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Form 990-EZ

Short Form

2009

OMB No 1545-1150

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a\chinom{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 organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

		The organization may have to use a copy or this retain				<u> </u>
A	For the 2009 calendar y	ear, or tax year beginning	, 2009, and e	nding		,
B		C Name of organization			D Emplo	yer identification number
	Address change Use IRS	THE PHILIPPIAN FELLOWSHIP			01-	0542385
\perp	Name change label or print or	Number and street (or P O box, if mail is not delivered to street	address) Ro	om/suite		one number
\vdash	Initial return type.	99 STORER ROAD			120	7) 529-2333
-	Specific Specific	City or town, state or country, and ZIP + 4	L	-	120	77 329-2333
\vdash	Amended return linstructions.		V 0	4551		o Exemption
	···	BREMEN		1551	Numb	
	• Section 501(c)(3) must atta) organizations and 4947(a)(1) nonexempt charitable ch a completed Schedule À (Form 990 or 990-EZ).	trusts	G Accounting n Other (specif		Cash X Accrual
	Website: ► N/A			H Check ►		organization is not hedule B (Form 990,
i	Tax-exempt status (check on	ly one) — 🕱 501(c) (3) ◄ (insert no) 🔲 4947(a)	(1) or 527	990-EZ, or 9	90-PF)	medale B (Form 550)
		inization is not a section 509(a)(3) supporting organization		ross receints are	normally	/ not more than
-		Z or Form 990 return is not required, but if the organiz				
	<u> </u>	b, to line 9 to determine gross receipts; if \$500,000 or				
_	instead of Form 990-EZ	5, to line 9 to determine gross receipts, ii \$500,000 or	more, me ro		•	\$ 96,253.
Pi	rt I Revenue, E	Expenses, and Changes in Net Assets or I	und Balan	ces (See the ii	nstruct	ions for Part I.)
	1 Contributions, gift	s, grants, and similar amounts received				95,830.
	2 Program service r	evenue including government fees and contracts				
	3 Membership dues	and assessments				
	4 Investment incom	e				423.
	5a Gross amount from	m sale of assets other than inventory .	5a			
		r basis and sales expenses	5b			
R	1 ' '	e of assets other than inventory (Subtract line 5b from line 5a)		-	~ —	5c
REVENUE	6 Special events and act	ivities (complete applicable parts of Schedule G). If any amount is t	rom gaming, che	ck here ► []	
Ñ	a Gross revenue (no	ot including \$ of contribution	s į		1	
Ĕ	reported on line 1)	6a	· · · · · · · · · · · · · · · · · · ·		
	b Less direct exper	nses other than fundraising expenses	6b			
	c Net income or (loss) fr	rom special events and activities (Subtract line 6b from line 6a)			<u> </u>	ic
	7a Gross sales of inv	entory, less returns and allowances	7a			
	b Less cost of good		7Ъ			
	c Gross profit or (lo	ss) from sales of inventory (Subtract line 7b from line	7a)		_ 	'c
	8 Other revenue (describ) [
	9 Total revenue. Ad	dymes to a for for and 8			<u>►</u> 9	96,253.
	10 Grants and simila	r amounts para (attach schedule)			10	73,844.
F	11 Benefits paid to or				11	
Ž	12 Salaries, other co.	mpensation and employed the next s			12	240.
EXPENS		and other payments to independent contractors			13	
5	14 Occupancy, rent,	utilities and maintenance			14	
S		ons, posted and subjude			15	· • · · · · · · · · · · · · · · · · · ·
		be See Other Expenses Statement)	16	
		Add lines 10 through 16			▶ 17	
_	l	for the year (Subtract line 17 from line 9)			18	15,455.
N S	19 Net assets or fund	balances at beginning of year (from line 27, column	(A)) (must agr	ree with end-of-yea		
N S E E T	figure reported on	prior year's return)	_	-	19	
Š	Le Cuiter criainges in	net assets or fund balances (attach explanation)	_		20	
		I balances at end of year. Combine lines 18 through 2			▶ 21	
Pa	rt II Balance Sh	ieets. If Total assets on line 25, column (B) are \$1,2	50,000 or mor			
		(See the instructions for Part II.)		(A) Beginning of		(B) End of year
22	. •	vestments		35,8	340. 2	
	Land and buildings					0.
24)		<u> </u>		0.
25				35,8		
	Total liabilities (descri		`	35 (0.2	
ZI	met assets or fund bat	lances (line 27 of column (B) must agree with line 21)	Į <u></u> 35,8	340. 2	7 51,295.

BAA. For Privacy Act and Papament: Reduction Act Notice, see the apparate instructions and an activities and apparent of the second section and the second section sectio

Form 990-EZ (2009) THE PHILIPPIAN	FELLOWSHIP		01	L-05	42385 Page 2
Part III Statement of Program Se		s (See the instruction		Ţ	Expenses
What is the organization's primary exempt purpose?				(Rec	
			rise manner	4501(guired for section c)(3) and (4) inizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts, optional
program title			_	for o	others')
28 FOSTERED CHURCH AND INDI	DUAL_RELATIONSHIPS	- SEE ATTACHE	D	.	
				_	
				1	
(Grants \$ 73,844.) If the	his amount includes foreign or	ants check here	- x] 28 a	80,798.
29	The difficulty included for organization	arkey errook from		 	307730.
				-	1
				-	
				,	
(Grants \$) If the	nis amount includes foreign gr	ants, check here	<u> </u>	29 a	1
30					
				1	
(Grants \$) If the	his amount includes foreign gr	ants, check here		∐ 30 a	
31 Other program services (attach schedule		arto, cricon rioro	·	1 000	
, •	e) his amount includes foreign gr	ants check here	▶ □	 31 a	
32 Total program service expenses (add li		anta, theth Hele		32	80,798.
		nlovoca i i i			
Part IV List of Officers, Directors				•	
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla	s to	(e) Expense account and other allowances
(a) warne and address	to position	not pare, enter -v)	employee benefit pla deferred compens	ans and ation	and other allowances
MICHAEL PETERSON	10 200		as.s.roa sompona		
133 HART RD	OUTREACH DIR	_			
WARREN ME 04864	4.00	0.		<u>0.</u>	0.
ROLAND LUSSIER					
750 NORTH DRIVE	PRESIDENT				ľ
MELBOURNE FL 32934	1.00	0.		0.	0.
JEFFREY NORTON				<u> </u>	<u>.</u>
	-	!			ļ
99 STORER ROAD	TREASURER	_			į
BREMEN ME 04551	12.00	0.		0.	0.
DAVID NELSON					
166 WINGOOD ROAD	DIRECTOR				
WINDSOR ME 04363	T3.00	l o.		٥.	l o.
ANGELA NESSON				····	<u> </u>
	DIRECTOR				l
166 WINGOOD ROAD	DIRECTOR			_	'
WINDSOR ME 04363	2.00	0.		0.	0.
AVIS LUSSIER	_				
2690 RANCH ROAD	DIRECTOR				
MELBOURNE FL 32904	To.oo	0.		0.	0.
ED GREELEY					
6 SOUTH MAIN ST	DIBECTOR				
	DIRECTOR	ا ۽		_	_
MORRELL ME 04952	2.00	0.		0.	0.
SUE GREELEY	4				
6 SOUTH MAIN ST	DIRECTOR				
MORRELL ME 04952	2.00	0.		Ο.	0.
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Page 3

	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
33	each activity	33	L	_
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
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 why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	-	[
	reporting, and proxy tax requirements?	35 a		
ı	olf 'Yes,' has it filed a tax return on Form 990-T for this year? .	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	-	_
ı	of 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ►, section 4912 ►, section 4955 ►			
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If			
	Yes, complete Schedule L, Part I	40 b		_
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	1	ĺ	
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	1	i	
	shelter transaction / if Yes, complete form 8886-1	40 e		
	List the states with which a copy of this return is filed >	40 e		
41		529		
42 2	List the states with which a copy of this return is filed The organization's books are in care of JEFFREY NORTON Located at 99 STORER ROAD BREMEN ME ZIP + 4 04551 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	529		
42 2	List the states with which a copy of this return is filed The organization's books are in care of JEFFREY NORTON Located at 99 STORER ROAD BREMEN ME ZIP + 4 04551 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)?	529		
42 2	List the states with which a copy of this return is filed The organization's books are in care of JEFFREY NORTON Located at 99 STORER ROAD BREMEN ME ZIP + 4 04551 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	529		
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41 42 a	The organization's books are in care of Section JEFFREY NORTON Located at Section 99 STORER ROAD 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	529 42b		
41 42 a	The organization's books are in care of > JEFFREY NORTON Located at > 99 STORER ROAD 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country: > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	529 42b	-23 Yes ► □	
41 42 2 42 2 43	The organization's books are in care of JEFFREY NORTON Telephone no (207) Located at 99 STORER ROAD BREMEN ME ZIP + 4 04551 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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	529 42b	Yes	
41 42 a	The organization's books are in care of > JEFFREY NORTON Located at > 99 STORER ROAD 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country: > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	529 42b	Yes]
41 42 2 43 44	List the states with which a copy of this return is filed The organization's books are in care of JEFFREY NORTON Located at 99 STORER ROAD BREMEN ME ZIP + 4 > 04551 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country: 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 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	529 42b	Yes]

BAA

►X Yes No Form **990-EZ** (2009)

ent contractor paid more than \$100,000 actors each receiving over \$10 we examined this return, including according a parer (other than officer) is based on a Chelder, CPA	100,000 companying schedules in all information of whith the schedules in	es and statements, hich preparer has	S. and to the best of my knows any knowledge Check if self-employed EIN	wledge and be	pensatio	mber	benefit plans and deferred compensation of their allowances devoted to position Date Date St. Check if Self- employed Reparer's Identitying Number Self- employed	Only	ZIP + 4 Damariscotta		ME 04543	···-	563-	7540	
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							hours per week devoted to position benefit plans and deferred compensation other allowances		plete this table for the organization's five pensation from the organization. If there i		pendent contractors	who each received more tha	an \$100,0	OU of	
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hours per week	(c) Compens		0-11-1-1-1				of compensation from the organization. If there is none, enter 'None.'			100,000 of compensation from	m the organization	If there is none, enter 'None	<u>.' </u>		
an \$100,000 of compensation fi		ization If ther					st compensated employees (other than officers, directors, trustees and key	50 Com	plete this table for the organization's five	e highest compensated emi	lovees (other than o	officers, directors, trustees ar	nd kev		
an \$100,000 of compensation fi	from the organiz	ization If ther							es,' was the related organization a section	·	ated organization	•	49b		
s five highest compensated em an \$100,000 of compensation f (b) Title and average hours per week	employees (other from the organization	r than officers		49b			·		_		•	edule E	- 		
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d in section 170(b)(1)(A)(ii)? If to an exempt non-charitable re- section 527 organization? s five highest compensated em an \$100,000 of compensation for (b) Title and average hours per week	If 'Yes,' complete related organizatemployees (other from the organizatem)	ete Schedule E ation? er than officers ization If ther	s, directors, trustees	48 49 a 49 b		х	170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E apt non-charitable related organization? 48 X 49a X	for p	public office? If 'Yes,' complete Schedule	e C, Part I		m opposition to defidication	46		X
edule C, Part I activities? If 'Yes,' complete S d in section 170(b)(1)(A)(ii)? If to an exempt non-charitable re- section 527 organization? s five highest compensated em \$100,000 of compensation fi (b) Title and average hours per week	Schedule C, Par If 'Yes,' complete related organiza employees (other from the organiz	ort II ete Schedule E eation? er than officers ezation If ther	E	46 47 48 49a 49b		x	t I 46 X If 'Yes,' complete Schedule C, Part II 47 X 170(b)(1)(A)(II)? If 'Yes,' complete Schedule E 48 X Inpt non-charitable related organization? 49a X	46 Did	the organization engage in direct or indire	rect political campaign activ	ities on behalf of or	in opposition to candidates		Yes	No
ha	(b) Title and average	······································	han \$100,000 of compensation from the organization. If the	han \$100,000 of compensation from the organization. If there is none, enter 'No		······································		for p 47 Did i 48 Is th 49a Did i b If 'Yo 50 Com	the organization engage in direct or public office? If 'Yes,' complete Sch the organization engage in lobbying e organization a school as describ the organization make any transfer es,' was the related organization a	or indinedule g actioned in rs to a section's five	e tables for lines 50 and 51 or indirect political campaign activitied C, Part I g activities? If 'Yes,' complete Sched in section 170(b)(1)(A)(ii)? If 'res to an exempt non-charitable resection 527 organization?	and section 4947(a)(1) nonexempt charitable tables for lines 50 and 51. or indirect political campaign activities on behalf of or needule C, Part II g activities? If 'Yes,' complete Schedule C, Part II lited in section 170(b)(1)(A)(ii)? If 'Yes,' complete Sche rs to an exempt non-charitable related organization? section 527 organization? In's five highest compensated employees (other than or	and section 4947(a)(1) nonexempt charitable trusts must answer tables for lines 50 and 51. or indirect political campaign activities on behalf of or in opposition to candidates needle C, Part I g activities? If 'Yes,' complete Schedule C, Part II led in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E is to an exempt non-charitable related organization? section 527 organization?	and section 4947(a)(1) nonexempt charitable trusts must answer question tables for lines 50 and 51. or indirect political campaign activities on behalf of or in opposition to candidates needule C, Part I g activities? If 'Yes,' complete Schedule C, Part II led in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E rs to an exempt non-charitable related organization? 49a section 527 organization? 49b In's five highest compensated employees (other than officers, directors, trustees and key	r indirect political campaign activities on behalf of or in opposition to candidates needule C, Part I g activities? If 'Yes,' complete Schedule C, Part II ded in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E rs to an exempt non-charitable related organization? section 527 organization? 49a 49b This five highest compensated employees (other than officers, directors, trustees and key
an \$100,000 of compensation fi	from the organiz	ization If ther						b If 'Ye	es,' was the related organization a section	on 527 organization?			49 b		
s five highest compensated em \$100,000 of compensation fi	from the organiz	ization If ther		and key			organization? 49b		-	·	lated organization?	•	49 a		X
s five highest compensated em an \$100,000 of compensation f (b) Title and average hours per week	employees (other from the organization	r than officers		49b		X	·	48 Is th	e organization a school as described in s	section 170(b)(1)(A)(ii)? If	Yes,' complete Sche	edule E	48		
to an exempt non-charitable relection 527 organization? s five highest compensated emen \$100,000 of compensation for the compensation	related organiza employees (other from the organiz	ation? r than officers ization If ther	s, directors, trustees	49a 49b		 	npt non-charitable related organization? . 49a X	47 Did	the organization engage in lobbying activi	vities? If 'Yes,' complete Sc	hedule C, Part II		47		_
d in section 170(b)(1)(A)(ii)? If to an exempt non-charitable re- section 527 organization? s five highest compensated em an \$100,000 of compensation for (b) Title and average hours per week	If 'Yes,' complete related organizatemployees (other from the organizatem)	ete Schedule E ation? er than officers ization If ther	s, directors, trustees	48 49 a 49 b		x	f 'Yes,' complete Schedule C, Part II 170(b)(1)(A)(II)? If 'Yes,' complete Schedule E 170(b)(II)(A)(II)? If 'Yes,' complete Schedule E 170(b)(II)(A)(II)(A)(II)? If 'Yes,' complete Schedule E 170(b)(II)(A)(II)(46 Dia for p	the organization engage in direct or indire oublic office? If 'Yes,' complete Schedule	rect political campaign activ e C, Part I	ities on benair or or	in opposition to candidates	46		+
edule C, Part I activities? If 'Yes,' complete S d in section 170(b)(1)(A)(ii)? If to an exempt non-charitable re- section 527 organization? s five highest compensated em \$100,000 of compensation fi (b) Title and average hours per week	Schedule C, Par If 'Yes,' complete related organiza employees (other from the organiz	ort II ete Schedule E eation? er than officers ezation If ther	E	46 47 48 49a 49b		x x x	t I if 'Yes,' complete Schedule C, Part II 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E ipt non-charitable related organization? 46 X 47 X 48 X	40 0.4						Yes	No
edule C, Part I activities? If 'Yes,' complete S d in section 170(b)(1)(A)(ii)? If to an exempt non-charitable re- section 527 organization? s five highest compensated em \$100,000 of compensation fi (b) Title and average hours per week	Schedule C, Par If 'Yes,' complete related organiza employees (other from the organiz	ort II ete Schedule E eation? er than officers ezation If ther	E	46 47 48 49a 49b		3	t I 46 3 If 'Yes,' complete Schedule C, Part II 47 3 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 3 Inpt non-charitable related organization? 49a 3		<u></u>	les for lines 50 and 51	•	le trusts must answer	questio	ns	·r·

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number THE PHILIPPIAN FELLOWSHIP 01-0542385 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 (For lines 1 through 11, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 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). 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 11 describes the type of supporting organization and complete lines 11e through 11h Type II Type III — Functionally integrated d | Type III - Other c l 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? (1) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (i) EIN (iv) Is the (vi) Is the organization in col (vii) Amount of Support rganization in col (i) listed in your (f) organized in the (see instructions)) your support? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	tion A. Public Support	ed the box on line s	5, 7, or 8 of Part I)		-				
	ndar year (or fiscal year	Γ		· · · · · · · · · · · · · · · · · · ·						
begi	nning in) 🖹	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total		
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	44,043.	52,310.	50,651.	73,294.	95,	830.	316,128.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-through 3	44,043.	52,310.	50,651.	73,294.	95,	830.	316,128.		
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)							197,921.		
6	Public support. Subtract line 5 from line 4							118,207.		
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total		
7	Amounts from line 4	44,043.	52,310.	50,651.	73,294.	95,830.		95,830.		316,128.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			15.			423.	438.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10							316,566.		
12	Gross receipts from related activi	ties, etc (see instr	ructions)				12			
	First five years. If the Form 990 organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 50	1(c)(3)	▶ □		
	tion C. Computation of Pul						T T			
	Public support percentage for 200 Public support percentage from 2			11, column (f)			15	37.34%		
16 a	33-1/3 support test – 2009. If the and stop here. The organization of	organization did n qualifies as a publi	ot check the box cly supported orga	on line 13, and th anization	ne line 14 is 33-1/3	3 % or mor	e, chec	k this box		
t	33-1/3 support test — 2008. If the and stop here. The organization of				and line 15 is 33-1	/3% or mo	re, che	ck this box		
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-and	d-circumstances' f	test, check this bo	x and stop here.	Éxplain in l	Part IV			
	10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-and -circumstances' te	d-circumstances' t est The organizat	test, check this bo tion qualifies as a	x and stop here. I publicly supporte	Explain in l d organizat	Part IV tion	how the		
18	Private foundation. If the organiz	ation did not check	a box on line, 13	, 16a, 16b, 17a, c	or 17b, check this	box and se	e instri	uctions		

Schedule A (Form 990 or 990-EZ) 2009 THE PHILIPPIAN FELLOWSHIP 01-0542385 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) **(d)** 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (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 through 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 amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a 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 11 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33-1/3 support tests - 2009. 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 - 2008. 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

20 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 99	0 or 990)-EZ) 20(09 1	THE P	HILLI	PPIAN	FELI	LOWSH	IP			01-054	12385		Page 4
Part IV	Supple	menta	I Infon	matio	n. Cor	nplete	this p	art to	provic	te the	explanation	ons requ	ured by	Part II,	line 10);
	rait ii,		7 4 01 1	70, ai	пига	1 (111, 1	1116 12	. 1 100		y ourier	addition		ilation.	266 1112	uctioi	15.
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MARKETING MATERIALS		80.	
TRAVEL		4,058.	
BOOKEEPER		848.	
Other expenses (describe)			
Form 990-EZ, Part I, Line 16 Other Expenses Statement			
		 	
THE PHILIPPIAN FELLOWSHIP	01-0542385		1

4,986.

Total

The Philippian Fellowship EI# 01-0542385 Form 990EZ Year End December 31, 2009

Part III - Primary Exempt Purpose:

The purpose of The Philippian Fellowship shall be to solicit and provide various means of support and encouragement to Evangelical Pastors and churches who are currently ministering in various countries, and who meet the criteria for sponsorship as established by The Philippian Fellowship. This will be accomplished by fostering a sister-church relationship between the sponsoring church and the congregation being sponsored. This support shall include, but not be limited to: the financial support, prayer support, technical assistance, counseling, training, and encouragement, as required to allow a pastor to either initially pursue or enhance his ability to effectively minister to a local congregation within the developing nation.

Part III - Program Accomplishments:

Fostered church and individual relationships between US and 12 Eastern European churches and multiple Christian workers (orphanage, seminary, youth work, crisis pregnancy intervention), focused on financial giving, prayer, counsel, instruction, work teams, pastoral support and church planting. Effected hundreds if not thousands of children (including orphans), teenagers, and adults (single moms/dads as well as married couples, church workers and pastors.)

Part I, Line 10 - Grants:

Florin Bordea 8,260
str Serantei nr 5
orasul Fundulea jud Calarsi
Romania

Kolarik, Radek 21,015
Smetanova 572,
, Kurim
Czech Republic 664 34

Logos, Jacob Crivina nr 66 Timis cod. 307291 Romania	8,391
Nagy, Laszlo Obarok-Nagyegyhaza Gesztenyesor 7 2067 Hungary	3,942
Pro Vita Medica Foundation c/o Cristina Valea (Dr) Stt Bucovinei, nr, 11, 300361 Timasoara Romania	155
David Harlea Str Racavoi nr 10 B1 41, Sc A, et B Sect 3, Bucharest Rumania	750
Toni Carabas Pestere Baptist Church Caras-Severin 327094 Romania	953
Varga, Gyorgy Erd Alsovolgyi u. 46 2030 Hungary	4,898
Vodislav, Julian Strada Martir Dumitru Osman , nr:3,bl.30, 300287 Timisoara Romania	15,237
Vlada Donat Jr. Biblický teologický seminář Starý Pelhřimov 45 Pelhřimov 393 01 Czech Republic	2,375

Beniamin Indru Str Tagetului No 64	4,704
Lugoj, Timis cod. 305500	
Romania	
Karen Popet	2,468
Beraca Orphanage	•
Jdidara nr 65, Timis, cod,	
307133 Romania	
Mira Lepacek	696
Na Skrku 475	
Cerna Hora 67921	
Czech Republic	
Total	73,844