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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public

Inspection

Employer identification number

26 0312872 SABANETA ORPHANAGE INC Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R ☐ An organization that normally receives. (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 c Type III-Functionally integrated **b** Type II **d** ☐ Type III–Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above?						[119(III)]			
h Provide the	following inform	ation about the organ	ızations	the organ	ization s	upports.			
(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SABANETA ORPHANGE INC	26-0312872	501(c)(3)	1		1		/		28729.00
Total						<u> </u>			28729.00

and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above? .

11g(ı) 11g(iı)

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					28729 00	28729.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
4	Total. Add lines 1-3		ļ				28729 00
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		, k				
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						28729 00
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4					28729 00	28729.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	`	<u> </u>				28729.00
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth			on 501(c)(3) ▶ ☑
	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2008 (line				•	14	<u>%</u> %
15	Public support percentage from 2007 Sci	•	•			15	
16a	33% % support test—2008. If the organiand stop here. The organization qualifies				line 14 is 331/3	% or more, che	ck this box ▶ □
L		· · · · · ·	-		and line 15 is	221/- 0/- or more	_
D	331/3 % support test—2007. If the organi box and stop here. The organization qua					3373 76 OF THOIE,	Check this ►
172	10%-facts-and-circumstances test – 20	-		=		r 16b, and line 1	4 is 10% or
174	more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007. 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				IV how the ▶ □		
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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.)

	(Complete only if you checke	the box of	i line 9 or Pa	irt 1.)				
	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	08 (1	f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1-5					 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			-		-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b .	·				 		
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support		1					
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08 (1	f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
	sources					 		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)						ᅼ.	
14	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourt	h, or fifth tax	year as a :	section 5	001(c)(3) ► □
	tion C. Computation of Public Su					111		
15 16	Public support percentage for 2008 (lin Public support percentage from 2007)	Schedule A, Pa	art IV-A, line 2		(f)) .	15		% %_
Sec	tion D. Computation of Investmen	nt Income P	ercentage		<u> </u>	·1		
17	Investment income percentage for 200	8 (line 10c, co	lumn (f) dıvıde	d by line 13, c	olumn (f)) .	17		%
18						nore than 33/4 %, and line		
b	17 is not more than 33% %, check this b 33% % support tests—2007. If the organ	oox and stop he	ere. The organ check a box o	ization qualifie: n line 14 or line	s as a publicly 19a, and line	supported	d organiz than 33½	ation ► □ 3%, and _
20	line 18 is not more than 33%%, check this Private foundation. If the organization	s box and stop	here. The orga	ınızatıon qualifie	es as a publicly	supported	d organiza	ation ▶ 🔲

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)
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