

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

2008

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 conv of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

A	For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 9/30		, 2009
<b>B</b> _0	Silver in applicable	nployer	identification number
	Address change   Please use IRS   CHRISTIAN MISSION TO GAZA   3	3-08	373172
	Name change   label or   2920 HINTINGTON DRIVE STE 130	lephone	
	print or type. SAN MARINO, CA 91108-2926		
=			
=	Leaf and	roup E	xemption
===	Itions. 1	umber	×emption ►
11/		- 1	Cook Accrual
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting method Other (specify) ►	oa. <u>M</u>	Cash Accrual
	H Check ► If	the or	ganization is <b>not</b>
1 1	Website: ► N/A required to attact	n Sche	dule B (Form 990,
	Organization type (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-P	F).	
_	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	nally <b>n</b>	ot more than
	\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return		ot more than
L /	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990	►ŝ	121 007
	nstead of Form 990-EZ		131,087.
Pai	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	ruction	
	1 Contributions, gifts, grants, and similar amounts received	1	125,540.
ı	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
l	·	4	2,387.
ľ	4 Investment income		2,301.
	5a Gross amount from sale of assets other than inventory 5a 3, 160.	{	
ŀ	<b>b</b> Less. cost or other basis and sales expenses 5b 5,000.	1 1	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)  SEE STATEMENT 1	5с	-1,840.
Ě	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
E   N	a Gross revenue (not including \$ of contributions		
υ		1 1	
E	reported on line 1) 6a	1 1	
ł	b Less. direct expenses other than fundraising expenses 6b	I . I	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowalices DEOFINED 7a	j l	
	b Less. cost of goods sold  RECEIVED 75	1 1	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ► AUG 1 6 2010 C	1 7cl	
- 1	8 Other revenue (describe > AUG 1 6 2010 O	8	<del></del>
ŀ		-	126 007
_	3 Total revenite (and lines 1, 2, 3, 4, 50, 60, 70, and 3)	9	126,087.
1	10 Grants and similar amounts paid (attach schedule) SHE STATEMENT 2	10	31,475.
_ 1	11 Benefits paid to or for members	11	
Χ	12 Salaries, other compensation, and employee benefits	12	42,996.
EXPENSE	13 Professional fees and other payments to independent contractors	13	1,422.
ที่	·	14	-7.22.
Ş	14 Occupancy, rent, utilities, and maintenance	-	74.
š	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► SEE STATEMENT 3	16	7,842.
l	17 Total expenses (add lines 10 through 16)	17	83,809.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,278.
A		······	
_N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19	157,105.
撃 削	figure reported on prior year's return)	$\vdash$	157,105.
₹ I	20 Other changes in net assets or fund balances (attach explanation)	20	
ل ۔	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	199,383.
Pa	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inste	ad of F	orm 990-EZ.
	(See the instructions for Part II.)  (A) Beginning of years.		(B) End of year
L 22	· · · · · · · · · · · · · · · · · · ·		195,220.
<u></u>		23	170,220.
√23	Land and buildings		4 1 6 2
⊃ 24	Other assets (describe SEE STATEMENT 4 ) 9,878		4,163.
25	Total assets	. 25	199,383.
25 26 27	Total liabilities (describe ►)	. 26	0.
<b>2</b> 7	Net assets or fund balances (line 27 of column (B) must agree with line 21) 157, 105	. 27	199,383.
	For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		Form 990-EZ (2008
<b>S</b> i			, 01111 000-EE (2000
	TEEA0803L 09/18/08		•

Par	art III   Statement of Program Service Accomplishments (See the instructions.)						Expenses
What i	s the orga	anization's primary exempt purpose? SE	E STATEMENT 5			(Req	นเรียนี for 501(c)(3)
Desc	ribe wh	nat was achieved in carrying out the services provided, the number of	e organization's exempt purpo	oses In a clear and con	cise manner,	and (	(4) organizations and
desci	ribe the ram title	e services provided, the number of	persons benefited, or other re	elevant information for e	each	494/	(a)(1) trusts, optional thers)
							uieis )
28	TO PROMOTE THE GOSPEL OF JESUS CHRIST IN GAZA.						
	(Grant	is \$ 31,475.) If th	is amount includes foreign gr	ants, check here	<del>-</del>	28 a	31,475.
29		BENEFIT THE BUILDING A			ST CHURCH		
	×				=		
					ابح – – – – – –		
	(Grant		iis amount includes foreign gr		<b>•</b>	29 a	
30	TO E	BENEFIT THE BUILDING A	AND IMPROVEMENT OF	THE AL-MANARA	SCHOOL.		
	(Grant	5 S	is amount includes foreign gra	ants, check here		30 a	
21		program services (attach schedule		arito, criccii ficio			
31	(Grant		;) iis amount includes foreign gr	ante chack hara	▶ □	31 a	
22		program service expenses (add lir		ams, Check Hele	<u> </u>	31 a	31,475.
		<b>7 1</b>					· · · · · · · · · · · · · · · · · · ·
Par	t IV	List of Officers, Directors			Y		
		(a) Name and address	(b) Title and average hours		(d) Contributions	to	(e) Expense account and other allowances
		(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa	is and	and other allowances
пум	м ам	ASSAD	DIRECTOR	42,996.	actorica componsa	0.	0.
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33-0873172

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	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		V	11.
	•		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		<u>X</u>
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		X
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			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
•	proxy tax requirements?	35 a		Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	•	-		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Χ
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions	:		
١	b Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
١	b If 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved . 38b N/A			
39	501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities.  39b  N/A			
	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
-10				
١	b 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		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the	-		
,	year under sections 4912, 4955, and 4958			
	d 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	40e		Х
	shelter transaction? If 'Yes,' complete Form 8886-T	700		
41	List the states with which a copy of this return is filed CA			
42	a The books are in care of ► DAVID S. CHRISTIANSEN Telephone no ► 626.2	39.8	899	
	Located at ► 2920 HUNTINGTON DRIVE, STE 130 SAN MARINO CA ZIP+4 ► 91108			
		:		
,	h At any time during the calendar year, did the arganization have an interest in or a cignature or other authority ever a		Yes	No
	b 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)?	42b		X
	If 'Yes,' enter the name of the foreign country:			
	ii 105, Onto the hame of the follogic country.			
			1	
			Į	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		ı	
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
47	Section 4047(a)(1) papayamet charitable tructs films Form 900 F7 in liquid Form 1041. Charlebors		▶ □	N/A
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			N/A
			V	NI-
		_	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	l		٠
	of Form 990-EZ	44	<u> </u>	<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	ŀ		
		45		Х
	Form 990 must be completed instead of Form 990-EZ	45	L	

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33-0873172

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Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part V and complete the tables for lines 50 and 51. SEE STATEMENT Yes No 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 X 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 other allowances HANNA MASSAD OFFICER 42,996 0 2920 HUNTINGTON SAN MARINO, CA 91108-29 40 0. 0 Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors-seceiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge 8/12/10 Sign Signature of officer Here TREASURER DAVID CHRISTIANSEN Type or print name and title Preparer's Identifying Number (See instructions) Check if 8/12/10 Preparer's Paid DAVID S. CHRISTIANSEN signature N/A employed Pre-CHRISTIANSEN & CHRISTIANSEN parer's Firm's name (or yours if self employed), address, and ZIP + 4 2920 HUNTINGTON DRIVE, SUITE 130 N/A Use EIN 626.289.8899 Only SAN MARINO, CA 91108 Phone no ►|X| Yes May the IRS discuss this return with the preparer shown above? See instructions No

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

**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.

2008

Open to Public Inspection

Employer identification number Name of the organization CHRISTIAN MISSION TO GAZA 33-0873172 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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. c | Type III - Functionally integrated Type I Type II d | Type III— Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports (iii) Type of organization (described on lines 1.9 above or IRC section (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (vi) Is the anization in col (ii) EIN (iv) is the (vii) Amount of Support rganization in co (i) listed in your (i) organized in the US? your support? (see instructions)) governing document? No Yes Nο Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **A** (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 CHRISTIAN MISSION TO GAZA 33-0873172 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 185,930 98,742 203,716 203,716 162,441 854,545. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 185,930 98,742 203,716 203,716 162,441 854 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support. Subtract line 5 854,545. from line 4 Section B. Total Support Calendar year (or fiscal year (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total beginning in) 🟲 98,742 203,716 203,716 162,441 185,930 854,545 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss form the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 854,545 through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) 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)  $\blacktriangleright$ organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 100.0% 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 100.0% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 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. 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 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

Page 3

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 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 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 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 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar 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 12 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 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 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 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	CHRISTIAN MISSI	ON TO GAZA	33-0873172	Page 4
Part IV	Supplemental Informa	tion. Complete this p	art to provide the	e explanation required by Part I r additional information. (see in	l, line 10;
	Part II, line 17a or 17b	; or Part III, line 12. F	rovide any other	r additional information. (see in	structions)
	~~				
		~~~~			
	<del></del> .	<b>_</b>	<b>-</b>		

	FEDERAL STATEM	ENTS	PAGE 1
	CHRISTIAN MISSION TO	GAZA	33-087317
STATEMENT 1 FORM 990-EZ, PART I, LINE 5 NET GAIN (LOSS) FROM NON	C IINVENTORY SALES		
PUBLICLY TRADED SECURITI	IES		
GROSS SALES PRICE: COST OR OTHER BASIS:	3,160. 5,000.		
	TOTAL GAIN (LOSS) PUBLI	CLY TRADED SECURITIES \$	-1,840.
	TOTAL NET GAIN (LOSS) FR	om noninventory sales \$	-1,840.
STATEMENT 2 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOU	0 JNTS PAID		
FORM 990-EZ, PART I, LINE 1	O JNTS PAID BENEFICENCE TO REE NONE	FUGEES \$	31,475
FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOUNT DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  STATEMENT 3 FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES  AUTO & VEHICLE EXPENSE	JNTS PAID  BENEFICENCE TO REPROPERTY NONE		31,475
FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOUNT DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:  STATEMENT 3 FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES	JNTS PAID  BENEFICENCE TO REPROPERTY NONE	\$	

## STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILE DEPOSITS MACHINERY AND EQUIPMENT	\$ 5,000 950 3,928 TOTAL \$ 9,878	

2008

## **FEDERAL STATEMENTS**

PAGE 2

**CHRISTIAN MISSION TO GAZA** 

33-0873172

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE GOSPEL OF JESUS CHRIST IN GAZA.

#### STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

2008 **FEDERAL SUPPORTING DETAIL** PAGE 1 **CHRISTIAN MISSION TO GAZA** 33-0873172 PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE EXPENSES TO BENEFIT THE BUILDING AND IMPROVEMENT OF THE AL-MANARA SCHOOL. FOOD RELIEF FOR REFUGEE CAMPS MEDICAL NEEDS FOR REFUGEES SCHOOL UNIFORMS FOR THE NEEDY \$ 0. TOTAL \$