Revenue                                | 2a<br>b<br>c          | NONE  |   | 0                    | 0                                      | 0                                       | 0   |
| Program Se   | I                     | All other program service revenue  Total. Add lines 2a-2f   |   | 0                    |  |   |   |
|  | 3                     | Investment income (including dividence similar amounts) Income from investment of tax-exemy Royalties   | ot bond proceeds  | 0                    | 0                                      | 0 0                                     | 0   |
|  | b<br>c<br>d           | Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of   | (ii) Personal  0 0  0 0  0 0  0 0  •••••••••••••••••  | 0                    | 0                                      | 0                                       | 0   |
|  | b                     | assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  | 0 0<br>0 0<br>0 0   |                      |  | 0                                       | 0   |
| Other Revenue  | b                     | Gross income from fundrais events (not including \$   | )(c).<br>• a 0  | 0                    | 0                                      | C                                       | 0   |
|  | 9a<br>b               | Gross income from gaming activit<br>See Part IV, line 19<br>Less direct expenses  | es. a 0 0   |                      |  |   |   |
|  | 10a<br>b              | Net income or (loss) from gaming Gross sales of inventory, le returns and allowances Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue  | a 0<br>b 0<br>inventory   | 0                    |  |   |   |
|  | b<br>b                | None  |   |                      |  |   |   |
|  | e                     | <ul> <li>All other revenue</li> <li>Total. Add lines 11a–11d</li> <li>Total revenue. See instructions.</li> </ul>   |   | 52335                |  |   |   |

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|         | All other organizations must complete col   | uitii (A) but are no  | t required to com            | nete columns (b),                   | C), and (D).                   |
|---------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
|         | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1       | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 0                     | 0                            |                                     |                                |
| 2       | Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 0                     | 0                            |                                     |                                |
| 3       | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  | 0                     | 0                            |                                     |                                |
| 4       | Benefits paid to or for members.  | 0                     | 0                            |                                     |                                |
|         | Compensation of current officers, directors, trustees, and key employees  | 0                     | 0                            | 0                                   | 0                              |
| 6       | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                     | 0                            | 0                                   | 0                              |
| 7       | Other salaries and wages  | 0                     | 0                            | 0                                   | 0                              |
| 8       | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 0                     | 0                            | 0                                   | . 0                            |
| 9       | Other employee benefits   | 0                     | 0                            | 0                                   | 0                              |
| 10      | Payroll taxes .   | 0                     | 0                            | 0                                   | 0                              |
| 11      | Fees for services (non-employees)   |                       |                              |                                     |                                |
| а       | Management .  | 0                     | 0                            | 0                                   | 0                              |
| b       | Legal   | 0                     | 0                            | 0                                   | 0                              |
| С       | Accounting  | 0                     | 0                            | 0                                   | 0                              |
| d       | Lobbying  | 0                     | 0                            | 0                                   | 0                              |
| е       | Professional fundraising services See Part IV, line 17  | 0                     |                              |                                     | 0                              |
| f       | Investment management fees  | 0                     | 0                            | 0                                   | 0                              |
| g       | Other .   | 956                   | 0                            | 0                                   | 0                              |
| 12      | Advertising and promotion   | 0                     | 0                            | 0                                   | 0                              |
| 13      | Office expenses .   | 1238                  | 0                            | 0                                   | 0                              |
| 14      | Information technology  | 0                     | 0                            | 0                                   | 0                              |
| 15      | Royalties   | 0                     | 0                            | 0                                   | 0                              |
| 16      | Occupancy   | 0                     | 0                            | 0                                   | 0                              |
| 17      | Travel  | 3356                  | 0                            | 0                                   | 0                              |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     | 0                            | 0                                   | 0                              |
| 19      | Conferences, conventions, and meetings  | 14762                 | 0                            | 0                                   | 0                              |
| 20      | Interest  | 0                     | 0                            | 0                                   | 0                              |
| 21      | Payments to affiliates  | 0                     | 0                            | 0                                   | 0                              |
| 22      | Depreciation, depletion, and amortization   | 0                     | 0                            | 0                                   | 0                              |
| 23      | Insurance   | 0                     | 0                            | 0                                   | 0                              |
| 24      | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)                                  |                       |                              |                                     |                                |
| а       | Postal Services   | 355                   | 0                            | 0                                   | 0                              |
| b       | Telephone   | 348                   | 0                            | 0                                   | 0                              |
| c       | Badges  | 4041                  | 0                            | 0                                   | 0                              |
| d       | Rahalia   | 3617                  | 0                            | 0                                   | 0                              |
| е       |   |                       |                              |                                     |                                |
| f<br>25 | All other expenses  |                       |                              |                                     |                                |
| 26      | Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 28642                 | 0                            | 0                                   | 0                              |

|               | 990 (20<br><b>t X</b> | Balance Sheet   |                          |        | Page II            |
|---------------|-----------------------|---|--------------------------|--------|--------------------|
|               | •                     |   | (A)<br>Beginning of year |        | (B)<br>End of year |
|               | 1                     | Cash—non-interest-bearing   | 6817                     | 1      | 7340               |
|               | 2                     | Savings and temporary cash investments  | 0                        | 2      | 0                  |
|               | 3                     | Pledges and grants receivable, net  | 0                        | 3      | 0                  |
| ł             | 4                     | Accounts receivable, net  | 0                        | 4      | 0                  |
|               | 5                     | Receivables from current and former officers, directors, trustees, key  |                          |        |                    |
|               | •                     | employees, and highest compensated employees. Complete Part II of Schedule L  | 00                       | ,<br>5 | 0                  |
|               | 6                     | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | Ò                        | 6      | . 0                |
| ş             | 7                     | Notes and loans receivable, net   | 0                        |        | 0                  |
| Assets        | 8                     | Inventories for sale or use   | 2250                     | 8      | 3004               |
| ٩             | 9                     | Prepaid expenses and deferred charges   | 0                        | 9      | . 0                |
|               | 10a                   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |                          |        |                    |
|               | b                     | Less accumulated depreciation [10b]   |                          | 10c    | 0                  |
|               | 11                    | Investments—publicly traded securities .  | 0                        | 11     | 0                  |
|               | 12                    | Investments—other securities See Part IV, line 11   | 0                        | 12 -   |                    |
|               | 13                    | Investments—program-related See Part IV, line 11 .  | 0                        | 13     | 0                  |
|               | 14                    | Intangible assets   | 0                        | 14     | 0                  |
|               | 15                    | Other assets. See Part IV, line 11  | 0                        | 15     | 0                  |
|               | 16                    | Total assets. Add lines 1 through 15 (must equal line 34)   | 9067                     |        | 10344              |
|               | 17                    | Accounts payable and accrued expenses .   | 0                        | 17     | 0                  |
|               | 18                    | Grants payable  | 0                        | 18     | 0                  |
|               | 19                    | Deferred revenue  | 0                        | 19     | 0                  |
|               | 20                    | Tax-exempt bond liabilities .   | 0                        | 20     | 0                  |
| es            | 21                    | Escrow or custodial account liability Complete Part IV of Schedule D  | 0                        | 21     | 0                  |
| Liabilities   | 22                    | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified                                    |                          |        | •                  |
|               |                       | persons Complete Part II of Schedule L  | 0                        |        | 0                  |
|               | 23                    | Secured mortgages and notes payable to unrelated third parties  | 0                        |        | 0                  |
|               | 24                    | Unsecured notes and loans payable to unrelated third parties .  | 0                        |        | 0                  |
|               | 25                    | Other liabilities. Complete Part X of Schedule D  | 0                        |        | 0                  |
|               | 26                    | Total liabilities. Add lines 17 through 25  | 0                        | 26     | 0                  |
| Fund Balances |                       | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.   |                          |        |                    |
| Ī             | 27                    | Unrestricted net assets   | 0                        | 27     | 0                  |
| B             | 28                    | Temporarily restricted net assets   | 0                        |        | 0                  |
| Б             | 29                    | Permanently restricted net assets   | 0                        | 29     | 0                  |
| or Fu         |                       | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.   |                          |        |                    |
| ţ             | 30                    | Capital stock or trust principal, or current funds  | 0                        |        | 0                  |
| sse           | 31                    | Paid-in or capital surplus, or land, building, or equipment fund  | 0                        |        | 0                  |
| As            | 32                    | Retained earnings, endowment, accumulated income, or other funds  | 0                        | +      | 0                  |
| Net Assets    | 33                    | Total net assets or fund balances   | 0                        |        | 0                  |
| _             | 34                    | Total liabilities and net assets/fund balances .  | 9067                     | 34     | 10344              |

| Pai | t XI Financial Statements and Reporting  |    |     |          |
|-----|--|----|-----|----------|
|     | •  |    | Yes | No       |
| 1   | Accounting method used to prepare the Form 990   |    | ,   | _        |
|     | Schedule O.  | *• | 1   |          |
| 22  | Were the organization's financial statements compiled or reviewed by an independent accountant?                | 2a |     | 1        |
|     | Were the organization's financial statements audited by an independent accountant?                             | 2b |     |          |
|     | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of |    |     |          |
|     | the audit, review, or compilation of its financial statements and selection of an independent accountant?      | 2c |     |          |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in  |    |     |          |
|     | Schedule O.  | }  |     |          |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were    |    |     |          |
|     | issued on a consolidated basis, separate basis, or both  |    |     |          |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                                   | 1  |     |          |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in    |    |     |          |
|     | the Single Audit Act and OMB Circular A-133?   | 3a |     | <b>✓</b> |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |    |     |          |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits        | 3b |     | ł        |

Form **990** (2009)

### 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.

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| 1 M | PER   | IAL ORDER C     | F CONSTANTIN                         | NE THE GREAT & ST                                | . HELEN       | <u> </u>     |                    |                  | 65_                | 1                   | 172926          |            |
|-----|---|-----------------|--------------------------------------|--|---------------|--------------|--------------------|------------------|--------------------|---------------------|-----------------|------------|
| Pa  | rt I  | Reason          | for Public Ch                        | arity Status (All org                            | ganızatio     | ns must      | comple             | ete this j       | oart.) Se          | e instruc           | tions.          |            |
| The | orga  | anization is no | ot a private foun                    | dation because it is. (                          | (For lines    | 1 throug     | h 11, ch           | eck only         | one box            | )                   |                 |            |
| 1   |   | A church, co    | nvention of chui                     | ches, or association                             | of church     | nes descr    | ribed in <b>s</b>  | ection 1         | 70(b)(1)( <i>A</i> | A)(i).              |                 |            |
| 2   |   | A school des    | scribed in <mark>sectio</mark>       | n 170(b)(1)(A)(ii). (Att                         | ach Sche      | edule E.)    |                    |                  |                    |                     |                 |            |
| 3   |   | A hospital or   | a cooperative h                      | ospital service organ                            | ization de    | escribed     | ın <b>sectio</b>   | n 170(b)(        | 1)(A)(iii).        |                     |                 |            |
| 4   |   | A medical re    | search organiza                      | tion operated in conj                            | unction v     | vith a hos   | spital des         | scribed in       | section            | 170(b)(1            | )(A)(iii). Ente | er the     |
|     |   | hospital's na   | me, city, and sta                    | ate  |               |              |                    | <del>-</del>     |                    |                     |                 | <b></b> -  |
| 5   |   | •               | ion operated for (b)(1)(A)(iv). (Cor | the benefit of a colleg                          | ge or uni     | versity ov   | vned or c          | perated          | by a gove          | ernmental           | unit descri     | oed in     |
| 6   |   | A federal, sta  | ate, or local gove                   | ernment or governme                              | ntal unit     | described    | d in <b>sect</b> i | ion 170(b        | )(1)(A)(v)         |                     |                 |            |
| 7   |   |                 | -                                    | receives a substantia                            |               |              |                    | •                |                    |                     | the general     | oublic     |
| -   | _   | •               | •                                    | 1)(A)(vi). (Complete P                           | •             |              |                    | 3                |                    |                     | griio a         |            |
| 8   |   |                 |                                      | I in section 170(b)(1)                           |               | omplete      | Part II.)          |                  |                    |                     |                 |            |
| 9   | <b>7</b>  | -               |                                      | receives (1) more that                           |               |              |                    | n contrib        | utions, m          | embershi            | p fees, and     | aross      |
|     |   | receipts from   | n activities relate                  | ed to its exempt funct<br>ent income and unre    | ions—su       | bject to c   | ertain ex          | ceptions         | , and (2)          | no more             | than 33½ %      | of its     |
|     |   |                 |                                      | after June 30, 1975                              |               |              |                    |                  |                    | JII lax)            | HOIH DUSH       | 65565      |
| 40  |   | •               | _                                    |  |               |              |                    |                  |                    | /_\/4\              |                 |            |
| 10  |   | -               | _                                    | nd operated exclusive                            | -             |              | -                  |                  |                    |                     |                 |            |
| 11  | Ш   | •               | _                                    | nd operated exclusiv                             | -             |              |                    |                  |                    |                     | •               |            |
|     | purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h |                 |                                      |  |               |              |                    |                  |                    |                     |                 |            |
|     |   |                 |                                      |  |               |              |                    |                  |                    |                     |                 |            |
| _   |   | a ☐ Type        |                                      | • •  |               |              | -                  | -                |                    |                     |                 |            |
| ė   | ш   |                 |                                      | ify that the organizat<br>n managers and othei   |               |              |                    |                  |                    |                     |                 |            |
|     |   |                 | section 509(a)(2)                    | ii iiianayeis and oulei                          | i ilian on    | e or more    | publicly           | supporte         | u organiz          | alions de           | scribed iii s   | CULION     |
|     |   |                 |                                      |  |               | 41 IDO 1     |                    |                  | T 11               | -                   |                 |            |
| f   |   | -               |                                      | a written determinati                            | on trom       | the IRS I    | inat it is         | a Type I         | , type ii          | , or Type           | III support     | ng _       |
| _   |   | •               | , check this box                     | the argonization occur                           |               | . auft ar a  |                    |                  |                    |                     |                 | <u></u>    |
| 9   |   | •               |                                      | the organization acce                            | epted any     | gitt or c    | ontributio         | on from a        | iny of the         | !                   |                 |            |
|     |   | following per   |                                      |  |               |              |                    |                  |                    | ( )                 | Yes             | No         |
|     |   |                 | •                                    | r indirectly controls, e                         |               | -            |                    | n person         | is descrit         | oea in (ii)         | 11g(i)          | 1          |
|     |   |                 | _                                    | ning body of the supp                            |               | garnzatio    | 117                |                  |                    |                     | 11g(i)          | \ <u>\</u> |
|     |   |                 |                                      | rson described in (i) a<br>of a person described |               | (u) abovo    |                    | •                |                    |                     | 11g(m)          | \ <u>\</u> |
| h   |   |                 |                                      | ation about the suppo                            |               |              |                    |                  |                    |                     | (119)           |            |
|     |   | e of supported  | (ii) EIN                             | (iii) Type of organization                       |               | organization |                    | ou notify        | (vi) I             | s the               | (vii) Amour     | at of      |
| 11) |   | ganization      | (,                                   | (described on lines 1~9                          | in col (i) li | sted in your | the organ          | nization in      | organizat          | ion in col          | suppor          |            |
|     |   |                 |                                      | above or IRC section (see instructions))         | governing     | document?    |                    | of your<br>oort? |                    | zed in the  <br>S ? |                 |            |
|     |   |                 |                                      | (ood men de nome)                                | Yes           | No           | Yes                | No               | Yes                | No                  |                 |            |
| NO  | NF.   |                 |                                      |  |               |              |                    |                  |                    |                     |                 |            |
| 110 | 146   |                 |                                      |  |               |              |                    |                  |                    |                     |                 |            |
|     |   |                 |                                      |  |               |              |                    |                  |                    |                     |                 |            |
|     |   |                 | _                                    |  |               |              |                    |                  |                    |                     |                 |            |
|     |   |                 | _                                    |  | -             |              |                    |                  |                    |                     |                 |            |
|     |   | . <u></u>       |                                      |  |               |              |                    |                  |                    |                     |                 |            |
|     |   |                 |                                      |  | }             |              |                    |                  |                    |                     | , <u>-</u> _    |            |
|     |   |                 |                                      |  |               |              |                    |                  | ļ                  |                     |                 |            |
|     |   |                 | ]                                    |  |               | [            |                    |                  | 1                  |                     |                 |            |
|     |   |                 |                                      |  |               |              |                    |                  |                    |                     |                 |            |

Total

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2009 (a) 2005 --(b) 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc. (see instructions) 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 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ 🗆 b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 🗌

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.)

| Sect   | Section A. Public Support  |                       |                  |                          |                      |                   |                     |  |  |
|--------|--|-----------------------|------------------|--------------------------|----------------------|-------------------|---------------------|--|--|
| Cal    | endar year (or fiscal year beginning in) 🕨   | (a) 2005              | <b>(b)</b> 2006  | (c) 2007                 | (d) 2008             | (e) 2009          | (f) Total           |  |  |
| 2      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | 21243                 | 26834            | 11356                    | 34052                | 52235             | 145720              |  |  |
|        | organization's tax-exempt purpose  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513   | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
|        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | 0                     | 0                | 0                        | 0_                   | 0                 | 0                   |  |  |
| 5      | The value of services or facilities furnished by a governmental unit to the organization without charge  | 0<br>21243            | 0<br>26834       | 0<br>11356               | 0<br>34052           | 0<br>52235        | <u>0</u><br>145720  |  |  |
| 6      | Total. Add lines 1 through 5   | 21243                 | 20034            | 11330                    | 34052                | 52235             | 143720              |  |  |
| 7a     | Amounts included on lines 1, 2, and 3 received from disqualified persons   | <u>-: . 0</u>         | 0                | 0                        | - 0                  | = 0               | <u> 0</u>           |  |  |
| b      | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| _      | amount on line 13 for the year  Add lines 7a and 7b  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| с<br>8 | Public support (Subtract line 7c from line 6)  |                       |                  |                          |                      |                   | 145720              |  |  |
| Sec    | tion B. Total Support  |                       |                  |                          |                      |                   |                     |  |  |
| Ca     | lendar year (or fiscal year beginning in) 🕨  | (a) 2005              | <b>(b)</b> 2006  | (c) 2007                 | (d) 2008             | (e) 2009          | (f) Total           |  |  |
| 9      | Amounts from line 6  | 21243                 | 26834            | 11356                    | 34052                | 52235             | 145720              |  |  |
| 10a    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| b      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| С      | Add lines 10a and 10b .  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| 11     | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| 12     | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | 0                     | 0                | 0                        | 0                    | 0                 | 0                   |  |  |
| 13     | Total support. (Add lines 9, 10c, 11, and 12.)   | 21243                 | 26834            | 11356                    | 34052                | 52235             | 145720              |  |  |
| 14     | First five years. If the Form 990 is for organization, check this box and stop   |                       | on's first, seco | nd, third, fourt         | h, or fifth tax y    | rear as a section | on 501(c)(3)<br>► 🗸 |  |  |
| Sec    | tion C. Computation of Public Su   |                       | ntage            |                          |                      |                   |                     |  |  |
| 15     | Public support percentage for 2009 (lir  |                       |                  | ne 13, column            | (f))                 | 15                | %                   |  |  |
| 16     | Public support percentage from 2008  |                       |                  | ·                        | _ <del></del>        | 16                | %_                  |  |  |
| Sec    | tion D. Computation of Investment  |                       |                  |                          | <del> </del>         | T I               |                     |  |  |
| 17     | Investment income percentage for 200   | •                     |                  | -                        | olumn (f)) .         | 17                | <u>%</u><br>%       |  |  |
| 18     | Investment income percentage from 20 33% % support tests—2009. If the org  |                       |                  |                          | <br>and line 15 is : |                   |                     |  |  |
| 198    | 17 is not more than 33% %, check this b  |                       |                  |                          |                      |                   |                     |  |  |
| b      | 33½ % support tests—2008. If the organ   |                       |                  |                          |                      |                   |                     |  |  |
| J      | line 18 is not more than 331/3 %, check this   | s box and <b>stop</b> | here. The orga   | ınızatıon qualıfı        | es as a publicly     | supported orga    | inization 🕨 📙       |  |  |
| 20     | Private foundation. If the organization  | did not check         | a box on line    | 14, 19a, o <u>r 19</u> t | o, check this b      | ox and see ins    | tructions 🕨 🔲       |  |  |

| Page | 4 |
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| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions |
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#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

| Imperial Order of Constantine the Great & St. Helen                                      | 65                                    | 1172926                                 |
|--|---------------------------------------|---|
| 1 Question in line 25b of part IV Form 990 answered YES in original submission. This has | been                                  | changed in the ammended                 |
| return to NO.  |                                       |   |
|  |                                       | *************************************** |
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IMPERIAL ORDER OF CONSTANTINE THE GREAT/ SAINT HELEN 8797 MAROON PEAK WAY RIVERSIDE CA 92508



#### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Date