

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**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other 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

OMB No 1545-1150

2009

Open to Public Inspection

ΑI	For the	2009 calendar year	r, o	r tax year beginning		, 2009, ar	nd ending	_		, 20	
В	Check if a	pplicable Please	- 1	Name of organization				D Emp	loyer iden	ntification number	
	Address	change use IRS	; -	TO THE ENOS OF THE EAR	TH MINIST	RIES.	INC.	04	-37	9 3373	
	Name ch	ange print or	. 1	Number and street (or P O box, if mail is not de	livered to street a	ddress) F	Room/suite		ohone num		
=	inıtıal retu Terminate			226 LAUREL LANE				70	6 88	12-7971	
=	Specific City or town, state or country, and ZIP + 4						E Group Evernetion				
=		$\Box \Box $							umber ▶		
_			izai	tions and 4947(a)(1) nonexempt charita	hle truete mus	t attach	G Accol			X Cash Accrual	
	- 000			pleted Schedule A (Form 990 or 990-EZ)		i attacii		(specify		⊴ Cash ⊟ ∧cordai	
-				· · · · · · · · · · · · · · · · · · ·						ganization is not	
	Vebsit	No. ► \(\lambda \)	l f	7					_	edule B (Form 990,	
				v one) — 🔣 501(c) (3) ◀ (insert no)		r 🗌 527	1	Z, or 99		eddie D (i om 990,	
										- then \$05,000 A	
	Check I	-		tion is not a section 509(a)(3) supporting or is not required, but if the organization of	_	_					
_				•					ere terni	H	
	art I			to determine gross receipts; if \$500,000 or nses, and Changes in Net Asse					ctions f	for Part I \	
	1	. •		grants, and similar amounts received					1	41,202	
	2	-		renue including government fees and					2		
	3	•		and assessments					3		
	4	Investment incon	_						4		
	5a			sale of assets other than inventory		5a					
	b			basis and sales expenses		5b			7 <u>4.</u>		
Φ	C	• • •		sale of assets other than inventory (So					<u>5c</u>		
2	6	•		ties (complete applicable parts of Schedule G).	-	rom gaminę	, check here				
Revenue	а	Gross revenue (n				1 1					
	١.	•	•			6a					
91 97	b			es other than fundraising expenses		6b	. 0.1		O'stree and the		
	_ c			from special events and activities (S		1 1	е ба)		6c		
4	7a			ntory, less returns and allowances .		7a					
2	b	Less: cost of goo				7b					
N N	C	•) from sales of inventory (Subtract lin			,	7 :	7c		
	8	Other revenue (de			RI	ECEN	/EU() 	9	41,202	
SCANNED penses	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .	• • •		· · · \q	?		39,214	
岁	10			mounts paid (attach schedule)	1 1 1 1 1 1 1 1 1	άΥ΄ n' 4	2010 C	검 :	10	39, 217	
Z,	11	Benefits paid to or for members						연 :	11 12		
See	12	·	•	• •	1 1			<u>- </u> ·			
လ္ခန္	13	Professional fees and other payments to independent contractors OGDEN UT									
Ä	14	Occupancy, rent, utilities, and maintenance							15		
_	15 16	Printing, publications, postage, and shipping						16			
	17	Total expenses	,ue:	scribe ►				′	17	39,214	
	18	Evenes or (deficit	- /\C	or the year (Subtract line 17 from line	0\		· · · ·		18	1,988	
Net Assets	19			balances at beginning of year (from				with		1, 100	
SSI	13			eported on prior year's return)					19	6,763	
it A	20			et assets or fund balances (attach exp					20	<u> </u>	
ž	20 21	-		palances at end of year. Combine line					21	8,751	
Þ	art II	Ralance She	ets	If Total assets on line 25, column (E	3) are \$1 250 (
	.10.0			(See the instructions for Part II.)	-, a. o w 1,200,0			inning of		(B) End of year	
22		ach cavinge and i		estments					22		
23		nd and buildings .						υ <u>υ</u>	23		
23		na and buildings . her assets (descrit					`, 		24		
24 25				·			6,7	6.3	25		
26	_						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	26		
20	Ne	at accete or fund l	bal	pe ► ances (line 27 of column (B) must ac	ree with line ?	21)	1 6 3	⁷ 63	27		

Form **990-EZ** (2009)

Pari	Statement of Program Service Accom	nlishments (See the instr	uctions for Part I	IIΛ		Evnence
					(Dogs	Expenses irred for section
	is the organization's primary exempt purpose?)(3) and 501(c)(4)
	ribe what was achieved in carrying out the org					izations and section
	ner, describe the services provided, the number o	if persons benefited, and o	other relevant info	rmation for		a)(1) trusts; optional
each	program title.				for ot	hers)
28	SUPPORT AND DEVELOPMENT E	XPENSES FOR EDUI	CATIONAL A	ND		
	RELIGIOUS "MINISTRY CENTER					
						5711
					28a	0,76
29	SUPPORT OF-STREET CHILDREN	(NEW DELHI) AND	POOR CHILDR	EN IN		
	HOSTEL, LEPER MEDICAL WORK,	INDIAN BIBLE TE	ACHERS AND	D 9		
					E	
						16,998
~~						
30						
			HING ENGU	74		
	(Grants \$ 16,500) If this amount	30a	16,500			
31						
•	Grants \$ If this amount includes foreign grants, check here					
22						
Total program service expenses (add lines 28a through 31a)						
Par	List of Officers, Directors, Trustees, and Key			,		
	(a) Name and address					
	(-)					
B	CUCE E MCLEAN, 226 LAUREL LN	DOSSIDELE	_			
		PRESIDENT	-0-	-6-		-0-
		-0-ac				
الريا. م	CONTROL CA RATUI		-0-	-0-		-0-
		SECRETARY				· -
		DIRECTOR	- ^ -			-4-
BL	ND., NEW ORLEANS LA 70114		0-			
Ça	ROL PHILLIPS 4764 TOWNSHIP	DIRECTOR			j	
CH.	ASE, MARIETTA, GA 30066	DIRECTOR	-0-	- 0-	i	-0-
		-				
		,				
						·
	<u> </u>					
			_	1		
			<u> </u>			
				1		
					- 1	
				1		
_						
				l		
				 		
	Other program services (attach schedule) Grants \$) If this amount includes foreign grants, check here					
	***			1		

¢

Parț	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		س
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
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.			
а	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?	35a		<i>i</i> ~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	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?	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
-10 a	section 4911 ▶			
Ь	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			J
	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	40b		r
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		<u>.</u>
41	List the states with which a copy of this return is filed. ▶ GA			
42a	The organization's books are in care of \blacktriangleright BRUCE E. MCLEAN Telephone no. \blacktriangleright 706 Located at \blacktriangleright 226 LAUREL LANE, LAGRANGE, GA ZIP + 4 \blacktriangleright 302			
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		Yes	No
	account)?	42b		~
	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 Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			L
		ո 99 0)-F7	_
	FOI			・としじご

	22 (2000)								
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) no 17(a)(1) nonexempt c d 51.	onexempt charit haritable trusts n	t able trusts only. Anust answer question	II sect ons 46	tion ⊢49t)		
	Did the organization engage in direct or indirect				-	Yes			
	candidates for public office? If "Yes," complete \$	•			46				
	the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	···· ··· · · · · · · · · · · · · · · ·								
					49a 49b		<u> </u>		
ь 50	If "Yes," was the related organization a section 5 Complete this table for the organization's five high	27 organization?	nlovees (other the	n officers directors		e an	d key		
	employees) who each received more than \$100,0						a ney		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Compensati		(e) acc	Expen ount a	nd		
	N/A	devoted to position		deterred comparisation	Other	allowa	lices		
					ļ				
	Total number of other employees paid over \$100	000			L				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b	Type of service	(c) Com	pensa	ition		
	N/A								
•									
						_			
d	Total number of other independent contractors e	ach receiving over \$10	0,000▶						
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration								
Sign		<u> </u>	<u>,</u>	APRIL 16			s No L L Ind key Pense and vances The than wiledge ge puctions)		
Here	Bruce Mc Llan Signature of officer BRUCE MELEAN,				, ~				
	Signature of officer RPUCE AVELEAL	PRESIDENT		Date -					
	Type or print name and title	7,7000,100		· ·					
		Date	Check if	Preparer's identifying nui	nber (See	_ instruc	tions)		
Paid	Preparer's signature	Date	self- employed		,		•,		
Prepare	I Firm's name for		1 3	EIN ▶		_			
Use On	yours if self-employed), address, and ZIP + 4			Phone no ▶					
May the	e IRS discuss this return with the preparer shown	above? See instruction	ns	▶ [Yes		10		
			<u> </u>	Fo	rm 990)-EZ	(2009)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE ENDS OF THE EARTH MINISTRIES, INC. δ4: 379 3373 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ 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\% % 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 331/3 % 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.) ☐ 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated a Type I **b** Type II **d** ☐ Type III–Other e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) 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? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported in col (i) listed in your (described on lines 1-9 the organization in organization in col support organization (i) organized in the col (i) of your above or IRC section governing document? (see instructions)) US? support? Yes Yes No Yes No

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support **(b)** 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not 41,202 17,230 51,805 61,678 59,535 231,450 include any "unusual grants.") 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 281,450 51,805 59,535 41,202 61,678 17,230 Total. Add lines 1 through 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 88.859 24,700 20,000 7,050 7,109 20,000 shown on line 11, column (f) 142,591 Public support. Subtract line 5 from line 4. 10,121 27.105 41,678 39, 535 24, 15 £ Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ 231,450 41,202 17,230 51,805 61,678 59,535 Amounts from line 4 . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, 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.) 202 231,450 51,805 61,678 17,230 11 Total support. Add lines 7 through 10 . 0 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) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 % Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. 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▶ □ 10%-facts-and-circumstances test - 2008. 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 ▶ □

Pa	Complete only if you checket				a)(2) N/A	4	
Sec	tion A. Public Support					<u>-</u>	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		= ===			ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			-			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				·	,	T
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		-				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>			year as a section	
Sec	tion C. Computation of Public Su	• •				1 _ 1	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15			15 16	<u>%</u> %
Sec	tion D. Computation of Investmen	nt Income Po	ercentage				
17 18	Investment income percentage for 2009 Investment income percentage from 20	-	• •	-		17	%%
19a	33½ % support tests – 2009. If the orga 17 is not more than 33½ %, check this b	anization did n ox and <mark>stop h</mark> e	ot check the beere. The organi	ox on line 14, a zation qualifies	and line 15 is i as a publicly	more than 331/3 supported orga	%, and line anization ▶ □
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	nization did not	check a box or	line 14 or line	19a, and line 1	16 is more than	33/3 %, and
20	Private foundation. If the organization	· ·	•	•			_

IV	orm 990 or 990-EZ) 2009 Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12	part to provid . Provide any c	e the explanations other additional info	required by Part I	Page I, line 10 uctions.
٨	1/A	-				
						
						•
						
						· · · · · · · · · · · · · · · · · · ·
				•••••••		
					••	
				•		
						· · · · · · · · · · · · · · · · · · ·

TO THE ENDS OF THE EARTH MINISTRIES, INC. 04-3793373

LINE 10, PARTI, GGOEZ

SCHEDULE -

GRANTS

A. EDUCATIONAL & RELIGIOUS - GRANT TO THE \$5,716

DEVELOPMENT AND SUPPURT OF MINISTRY

CENTER - TO PROVIDE FREE SERVICES SUCH AS

CHILD DAYCARE - 24 CHILDREN - W MANALI, INDIA.

- B. MEDICAL & EDUCATIONAL GRANT TO SUPPORT \$16,998

 -STREET CHILDREN WORK (NEW DELHI) AND
 POOR CHILDREN IN HOSTEL \$3794

 -FREE MEDICAL SERVICE TO LEPERS 450

 -FULL TIME INDIAN BIBLE TEACHERS THAT

 TEACH FREE OF CHARGE, 9,660

 9 TEACHING EVENTS FREE TO PUBLIC 3,154
- C. EOUCATIONAL & RELIGIOUS TEACHING FREE OF \$16,500 CHARGE SHORT COURSES IN CHARACTER & LEADERSHIP DEVELOPMENT, ENGLISH AND HEALTH CARE, GRANT FOR TRAVEL, LIVING & RELATED EXPENSES.
 - BRUCE E. MCLEAN
 - CLAUDIA M. MCLEAN

RELATIONSHIP - OFFICES IN ORGANIZATION. BRUCE & CLAUDIA MCLEAN - COMBINED VOTING POWER TOTAL 33/3%