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## Form 990

## **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)

OMB No 1545-0047

2008

Department of the Treasury

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

Open to Public Inspection

mich				ni may have to use			_				<u>-</u>		
	For t	he 2008 calendar year	r, or tax year begi	<u>nning 10/0</u>	1	, 200	8, and endir				, 2009		
В	Check	if applicable						ł	D Employe	er Identi	fication Number		
	Ac	Please us ddress change   IRS labe	ILLKIS MINIS	STRIES, I	NC.			ł	33-0	6480	658		
	$\prod_{N}$	or print or type		943					E Telepho	ne numb	er		
	$\vdash$	See	ILAKE ARROV	WHEAD, CA	92352			1	ana-	- 337.	-8428		
	$\vdash$	Instruc						-	303 337 0420				
	$\vdash$	ermination tions.						Ę.					
	∐ A₁	mended return							G Gross re	ceipts \$	7,443,785.		
	_ [A	oplication pending   F Name	e and address of princip	al officer				H(a) Is this a	group return	for affil	ıates? Yes X No		
		Same	As C Above					H(b) Are all a			Yes No		
$\overline{\Gamma}$	Tax	exempt status X 50		(insert no )	4947	(a)(1) or	527	i ir No, a	attach a list	(see insi	(ructions)		
T		bsite: ► irismir		(,55,1,1,15)	1	<u> </u>		H(c) Group e	vomotion nu	mhor Þ			
<del>-</del>				<del></del>	1	т.		· · · · · · · · · · · · · · · · · · ·					
K_			oration Trust	Association	Other -		Year of Forma	ition	IM S	tate of le	egal domicile		
<u> Pa</u>	rt 🗀	Summary											
	1	Briefly describe the o	organization's miss	sion or most s	ignificant ac	tivities <u>l</u>	<u>MISSIONA</u>	<u> RY_WORI</u>	K_IN_A	<u>FRIC</u>	<u>A</u>		
•													
Activities & Governance													
Ĕ													
۶	2	Check this box ►	If the organization	on discontinue	d its operati	ons or dis	sposed of m	ore than 25	 5% of its a	assets			
ŏ		Number of voting me					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	6		
85		Number of independe					ne 1b)		Ì	4	<u>6</u> 3		
ţį	5	Total number of emp					,		Ì	5	14		
ξ	6	Total number of volu							ł	6	0		
Aç	7 a	Total gross unrelated	-		II line 12 co	olumn (C)	i		1	7a	0.		
		Net unrelated busine					•		ł	7b	0.		
_		Net unrelated busine	33 taxable income	; IIOIII I OIIII 3:	20-1, line 3-	·		<del></del>		- / 5			
									ior Year		Current Year		
Φ.	8	Contributions and gra						5	,243,2		7,038,424.		
Ĕ		Program service reve						_	504,8		14,618.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							339,6	24.	370,716 <u>.</u>		
œ	11	Other revenue (Part	VIII, column (A), I	ines 5, 6d, 8c,	9c, 10c, an	d 11e)							
	12	Total revenue - add	lines 8 through 17	1 (must equal	Part VIII, co	lumn (A),	line 12)	6	,087,7	13.	7,423,758.		
	13	Grants and similar ai							168,5	14.	172,847.		
	14	Benefits paid to or fo	• •										
	-						oo E 10)	1	,879,3	04	1,793,094.		
69		Salaries, other comp				III (A), III I	es 5-10)	<u> </u>	,015,3	74.	1, 193, 094.		
Expenses		Professional fundrais			11	اد		<b></b>					
χb	b	Total fundraising exp	enses (Part X) co	olu <b>ģrini ((D)), lī</b> me	7 <del>85</del> % - 18	21							
Ú		Other expenses (Par			116-246	<u> </u>		3	,169,4	53	4,450,054.		
	18	Total expenses Add	lines 12 17/must	mes Traitiu,	- solumn	2   100 25)			,728,1		6,415,995.		
	10	Total expenses Add Revenue less expens	illies 13-17 (muse	Il all the	T	), little 25)		- 3					
_	19	Revenue less expens	ses. Subtract-line	18 TOTAL HIDE V	₹ U I				<u>359,5</u>	85.	1,007,763.		
Net Assets or Fund Balancos						_		Begin	ning of Y	ear	End of Year		
alar	20	Total assets (Part X,	line 16)					5	,176,5	94.	6,138,147.		
A B	21	Total liabilities (Part	X, line 26)						5,9	42.	-40,268.		
\$2	22	Net assets or fund ba	alancos Subtract	line 21 from li	no 20				,170,6	52	6,178,415.		
Da	n	Signature Blo		inie Zi nom n	116 20				, 110, 0	32.1	0,170,413.		
	<u></u>	<del></del>			_								
		Under penalties of perjur true, correct, and comple	y, I declare that I have one Declaration of prepare	examined this retur arer (other than offi	n, including acco	ompanying so all information	chedules and sta on of which prep	atements, and parer has any k	to the best of nowledge	f my kno	wiedge and belief, it is		
		. 00	2/1		•			1	•				
Sig	jn 💮		7 HDV										
He	re	Signature of officer						Dat	_				
		- CHAR	LBS F 80	ETERS				$\mathcal{S}$	-17-1	D			
		Type of print name a	<del></del>	_ <del>/</del> -									
					/		Date	Ch	eck if	Pr	eparer's identifying number ee instructions)		
Pai	id			1	//			se	lf-		ee instructions)		
Pre		Preparer's signature		99////	9		0/12/1	1	nployed P	니			
	rer's			41			8/13/1	<u> </u>	<del></del>				
Us		wourd if colf .	REIT & PETE		IC								
	Only employed). ► 1175 IDAHO ST STE 202						EII	<u>v ►</u> 3	<u>3-0</u> 6	88952			
	address, and ZIP+4 REDLANDS, CA 92374-4592					Phone no ► (909) 307-2323							
May	/ the	IRS discuss this return				ructions)				:	X Yes No		
		Privacy Act and Pan					uctions		TEE 40112	10/00			

	990 (2008) TRIS MINISTRIES, INC.	33-064865	8		age 2
Pat	Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				-
	MISSIONARY WORK IN AFRICA				
	140030844 3044 14 14 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1				
2	Did the organization undertake any significant program services during the year which were not listed on the	prior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.	لسا			
9	Did the organization cease conducting, or make significant changes in how it conducts, any program service		Yes	X	No
3		:s:	163	$\Delta$	NO
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	expenses. Sec	tion 50	)1(c)(	3)
	expenses, and revenue, if any, for each program service reported.	locations to our	iers, in	e ioia	1
	expenses, and revenue, if any, for each program service reported.				
	de la companie de la				
42	a (Code (Code (Expenses \$ 5,345,318. including grants of \$ 172,847.) (Rev	venue \$			)
	THE CORPORATION CONDUCTS ONGOING AND EXPANDING OPERATIONS IN AFRICA		THE		<u> </u>
				<u> </u>	
	HUNGRY, PLANTING CHURCHES, TAKING IN ORPHANS AND TRAINING MISSIONAR	TE2 WND L	4210F	75.	
				. <b>_</b>	
		. <b></b> = =		. <b>_</b>	
		<del></del>			<del></del>
41	(Code) (Expenses \$ including grants of \$) (Rev	renue \$			)
		. – – – – – –			
40	(Code) (Expenses \$ including grants of \$) (Rec	venue \$			)
					- <b>-</b>
		<b></b> .			
	1 Other greener aggrees (Departure in Schedule O.)				
40	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$ ) (Revenue \$			)	
4	e Total program service expenses ► \$ 5,345,318. (Must equal Part IX, Line 25, column (B))	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2008) IRIS MINISTRIES, INC.

Partity Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Х	
l	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	Х	 
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	Х	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or $5^{\circ}$ If 'Yes,' complete Schedule J	23		х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		x
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
	c 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		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
	a 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	25a		<u>X</u>
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
	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		Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
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Form 990 (2008) IRIS MINISTRIES, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	_		1 40 1
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively	· 	-	
	with other person(s) listed in Part VII, Section A)? If Yes, complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	,	X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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		х
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		Х
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		Х
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		X
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		Х
BA		Form	990	(2008)

Form 990 (2008)

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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. 0 Information Returns. Enter -0- if not applicable 1 a 1 b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 14 X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 32 X this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country Mozambique See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 50 Prohibited Tax Shelter Transaction? X 6a 6a Did the 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 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? X 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7€ benefit contract? **7**f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b Х b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other 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 ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	ction A. Governing Body and Management									
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumsta processes, or changes in Schedule O. See instructions	nces,	Yes	No						
1 a	a Enter the number of voting members of the governing body	6								
1	b Enter the number of voting members that are independent 1b	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee or key employee? See Schedule 0	ner 2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors or trustees, or key employees to a management company or other person?	rision 3		Х						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х						
6	— — — — — — — — — — — — — — — — — — —									
7:	6 Does the organization have members or stockholders?  7a Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  78									
_ '			<del>' </del>	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:		- :-							
	a The governing body?	88	1	<del>,</del>						
	b Each committee with authority to act on behalf of the governing body?	81	+	X						
	a Does the organization have local chapters, branches, or affiliates?	9	┼—	X						
	<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affilial and branches to ensure their operations are consistent with those of the organization?	91	<u>,                                    </u>							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations middlescribe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O	ust 10	<u> </u>	<u>x</u>						
11	Is there any officer, director or 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	11		Х						
<u>Sec</u>	ction B. Policies		Т	T						
		T40	Yes	No X						
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12:	<b>3</b>	ΙX						
l	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		1	<del></del>						
(	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in									
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe Schedule O how this is done.	120		х						
	Schedule O how this is done  Does the organization have a written whistleblower policy?	12 d		X X X						
	Schedule O how this is done	120		х						
14	Schedule O how this is done  Does the organization have a written whistleblower policy?	120 13 14		X X X						
14 15	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	120 13 14		X X X X						
14 15	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	120 13 14 ent	a	X X X						
14 15	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision  The organization's CEO, Executive Director, or top management official?	120 13 14 ent	a	X X X X						
14 15	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?	120 13 14 ent	a a b	X X X						
14 15	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independing persons, comparability data, and contemporaneous substantiation of the deliberation and decision  The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a talentity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participant in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exceptions.	12.0 13 14 ent 15.0 15.0 16.0 pation empt	a b a	X X X X						
14 15 16	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independing persons, comparability data, and contemporaneous substantiation of the deliberation and decision  The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tentity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its particinin joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's existatus with respect to such arrangements?	12.0 13 14 ent 15.0 15.0 16.0 pation	a b a	X X X X						
14 15 16:	Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision  The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tentity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its particinin joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's existatus with respect to such arrangements?  ction C. Disclosures	12.0 13 14 ent 15.0 15.0 16.0 pation empt	a b a	X X X X						
14 15 16: Sec 17	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a talentity during the year?  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 the organization's existatus with respect to such arrangements?  ction C. Disclosures  List the states with which a copy of this Form 990 is required to be filed  CA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	124 13 14 ent 155 150 exable 166 pation empt 166	a b b	X X X X						
14 15 16: Sec 17	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independing persons, comparability data, and contemporaneous substantiation of the deliberation and decision  The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a talentity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its particing in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's existatus with respect to such arrangements?  ction C. Disclosures  List the states with which a copy of this Form 990 is required to be filed   CA	124 13 14 ent 155 150 exable 166 pation empt 166	a b b	X X X X						
14 15 16: Sec 17 18	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a talentity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its particilin joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's existatus with respect to such arrangements?  ction C. Disclosures  List the states with which a copy of this Form 990 is required to be filed   CA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or inspection. Indicate how you make these available Check all that apply  Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of intervi-	ent 124 13 14 ent 15 15 16 pation empt 16 only) availa	a b b b b b b b b b b b b b b b b b b b	X X X X X						
14 15 16: Secc 17 18	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independipersons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tentity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's existatus with respect to such arrangements?  ction C. Disclosures  List the states with which a copy of this Form 990 is required to be filed \( \subseteq \subseteq \subseteq \text{A} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or inspection. Indicate how you make these available Check all that apply  Own website X Another's website Upon request  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interestatements available to the public See Schedule O	ent 12/13 14 ent 15/15 15/16 pation empt 16/16 ponly) availa	ble for	X X X X X						

Form 990 (2008)

BAA

Form 990 (2008)

# 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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 no							и, u			
(A)	(B)	Pos	tion (			hat appl	l.v.	(D)	<b>(É)</b>	<b>(F)</b>
Name and Title	Average hours per week	or director	institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROLLAND BAKER Vice President	0			х				91,607.	0.	0.
HEIDI BAKER		_	_	Λ				31,007.		0.
President	0			Х				141,277.	0.	0.
STACY CAMPBELL Secretary	0							0.	0.	0.
CHARLES PETERS										
Treasurer KRIS BALLOTTON	0		-	X	H			873.	0.	0.
Director	0							0.	0.	0.
MEL TARI Director	0	ļ						0.	0.	0.
			-						<u> </u>	<u></u>
					_					L
										<u> </u>

TEEA0107L 04/24/09

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)										
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	or di	Instr	Officer	řey	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		recto	trio	ĕ	en p	lest o	ner	(11-2/1033-11/100)	(11-2) 1033-11113C)	organization and related
		5	nal t		employee	e comp				organizations
	per week	stee	nstitutional trustee		i °°	Highest compensate employee				
			ě		•	ated				
					<u> </u>	Н				
		$\vdash$			<del> </del>	$\vdash$				<del>                                     </del>
						$\vdash$				<del>                                     </del>
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		_								
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			_	<u> </u>	<u> </u>	Ш				
					1					
								000 000		
1 b Total						***	<u> </u>	233,757.	0.	0.
2 Total number of individuals (including those in 1a) v	vho rec	eived	me	ore i	thar	<b>1</b> \$10	0,00	00 in reportable o	ompensation from	the
organization ► 1										Yes No
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, I	кеу	emp	oloy	ee, c	or hi	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	han \$15	50,00	00?	lf 'Y	es'	com	plet	e Schedule J for	such	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fro	om a	any	unre	elate	ed organization fo	r services	5 - X
rendered to the organization? If 'Yes,' complete Sch	reaule .	) for	suc	n pe	erso	n				<u>  5   X</u>
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inde	neno	lent	cor	ntrac	ctors	tha	it received more t	han \$100 000 of	
compensation from the organization		<b>P</b> 0. 10								
(A) (B) (C)										
Name and business address Description of Services									of Services	Compensation
								<u> </u>		
2 Tatal number of independent control (i.e., i.e.,	4bc	- 15	L-			. ام		than \$100 000		
2 Total number of independent contractors (including compensation from the organization ► 0	uiose II	11)	WIIC	rec	.eive	a m	ore	шап ф100,000 IN		

Par	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  1a 1b 1c 1d 240,797.  1e 1f 6,797,627.				
ONTRIB AND OT	g Noncash contributes included in lins 1a-1f. \$ 4,579.  h Total. Add lines 1a-1f	7,038,424.			į Į
ᇻ	Business Code	7,030,424.	<del></del>	<del> </del>	
3	2a MISSIONARY SCHOOL TUITION	14,618.	14,618.		
₫	b	14,010.	14,010.	<del> </del>	
핑	~ <del></del>				
<u> </u>	c				
E	<u> </u>				
죑	f All other program service revenue				
Ž	g Total. Add lines 2a-2f	14,618.			
	3 Investment income (including dividends, interest and other similar amounts)	240,164.			240,164.
	4 Income from investment of tax-exempt bond proceeds				<u> </u>
	5 Royalties			<del></del>	<u> </u>
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				1
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 26, 812. 123, 767.				
	b Less: cost or other basis and sales expenses 8,539. 11,488.				
	c Gain or (loss) 18,273. 112,279.	100 550	· <del></del>		120 552
ш	d Net gain or (loss)  8a Gross income from fundraising events	130,552.			130,552.
OTHER REVENUE	of contributions reported on line 1c)				
ĒR	See Part IV, line 18 a b Less: direct expenses b				
Ė	c Net income or (loss) from fundraising events		- · ·		
	9a Gross income from gaming activities. See Part IV, line 19		:		
	b Less direct expenses				
	c Net income or (loss) from gaming activities				
					· · · · · · · · · · · · · · · · · · ·
	10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a	1 !			<u> </u>
	b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	7,423,758.	14,618.	0.	370,716.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	29,381.	29,381.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	131,789.	131,789.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	11,677.	11,677.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	233,757.	195,854.	37,903.	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	1,449,431.	1,185,252.	264,179.	
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)		,		
9	Other employee benefits.				
10	Payroll taxes	109,906.	-	109,906.	
11	Fees for services (non-employees)				
	a Management				
	Legal	3,965.	3,965.		
	Accounting				
	Lobbying				
	e Prof fundraising svcs See Part IV, In 17	-			
	Investment management fees	1,379.	1,379.		
	Other	254.	254.		
13	Advertising and promotion Office expenses	977,307.	460,228.	517,079.	
14	Information technology	64,860.	400,220.	64,860.	-
15	Royalties	5,547.		5,547.	<del></del>
16	Occupancy	191,540.	183,891.	7,649.	
17	Travel	1,146,062.	1,123,702.	22,360.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,210,0021	, == 0,		
19	Conferences, conventions, and meetings	14,280.	2,200.	12,080.	
20	Interest	76.	76.		
21	Payments to affiliates	378,290.	378,290.		
22	Depreciation, depletion, and amortization	203,844.	203,844.		
23 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 ).	3,536.	1,848.	1,688.	
	FOOD_SUPPLIES	579,557.	579,557.		
	FACILITY MAINTENANCE	129,729.	129,729.		
	c_WELL_PROJECT	112,136.	112,136.		
	d CHILDREN'S ACTIVITIES	99,194.	99,194.		
	REVIVAL TEAM	73,821.	73,821.	07.406	
	f All other expenses	464,677.	437,251.	27,426.	
	Total functional expenses. Add lines 1 through 24f	6,415,995.	5,345,318.	1,070,677.	0.
	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				
BAA	1				Form <b>990</b> (2008)

<u>ٺ ٽ</u>	1 ( / )	Bulance Officet								
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year					
	1	Cash — non-interest-bearing.	538,415.	1	1,881,722.					
	2	Savings and temporary cash investments	954,350.	2	1,001,722.					
	3	Pledges and grants receivable, net	301/330.	3						
	4	Accounts receivable, net		4						
	5	Receivables from current and former officers, directors, trustees, key employees,								
		or other related parties Complete Part II of Schedule L		5	·					
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		li_						
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6						
ASSETS	7	Notes and loans receivable, net	54,664.	7	36 <u>,527.</u>					
Ē	8	Inventories for sale or use	94,345.	8	57,317.					
Ś	9	Prepaid expenses and deferred charges		9						
	10 a	Land, buildings, and equipment cost basis 10a 4,416,283.								
	b	Less accumulated depreciation Complete Part VI of		<u>                                     </u>	i					
		Schedule D 1,073,729.	3,473,566.	10 c	3,342,554.					
	11	Investments — publicly-traded securities	61,254.	11	820,027.					
	12	Investments – other securities See Part IV, line 11		12						
	13	Investments – program-related See Part IV, line 11 .		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11.		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,176,594.	16	6,138,14 <u>7.</u>					
	17	Accounts payable and accrued expenses	5,942.	17	-40,268 <u>.</u>					
	18	Grants payable	-	18	<u> </u>					
	19	Deferred revenue		19						
L	20	20								
A B	21	21								
A B I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II								
Ť	1	of Schedule L								
Ë	22	Secured mortgages and notes payable to unrelated third parties		23						
3	23	Unsecured notes and loans payable		24	<del></del>					
	25	Other liabilities Complete Part X of Schedule D		25	<del>-</del>					
	26	Total liabilities. Add lines 17 through 25.	5,942.	26	-40,268.					
	20	Organizations that follow SFAS 117, check here ► and complete lines	3/312.		10/200.					
N E T		27 through 29 and lines 33 and 34.								
Ą	27	Unrestricted net assets		27	- <u></u>					
Ş		Temporarily restricted net assets		28						
Ī S	29	Permanently restricted net assets		29						
Q R		Organizations that do not follow SFAS 117, check here ► X and complete		-	<del></del> -					
		lines 30 through 34.			1					
FUZD	30	Capital stock or trust principal, or current funds		30	·					
	31	Paid-in or capital surplus, or land, building, and equipment fund		31						
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds	5,170,652.	32	6,178,415.					
Ñ	33	Total net assets or fund balances.	5,170,652.	33	6,178,415.					
Ě	34	Total liabilities and net assets/fund balances	5,176,594.	34	6,138,147.					
Pa	rt X			J · - I						
تت					Yes No					
1	Ac	counting method used to prepare the Form 990. $\overline{X}$ Cash Accrual	Other							
		ere the organization's financial statements compiled or reviewed by an independent	accountant?		2a X					
_		ere the organization's financial statements audited by an independent accountant?			2b X					
	c If '	Yes' to 2a or 2b, does the organization have a committee that assumes responsibili	ty for oversight of the a	audit,						
	re۱	riew, or compilation of its financial statements and selection of an independent acco	ountant?		2c					
3	a As Δ.	a result of a federal award, was the organization required to undergo an audit or a dit Act and OMB Circular A-133?	udits as set forth in the	Single	3a X					
		Yes,' did the organization undergo the required audit or audits?			3b 1					
ВА		. cel are are argumentar arrange are reduited apart or positio	<del></del>		Form <b>990</b> (2008)					

#### 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 2008

Open to Public Inspection

Name o	the	organization		-						Employer	ıdentıficati	ion number		
IRIS	3 1	<b>INISTRI</b>	ES, I	INC.						33-06	48658			
Part	Ι	Reason 1	or Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see II	nstruct	ions)		
The o	gai	nization is n	ot a priv	ate foundation becau	ise it is (Please check o	nly <b>one</b> (	organiza	ition )						
1		A church, c	onventic	on of churches or ass	ociation of churches desc	cribed in	section	170(b)(	1 <b>)(A)(</b> i).					
2	П	A school de	scribed	in section 170(b)(1)(/	A)(ii). (Attach Schedule I	Ξ.)								
3	П	A hospital o	r coope	erative hospital service	e organization described	ın sectio	on 170(b	χ1χΑχί	ii). (Att	ach Sch	edule H	)		
4	П	A medical r	esearch	organization operate	ed in conjunction with a h	ospital c	describe	d in sec	tion 170	)(b)(1)(A	<b>Xiii)</b> En	ter the hos	pıtal's	i
	_	name, city,	and sta	te:										
5		170(b)(1)(A)	<b>(iv).</b> (C	Complete Part II)	of a college or university					nmental	unit des	scribed in s	ection	1
6	Ц				governmental unit descri									
7	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.)													
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)													
10		-	_		exclusively to test for pu									
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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													
	_	<b>a</b> Type		<b>b</b>	c 💹 Type II		-	•			d 🔝	Type III-		
е	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)													
f				received a written del	termination from the IRS	that is a	a Type I,	Type II	or Typ	e III sup	porting o	organization	٦,	
g		Since Augu	st 17, 2	006, has the organiza	ation accepted any gift o	r contrib	ution fro	m any	of the fo	ollowing	persons	,7		
													Yes	No
		below	, the go	verning body of the s	controls, either alone or supported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		
		(ii) a fam	ıly mem	nber of a person desc	cribed in (i) above?							11 g (ii)		
		` '		•	n described in (i) or (ii) a							11 g (iii)		
h		Provide the	following	ng information about	the organizations the org	janizatio	n suppo	rts		1				
	(i	) Name of Supp Organization		(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the non in cold in your erning ment?	(v) Did y the organ col ( your su	ızatıon in (ı) of	(vi) la organizati (i) organiz U S	on in col	(vii) Amoun	t of Sup	port
						Yes	No	Yes	No	Yes	No			
_							L							
										L				
										{				
							<u> </u>			<u> </u>	ļļ			
										<u> </u>				
						ļ	1	<u> </u>		ļ				
Total														
BAA	Fo	r Privacy Ac	t and Pa	aperwork Reduction	Act Notice, see the Instr	uctions t	for Forn	ı 990.	5	Schedule	A (For	m 990 or 99	90-EZ	2008

Par	til Support Schedule for	_			DK I KAKIV) ali	K 1 )(a)(1)	AXVI)			
Sec	(Complete only if you check tion A. Public Support	ea the box on line	5, 7, or 8 or Par	L ].)		_				
Cale	ndar year (or fiscal year 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.')	5,169,521.	5,200,000.	6,606,058.	5,243,288.	7,038,42	4. 29,257,291.			
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.			
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.						0.			
4	Total. Add lines 1-3	5,169,521.	5,200,000.	6,606,058.	5,243,288.	7,038,42	4. 29,257,291.			
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)						0.			
	<b>Public support.</b> Subtract line 5 from line 4						29,257,291.			
<u>Sec</u>	tion B. Total Support	т	т	1			<del></del>			
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total 4. 29,257,291.			
7	Amounts from line 4	ne 4 5,169,521. 5,200,000. 6,606,058. 5,243,288. 7,038,424.								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	11.	10.	431.	39,150.	240,16	4. 279,766.			
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.			
11	Total support. Add lines 7 through 10					<u> </u>	29,537,057.			
12	Gross receipts from related activ	vities, etc (see in	structions)				12 0.			
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year a	is a section 50	1(c)(3) ►			
	tion C. Computation of Pu									
15	Public support percentage for 20 Public support percentage for 20	007 Schedule A. F	Part IV-A. line 26f	•			14     99.1 %       15     100.0 %			
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, an organization	d the line 14 is 33	3-1/3 % or mor	e, check this box			
t	b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
17 a	17a 10%-facts-and-circumstances test — 2008. 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>b 10%-facts-and-circumstances test</b> — <b>2007.</b> 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 <b>stop here.</b> 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 organ	ization did not che	eck a box on line	, 13, 16a, 16b, 17			ee instructions P     m 990 or 990-EZ) 2008			
BAA					50	JIEGUIE A (FOI	111 フラレ ひに フブレ・エムナ とししと			

IRIS MINISTRIES, INC Page 3 Schedule A (Form 990 or 990-EZ) 2008 33-0648658 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Giffs, 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. 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) 13 Total support. (add Ins 9, 10c, 11, and 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 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 IRIS MINISTRIES, IN	IC.	33-0648658 Page 4
Part II, line 17a or 17b; or Part III, line 12. Provide	provide the explanation require any other additional information	red by Part II, line 10;
. Tatti, into 17a of 17b, of Fattin, into 12.1 Toxic	c any other additional informe	ation: (See instructions)

# SCHEDULE D . (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

2000 20pen to Public, Inspection 2a

Schedule D (Form 990) 2008

Employer Identification number

IRI	S MINISTRIES, INC.		33-0648658
Pan	Organizations Maintaining Donoi	Advised Funds or Other Similar Fur	ids or Accounts Complete if
	the organization answered 'Yes' to		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	6	
2	Aggregate contributions to (during year)	439,095.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	onor advised Yes X No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ds may be ner Yes X No
Par	Conservation Easements Comple	ete if the organization answered 'Yes'	
	Purpose(s) of conservation easements held by		to Form 350, Fait TV, mio 7.
•	Preservation of land for public use (e g , r		of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	m of a conservation easement on the last day
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	nents	2b
С	Number of conservation easements on a certification	fied historic structure included in (a)	2c
	Number of conservation easements included i	1,	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the taxable
	year ▶		
4	Number of states where property subject to co	onservation easement is located	<u> </u>
5	Does the organization have a written policy re enforcement of the conservation easement it	nolds?	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring		
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing easements during the	year ▶\$
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	n line 2(d) above satisfy the requirements of so	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
b	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, not to report in its revenue staten lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	*\$ *\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line	e 1	<b>*</b> \$
b	Assets included in Form 990, Part X		<b>≯</b> \$

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Schedule D (Form 990) 2008 IRIS			winel Transcripe	33-064		Page 2					
Part III Organizations Mainta											
<ul> <li>Using the organization's accession that apply).</li> </ul>	on and other record	s, check any of th	ie following that are a	significant use of its colle	ection items (c)	neck all					
a Public exhibition		<b>d</b> Loan	or exchange programs								
<b>b</b> Scholarly research		e Other									
c Preservation for future generations											
4 Provide a description of the organ Part XIV	inization's collection	ns and explain ho	w they further the orga	nization's exempt purpos	se in						
5 During the year, did the organiza assets to be sold to raise funds	ation solicit or recei rather than to be m	ve donations of ar aintained as part	t, historical treasures, of the organization's co	or other similar ollection?	Yes	No					
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrange	ements Compl	ete if organization		orm 990, Pa	art					
		·		her assets not							
1a Is the organization an agent, true included on Form 990, Part X?					Yes	No					
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIV and co	mplete the follow	ıng table.								
					Amount						
c Beginning balance				1 c							
d Additions during the year											
e Distributions during the year											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21?											
<b>b</b> If 'Yes,' explain the arrangement											
Part V Endowment Funds Co	mplete if organ	zation answer	<u>ed 'Yes' to Form 9</u>	<u>90, Part IV, line 10.</u>							
	(e) Four year	s back_									
1 a Beginning of year balance											
<b>b</b> Contributions					<u> </u>						
c Investment earnings or losses											
d Grants or scholarships					<u> </u>						
<ul> <li>Other expenditures for facilities and programs</li> </ul>											
f Administrative expenses					<u> </u>						
<b>g</b> End of year balance					l						
2 Provide the estimated percentag	e of the year end b	alance held as									
a Board designated or quasi-endo	wment ►	<b>%</b>									
<b>b</b> Permanent endowment ▶	<u> </u>										
c Term endowment ►	<b>%</b>										
3a Are there endowment funds not organization by	in the possession o	f the organization	that are held and adn	ninistered for the	Yes	No					
(i) unrelated organizations			•		3a(i)						
(ii) related organizations					3a(ii)						
b If 'Yes' to 3a(II), are the related	organizations listed	as required on S	chedule R?		3b						
4 Describe in Part XIV the intende	d uses of the organ	ization's endowm	ent funds.								
Part VI Investments-Land, B				(, line 10.							
Description of investmen		ost or other basis (investment)		(c) Depreciation	(d) Book V	alue					
1a Land											
<b>b</b> Buildings											
c Leasehold improvements											
<b>d</b> Equipment											
<b>e</b> Other			4,416,283.	1,073,729.	3,342	,554.					
Total. Add lines 1a-1e (Column (d) sh	ould equal Form 99	0, Part X, column	(B), line 10(c).)	•	3,342	,554.					

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Schedule **D** (Form 990) 2008

Schedule <b>D</b> (Form 990) 20	008 IRIS MINISTRIES,	INC.	33-064	18658 Page
<del></del>	ts-Other Securities See F			
(a) Description (including	of security or category name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives and	other financial products			
Closely-held equity interes	sts			
Other				
				<del> </del>
		<del></del>		
		<u> </u>		
	15 000 Bart X and (B) Inc. 12			-
Otal. (Column (b) snould equal	I Form 990 Part X, col. (B) line 12.) ► ts-Program Related (See	Form 990 Part Y line	13) N/A	
			(c) Method of valua	otion
(a) Description	on of investment type	(b) Book value	Cost or end-of-year mar	ket value
				-
Total. Column (b)(should equal	Form 990, Part X, Col (B) line 13 )			
Part IX Other Asse	ets (See Form 990, Part X,			1 455 1 1
	(a) D	escription		(b) Book value
				<del>-</del>
		<del></del>		
,·				
, , ,				
Total, Column (b) Total (s	should equal Form 990, Part X, c	ol (B), line 15)	<b>•</b>	
	ilities (See Form 990, Par			
	scription of Liability	(b) Amount		
ederal Income Taxes		\(\frac{1}{2}\)	1	
- Cacial III Collins Tanco				
			1	
·				
		-11.	1	
			1	
·			1	
<del></del> -	· · · · · · · · · · · · · · · · · · ·		1	
	•		1	
Total, Column (h) Total (should	equal Form 990, Part X. col. (B) line 25)	<b>•</b>	1	
	equal Form 990, Part X, col. (B) line 25)	<b>&gt;</b>	Abot consider the event retires to the	uluhu dan umaa

33-0648658

		3-064	8658	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)	-		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	į.		
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses	- ,		
7	Prior period adjustments	- 1		
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8			
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
á	Net unrealized gains on investments 2a	╛		
t	Donated services and use of facilities 2b	_		
(	Recoveries of prior year grants . 2c			
	d Other (Describe in Part XIV)	]		
•	Add lines 2a through 2d.	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b.			
	Other (Describe in Part XIV)	7 ]		
(	Add lines 4a and 4b	4c		
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5		
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	rn N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			-
	a Donated services and use of facilities			
	Prior year adjustments 2b	7		
	Losses reported on Form 990, Part IX, line 25	7		
	d Other (Describe in Part XIV)	7 I		
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b.			
	Other (Describe in Part XIV)	┦ !		
	Add lines 4a and 4b	4c		
	Total expenses Add lines <b>3</b> and <b>4c</b> (This should equal Form 990, Part I, line 18)	5		
	t XIV   Supplemental Information			
Com	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
				<del>-</del> -
	»			

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Schedule **D** (Form 990) 2008

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Schedule <b>D</b> (Form 990) 2008	Page <b>5</b>
Schedule D (Form 990) 2008 PartXIX Supplemental Information (continued)	
•	

# Schedule F (Form 990)

Totals.

#### Statement of Activities Outside the United States

OMB No 1545 0047

Department of the Treasury Internal Revenue Service	F	orm 990, Part IV,	line 14b, line 15, or line 16.	.4 163 10	Inspection
Name of the organization				Employer ide	ntification number
IRIS MINISTRIES,	INC			33-0648	
<b>Part I</b> General Infor to Form 990,	mation on Activiti Part IV, line 14b.	es Outside the	e United States. Complet	te if the organizat	ion answered 'Yes'
1 For grantmakers. Doe grantees' eligibility for	es the organization main the grants or assistan	intain records to sice, and the selec	substantiate the amount of the tion criteria used to award the	grants or assistance, grants or assistance	the X Yes No
-			edures for monitoring the use o	of grant funds outside	the United States
3 Activities per Region		orm 990) if additio	nal space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed (d) is a program service, describe specific type of service(s) in region	expenditures in region
EAST ASIA & PACIFIC	1	10	PAYMENTS TO AFFILIATES		4,000.
MIDDLE EAST	1	2	PAYMENTS TO AFFILIATES		1,000.
SUB SAHARAN AFRICA (M	OZAMBIQUE)				
	9	30	FEEDING THE HUNGRY, PLAN	TING CHURCHES, CAI	RING FOR ORPHANS AND TRAIL
				RELIGIOUS AND C	HARITABLE
					5,179,092.
			"		
				<u> </u>	

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Schedule F (Form 990) (2008)

5,184,092.

IRIS MINISTRIES,

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement SUB SAHARAN AFRICA (IRIS SOUTH (NEW) SUDAN 68,284 228,517 620 26,550 11,868 22,700 (e) Amount of cash grant ERRA LEONE) SOUTH AFRICA) 12, (IRIS MALAWI) SUB SAHARAN AFRICA (IRIS KENYA) SUB SAHARAN AFRICA (IRIS CÓNGO) SI (d) Purpose of grant (IRIS (IRIS SUB SAHARAN AFRICA SAHARAN AFRICA SUB SAHARAN AFRICA (c) Region SUB 3 (b) IRS code section and EIN (if applicable) (a) Name of organization

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2008

3 Enter total number of other organizations or entities

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IRIS MINISTRIES, INC.

**Partill Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 11,676 (d) Amount of cash grant (c) Number of recipients SUB SAHARAN AFRICA (b) Region (a) Type of grant or assistance DIRECT AID TO INDIVIDUALS MA MA

•	Schedule F	(Form 990) 2008	IRIS MINISTRIES,	INC.	33-0648658	Page 4
	Part IV	Supplemental	Information	<del></del>	<del></del>	
J		Complete this par	t to provide the information	required in Part I, line 2, and any other addi	tional information	
•						
					· <b></b>	

TEEA3504L 01/06/09

Schedule **F** (Form 990) 2008

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# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

2008

OMB No 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Employer identification number

**≗** □

. . X Yes 33-0648658 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I | General Information on Grants and Assistance IRIS MINISTRIES, Name of the organization

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I I I I I I I I I I I I I I I I I I I			29,381.	0.			
						:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations				<b>A</b> ` <i>A</i>	2
3 Enter total number of other organizations	tions					<b>\</b>	

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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33-0648658 IRIS MINISTRIES, INC.

Page 2 Schedule I (Form 990) 2008 IRIS MINISTRIES, INC.

| Part | Image: Complete I form 990) 2008 IRIS MINISTRIES, INC.
| Part III | Grants and Other Assistance to Individuals in the United States. Complete If the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) If additional space is needed.

(f) Description of non-cash assistance					ner additional information.				 			
(e) Method of valuation (book, FMV, appraisal, other)					rt I, line 2, and any other		 	 		 	 	
(d) Amount of non-cash assistance					tion required in Part						 	
(c) Amount of cash grant	131,789.			-	provide the information required in	 			 		 	
(b) Number of recipients						 						
(a) Type of grant or assistance	DIRECT AID TO INDIVIDUALS IN US				ParkilV   Supplemental Information. Complete this part to							

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Schedule I (Form 990) 2008

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number Name of the organization 33-0648658 IRIS MINISTRIES, INC Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. ROLLAND AND HEIDI BAKER ARE OFFICERS AND THE FOUNDERS OF THE ORGANIZATION. THEY ARE HUSBAND AND WIFE. Form 990, Part VI, Line 10 - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available FORM 990 IS AVAILABLE FOR VIEWING AT www.guidestar.com