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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2008

Open to Public Inspection.

Α	For t	he 2008 ca	lendar	ye	ar,	or ta	ıx ye	ar be	<u>eginn</u>	ing					, 2008	3, and	en	ding								
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27	Net	assets or	fund ba	alar	nc	s (lı	ne 2	27 of (colun	nn (B)) mus	t agre	e with	line 21)		$ _ $				0.	. 27	<u>′</u>			0.
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TEEA0812 01/14/09

Form 990-E2	(2008) Gamboa Union Mi				-310	08238 Page 2
Part III	Statement of Program Ser	vice Accomplishments	(See the instruction	ns)		Expenses
	nization's primary exempt purpose? Su					uired for 501(c)(3)
Describe who describe the program title	at was achieved in carrying out th services provided, the number of	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for e	icise manner, each	4947	(4) organizations and (a)(1) trusts, optional thers)
28 Suppo incl	rt Christian ministries in ude religious educatio medical assistance	n and edification;	feeding the poor stian leaders.			
<u>(Grants</u>	37,000.)11111	is amount includes loteign gra	ants, check here		200	57,006.
(Grants	S) If th		ants_check_here		29a	
30						
(Grants	\$) If th	is amount includes foreign gra	ants, check here		30 a	
31 Other p	program services (attach schedule	e) ils amount includes foreign gr	ante chaek hara	▶ □	31 a	
	rogram service expenses (add lin		arits, crieck riere	<u> </u>	32	57,006.
Part IV	List of Officers, Directors,	Trustees, and Key Emp	loyees. (List each on	e even if not com	pensa	ited See the instrs)
((a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	to ns and	(e) Expense account and other allowances
Richard	Tracy					
PTY 291	2 Box 025207	Chairman				
Miami	FL 33102	2.50	0.		0.	
	9 Box 025207	V. Chairman/Treasurer			0	
Miami Danid M	FL33102	2.50	0.		0.	
David W: 258 S. I	Roberts Road	Financial Advisor 2.50	0.		0.	
Rebecca		Secretary				
Miami	FL 33102	2.50	0.		0.	
	J. Tracy					
PTY 2912 Miami	2 Box 025207 FL33102	Missions Chairman	0.		0.	
Barbara	Gordon	·				
Box 0803		Financial Secretary 2.50	0.		0.	
Sydney (Corbett					
231 SE Ocala	45th_Terrace FL34471	Asst Fin Secretary 5.00	0.		0.	
		,,	 			
						_
		-				

Pai	Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		-	
á	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements? o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
	•	330		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions	36		Х
	The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	[[Х
	of If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39b	ł		
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	İ		
	section 4911 ►, section 4912 ►; section 4955 ►			
ı	501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I	40 b		х
(Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	List the states with which a copy of this return is filed •			
42 8	The books are in care of Sydney Corbett Located at Signature 231 SE 45th Terrace Ocala FL 2IP + 4 Signature 34471	624	-21	<u>19</u> _
	At any time during the colonder year, did the expansions have an interest in an a signature or other authority ever a	[Yes	No
,	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	42b		х
(See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts at At any time during the calendar year, did the organization maintain an office outside of the US?	42c		х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		- 🗆	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
				<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45 rm 990	LE7 /	X
BAA	TEEA0812 01/14/09 FO	コロロ サザ	J-E& (といいめ

Form 990-EZ (2008) Gamboa Union Ministries 26-3108238 Pa

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

ior	aublic office? If 'Vee'	complete Schodule C	Port I			opposition to candidate			•
47 D		complete Schedule C	;, Part I les? If 'Yes,' complete :	Sahadula O. Da	. 11		46		X
	•		ribed in section 170(b)(i	•		oto Cabadulo E	47		X
	=	-	exempt non-charitable i			ete Schedule E	49 a		X
	-	•	•	reialeu organiza	uon				X
וו פו	es, was the related of	organization(s) a section	on 527 organization?				49b	L	
50 Con	nplete this table for th	e five highest comper	nsated employees (other from the organization	r than officers,	directors	s, trustees and key emp	oloyees) who	o each	
1606	eived more mair \$100	,000 or compensation	(b) Title and average	(c) Compensa		(d) Contributions to employee	(e) Ex	pense	
(a) Name and address of eac more than \$100.	h employee paid .000	hours per week devoted to position	(1)		benefit plans and deferred compensation	accou	int and lowances	5
None								-	
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otal numbe	er of other employees paid of	over \$100,000							
					•				
51 Con	plete this table for th	e five highest comper	nsated independent con	tractors who ea	ch receiv	ved more than \$100,000	of comper	nsation	1
		there is none, enter 'N	vone						
fron	Title Organization in								
from			ractor paid more than \$100,000)		(b) Type of service	(c) Comp	ensation	n
)		(b) Type of service	(c) Comp	ensation	n
			 			(b) Type of service	(c) Comp	pensation	n
			 			(b) Type of service	(c) Comp	pensation	n
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			 			(b) Type of service	(c) Comp	pensation	n
			 			(b) Type of service	(c) Comp	pensation	n
			 			(b) Type of service	(c) Comp	pensation	1
			 			(b) Type of service	(c) Comp	pensation	n
			 			(b) Type of service	(c) Comp	pensation	n
None	(a) Name and addres	ss of each independent contr	actor paid more than \$100,000			(b) Type of service	(c) Comp	pensation	1
<u></u>	(a) Name and addres	ss of each independent contr	ving over \$100,000						
None	(a) Name and addres	ss of each independent contr	actor paid more than \$100,000						
None	(a) Name and addres	ss of each independent contr	ving over \$100,000 nined this return, including according to the officer) is based on						
Jone	(a) Name and address	ss of each independent contr	ving over \$100,000 nined this return, including according to the officer) is based on						
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public

Name o	of the organization							Employer	ıdentificat	on number	
Gam	boa Union Mini							26-33	108238	3	
Part	I Reason for Pul	blic Charity Statu	s (All organizations r	nust c	omplet	e this	part.)	(see ir	structi	ons)	
The o	rganization is not a priv	rate foundation becaus	se it is (Please check on	ly one o	rganızat	ion)					
1	A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	1 70(b) (1	χΑχί).				
2	A school described	in section 170(b)(1)(A	(Attach Schedule E	.)							
3	A hospital or coope	erative hospital service	e organization described i	n sectio	n 1 70 (b)	(1)(A)(iii). (Atta	ch Sche	dule H)		
4	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 1 70 (ЪХ1ХАХ	(iii) Ente	r the hospi	tal's
	name, city, and sta										
5	170(b)(1)(A)(iv). (C	omplete Part II)	of a college or university					mental i	ınıt desc	ribed in sec	ction
6			governmental unit describ								
7	in section 170(b)(1)	(A)(vi). (Complete Pa	•		_	ernment	al unit	or from	the gene	ral public d	escribed
8	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	Part II)						
9	from activities relat investment income	ed to its exempt funct	more than 33-1/3 % of lons — subject to certain ss taxable income (less s emplete Part III)	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om aross
10	An organization org	ganized and operated	exclusively to test for put	olic safe	ty See :	section !	5 09 (a)(4). (see	instructio	ns)	
11	more publicly supply	orted organizations de	exclusively for the benefi escribed in section 509(a) ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of See s i	, or carr ection 5	y out the 19(a)(3). 	purposes of Check the	of one or box that
	a [_] Type I	b Type II	c 🔲 Type III	– Fund	tionally	ıntegratı	ed		d [Type III-	Other
e	By checking this both than foundation ma 509(a)(2)	ox, I certify that the organized in agers and other than	ganization is not controlle n one or more publicly su	ed direct pported	ly or ind organiza	rectly by	y one o escribed	r more o	lisqualific on 509(a	ed persons a)(1) or sec	other tion
f	,	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganization,	
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	n any of	the fol	lowing p	ersons?	,	
											Yes No
	below, the go	verning body of the si	controls, either alone or to upported organization?	ogether	with per	sons des	scribed	ın (ıı) ar	nd (m)	11g(i)	
	* *	ber of a person desc	1.	_						11 g (ii)	
			described in (i) or (ii) about							11 g (iii)	
<u>h</u>	Provide the following	ng information about t	he organizations the orga	1		S					
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col in your ming ment?	(v) Did y the organ col your su	ization în	organizat	zed in the l	(vii) Amoun	t of Support
				Yes	No	Yes	No	Yes	No		
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RAA	For Privacy Act and Pa	perwork keduction A	ct Notice, see the Instruc	TOORS TO	rrom	79U.		ocneaul	e A (FOI	in aan ot as	90-EZ) 2008

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	(1)			
	ndar year (or fiscal year		T	T	T	T	
begi	nning in) 🖹	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')					57,006.	57,006.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3			<u> </u>		57,006.	57 , 006.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,688.
	Public support. Subtract line 5 from line 4						48,318.
Sec	tion B. Total Support	Y	1	1			
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	Ĺ'		<u> </u>	<u> </u>	57,006.	57,006.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			!			57,006.
12	Gross receipts from related activi	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3)	<u>►</u> [x]
	tion C. Computation of Pub		··	21 / 200			
	Public support percentage for 200 Public support percentage for 200	•	**			14	% %
16 a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, check	k this box
t	33-1/3 support test – 2007. If the and stop here. The organization of	organization did i	not check a box of	on line 13, or 16a,	and line 15 is 33-	·1/3% or more, chec	
17a	10%-facts-and-circumstances test or more, and if the organization r the organization meets the 'facts-	meets the 'facts-ai	ınd-cırcumstances	s' test, check this b	box and stop here	e. Explain in Part IV	
	o 10%-facts-and-circumstances test or more, and if the organization re organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this b zation qualifies as	box and stop here a publicly support	e. Explain in Part IV ted organization	how the
18	Private foundation. If the organiz	ation did not chec	ck a box on line,	13, 16a, 16b, 17a,		s box and see instru	

Schedule A (Form 990 or 990-EZ) 2008 Gamboa Union Ministries 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal yr 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 'unusual grants')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
t	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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	: Add lines 10a and 10b Net income from unrelated business activities not included inline 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 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 a	s for the organiza	tion's first second	third fourth or	fifth tax year as a	section 501(c)(3)
	First five years. If the Form 990 organization, check this box and			, uma, tourur, or	murtax year as a		• □
	tion C. Computation of Put			12	····	1	0/
	Public support percentage for 20	•	• • •			15	
	Public support percentage from 2 tion D. Computation of Inve			<u>y</u>		16	%
	Investment income percentage for			by line 13 colum	up (ft)	17	1 %
	Investment income percentage for	•		-	III (1))	18	- % - %
	33-1/3 support tests - 2008. If th	e organization did	not check the box	x on line 14, and	line 15 is more th	ian 33-1/3%, and	
ŧ	more than 33-1/3%, check this be 33-1/3 support tests — 2007. If the is not more than 33-1/3%, check	e organization did	not check a box	on line 14 or 19a.	and line 16 is mo	- ire than 33-1/3%	, and line 18 ►
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	1, 19a, or 19b, ch	eck this box and s	ee instructions	▶ □

Schedule	A (Form 990 or	990-EZ) 2008	Gamboa	Union	Ministries	26	-3108238	Page 4
Part IV	Supplemer Part II, line	ntal Informat 17a or 17b;	ion. Compl or Part III,	ete this line 12	part to provide t . Provide any ot	26- he explanation required be ner additional information	y Part II, line 10; . (see instructions)
·								
								
				. – – – –				
						. – – – – – – – – – – – –		

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payme	Support Christian Ministry Activities in Panama								
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given						
Ministry Suppor	Business Person Gamboa Union Church Gamboa, Panama		57,006.						
f property other th Description of Prop Date of Gift	nan cash was given, the following additional info perty	formation needs to be	provided:						
Book Value	How Book Value D	Determined							
	How FMV Determined								