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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.

▶ 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

B Check displacible Name of cognization D Employer identification number Name of complete Name of cognization Page Name of cognization Name of complete Name of cognization N	Α	For the	e 2009 calend	ar year,	or tax year beginning	January 1	, 2009, aı	nd ending	Dec	ember	31	, 20	09	
Notes characteristics Properties Prop	В	Check if a	applicable		C Name of organization			D Empl	oyer ide	entd	ication numb	er		
Number and street product of the		Address	change		Glory Reborn Organization			i		20)-26	88242		
Terminated Section Flow flow Section Flow flow Section Flow flow flow Section Flow flow flow flow flow flow flow flow f	닏		-	print or	Number and street (or P O box, if	mail is not delivered to st	reet address) F	Room/suite						
Avanation return Section 5016(3) or generations and 4947(a)(1) or more years and a completed Schedule A (Form 580 or 590-EZ). G Accounting Method: C Cash Accrued Other (speacht) Number E Paso, TX 79913	님				P.O. Box 220233		j	Ī		91	5 53	3-0091		
Application pending levis Et Paso, TX. 79913 Section 501(c)(d) organizations and 4937(a)(f) nonexempt charitable trusts must attach a completed Schedule A (from 590 or 990-EZ). H. Check ▶ If the organization is not accounting Webton J. Tax-exempt status (phenk only one) − Sol(c) → (insert no.) 4947(a)(f) or Soz 7	H			Specific	City or town, state or country, and	ZIP + 4			E Grou					
Section 501(c)(3) organizations and 4947(c)(1) nonexempt charitable trusts must attach a completed Schedule A (From 590 or 590-EZ). Cash Cherk Cash Accrual Cherk (spearly) Cash Cash Accrual Cherk (spearly) Cash	H				El Paso. TX 79913			1		•	•	On		
Website:	므							I C. Assau						
Website: ► www.gloryreborn.com		• Sec	tion 501(c)(3)				must attacn				٧	Casn \square A	ccruai	
Website: ▶ www.gloryrebern.com					npicted defication in the same									
Tax-exempt status (check only one)														
K Check ▶ ☐ If the organization is not a section 509(e)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990-EZ or Form 990-EZ by \$1.000 per part of the organization chooses to file a return, be sure to file a complete return. L Add lines \$b, 8b, and 7b, to line 91 odetermine gross receipts, \$500,000 or more, the Form 990 instead of Form 990-EZ by \$1.000 per part of the Form 990 instead of Form 990-EZ by \$1.000 per part of the Form 990 instead of Form 990-EZ by \$1.000 per part of						(- ! '			hea	lule B (Form	990,	
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return														
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	K			_		· · · · · ·	_	•	-			han \$25,000	. A	
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	_								·	ete ret	urn			
1 170788.18 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments 3 0 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 5a 0 5b Less' cost or other basis and sales expenses 5b 0 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Special events and activities (complete applicable parts of Schedule (3), if any amount is from gamling, check here ▶ □ a Gross revenue (not including \$ 0 of contributions reported on line 1) 0 0 b Less' cort or goods sold 0 0 c Retirement or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 0 7a Gross sales of inventory, less returns and allowances 7a 0 b Less' cost of goods sold 7b 0 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe ▶ 8 0 170788.18 10 Grants and similar amounts paid (attach schedule)	_									<u> \$ </u>				
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5b 0 0 5b 0 0 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	Li	art !							instruc	ctions	to			
3 Membership dues and assessments 3 0		1 1	Contribution	ons, gif	ts, grants, and similar amour	nts received				1		170	788.18	
4		2	Program s	ervice r	revenue including governme	nt fees and contract	s		.	2			0	
Sa Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses C G G G G G G G G G		3	Membersh	up dues	s and assessments					3			0	
b Less: cost or other basis and sales expenses		4	Investment	t incom	ne					4			0	
b Less: cost or other basis and sales expenses		5a	Gross amo	ount fro	m sale of assets other than i	inventory	. 5a		0					
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ 0 of contributions reported on line 1). b Less: direct expenses other than fundraising expenses		Ь				-			0	İ				
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ 0 of contributions reported on line 1). b Less: direct expenses other than fundraising expenses		c			•			e 5a)		5c			0	
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 0 7a Gross sales of inventory, less returns and allowances . 7b 0 b Less: cost of goods sold	e										_			
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c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c	α	1 .	•		•									
7a Gross sales of inventory, less returns and allowances 7a 0 0 0 0 0 0 0 0 0		1		-	_			- 0-1					•	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ Bank Fees, Wire Transfer Fees, 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Net changes in net assets or fund balances (attach explanation) 20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Other assets (describe ▶ 24 Other assets (describe ▶ 25 Total liabilities (describe ▶ 26 Total liabilities (describe ▶ 27 Otal liabilities (describe ▶ 3 Other levenue. Add lines 10 inventory (Subtract line 7b from line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. 34 Other assets (describe ▶ 35 Other changes in net assets or line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. 34 Other assets (describe ▶ 35 Other changes in the sasets or line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. 35 Other assets (describe ▶ 36 Other expenses. 36 Other expenses. 37 Other changes in et assets or line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. 36 Other assets (describe ▶ 37 Other changes in et assets or line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. 37 Other assets (describe ▶ 38 Other expenses. 39 Other expenses. 30 Oth		1 _			•		1 1	1e 6a)	1	ьс				
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1 -			-	wances				-				
8 Other revenue (describe ► 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				_			· ————						_	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ Bank Fees, Wire Transfer Fees, 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments (B) End of year 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets Total liabilities (describe ▶ 26 Total liabilities (describe ▶ 27 Total liabilities (describe ▶ 28 Total liabilities (describe ▶ 29		· l	-			Subtract line /b from	iline /a) .							
10 Grants and similar amounts paid (attach schedule)		1												
11 Benefits paid to or for members							RECEI	VIET.	⋾▶					
Salaries, other compensation, and employee benefits		1			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1/1-0-1	У Ļ Г.				121		
14 Occupancy, rent, utilities, and maintenance); [-			汉 .	$\overline{}$				
14 Occupancy, rent, utilities, and maintenance	Ses	12	Salaries, other compensation, and employee benefits $\left \frac{\sigma}{2} \right $ MAY 1. 7. 2010 .											
16 Other expenses (describe ▶ Bank Fees, Wire Transfer Fees,	ü	13	Profession	al fees	and other payments to inde	pendent contractors			ا ، افر				891.78	
16 Other expenses (describe ▶ Bank Fees, Wire Transfer Fees,	Ž	14											<u>_</u>	
17 Total expenses. Add lines 10 through 16 ▶ 17 128028.91 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ш	.5	Printing, publications, postage, and shipping [()GDEN, UT						- -					
18		1							<u></u> , ¦	-				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments Land and buildings Other assets (describe ▶ Other assets (describe ▶ Total assets 13103.15 25 55862.42 25 Total liabilities (describe ▶) 0 26 0		17								17		128	028.91	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	y,	18								18		42	759.27	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	Se	19												
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	AS	:	end-of-yea	ar figure	e reported on prior year's ret	urn)			(19		13	103.15	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	e e	20	Other char	nges in	net assets or fund balances	(attach explanation)			[20				
(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 13103.15 22 55862.42 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 13103.15 25 55862.42 26 Total liabilities (describe ►) 0 26 0		21												
22 Cash, savings, and investments	F	Part II	Balance	e Shee	ets. If Total assets on line 25	, column (B) are \$1,	250,000 or m	ore, file For	m 990	instea	d o	f Form 990	-EZ.	
23 Land and buildings . 23 24 Other assets (describe ►) 24 25 Total assets . 13103.15 25 55862.42 26 Total liabilities (describe ►) 0 26 0	_	_		-	(See the instructions for F	Part II.)		(A) Beg	inning of	year	_	(B) End of ye	ear	
23 Land and buildings . 23 24 Other assets (describe ►) 24 25 Total assets . 13103.15 25 55862.42 26 Total liabilities (describe ►) 0 26 0	2	2 C	ash, savings	, and ir	vestments				131	03.15	22	55	862.42	
24 Other assets (describe ►) 24 25 Total assets . . 13103.15 25 55862.42 26 Total liabilities (describe ►) 0 26 0			-								\rightarrow			
25 Total assets				-							24			
26 Total liabilities (describe ▶) 0 26 0			· · · · · · · · · · · · · · · · · · ·					·′	1310		_	55	862.42	
`` <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>							• •)						
			let assets or	fund b	palances (line 27 of column	(B) must agree with	line 21) .	·	1310			55	862.42	

							raye Z
Par	t III Statement of Program Service Accom	plishments (Se	e the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Providing midw	fery service	s in the Philippine	Islands	(Requ	ured for section
	cribe what was achieved in carrying out the org)(3) and 501(c)(4)
manner, describe the conjugat provided the number of persons handfield, and other relevant information for							nizations and section
	program title.	•	•				a)(1) trusts, optional hers)
00	Providing free midwifery services to poor women in	the Philippine let	ands Have	provided property			
28							
	care and delivered over 1600 bables, while showing	tnese mothers th	e love of Je	sus. 			
	(Grants \$ 118000.00) If this amount		grants, ch	eck here .	▶_⊻	28a	118000.00
29	Supporting feeding ministries in Mexico and Californ	nia					
						1	,
	(Grants \$ 3200.00) If this amount	includes foreign	grants, ch	eck here	. ▶ □	29a	3200.00
30							1

	(Grants \$) If this amount	includes foreign	grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)						
	, , , , , , , , , , , , , , , , , , , ,			eck here		31a	1
32	Total program service expenses (add lines 28a t					32	121000.00
_	t IV List of Officers, Directors, Trustees, and Key						
rai	List of Officers, Directors, Trustees, and Rey	(b) Title and		(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per	week	(If not paid,	employee benefit	plans &	account and
		devoted to p	osition	enter -0)	deferred compe	nsation	other allowances
	ron Walker	President- 10	0	}	Ì		
909	Park Rd. El Paso, TX 79902			<u> </u>	<u> </u>	0	0
Davi	d Overton	Vice President	50	ļ			
Ceb	u City, Cebu Philippines	Vice i resident		0	l	0	0
Hila	ry Overton	Vice President	E0				
Ceb	u City, Cebu Philippines	Vice President	50	0		0	0
Dan	iel Marsh				T		
7290) Westside Rd. Anthony, NM 88021	Treasurer	10	0		0	o
	h Overton				 -		
	00 Adauto Ct. El Paso, TX 79935	Secretary	10	0		0	o
	nifer Marsh			ļ			
) Westside Rd. Anthony, NM 88021	Board Member	1	o		0	0
				ļ	-		
	y Overton	Board Member	1	1	Ì		_
	00 Adauto Ct. El Paso, TX 79935			0		0	0
	Maxey	Board Member	10		1		
1147	7 Baltimore Dr. El Paso, TX 79902			0		0	0
Bob	Abresch	Board Member	1				
2932	2 Piedmont Dr. El Paso TX 79902	Doard Member		0		0	0
Rob	ert Feuille	D					
P.O.	Box 2245 El Paso TX 79951-2245	Board Member	1	l o	[0	0
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Form 99	0-EZ (2009)		Р	age 3
Part	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		✓
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.			
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		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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		✓
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		✓
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		- <u>-</u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	L	L	L
_	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	40b		✓
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			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Daniel Marsh Telephone no. ▶	575 58	9-0391	<u> </u>
	Located at ► 7290 Westside Rd. Anthony, NM ZIP + 4 ►	88021	-9218	
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)?		Yes	No
	account)?	42b	✓	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓	
	If "Yes," enter the name of the foreign country: ▶ Philippines			
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		. 1	▶ □
			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	45		_✓

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char and 51.	xempt charitat table trusts mus	ole trusts only. A st answer question	ll sect	ion –49b
	Did the organization engage in direct or indirect					Yes No
	candidates for public office? If "Yes," complete				46	
	Did the organization engage in lobbying activitie	•	•		47	
	ls the organization a school as described in sectic Did the organization make any transfers to an ex		•		48 49a	
	If "Yes," was the related organization a section 5	•			49b	- *
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emplo	yees (other than	officers, directors, f	rustee	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) l	Expense ount and allowances
None						
				ļ		
		<u> </u>	ļ			
f	Total number of other employees paid over \$100	<u> </u> 0.000 ▶	None	<u> </u>	L	
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor		····	pe of service	(c) Com	pensation
None						
d	Total number of other independent contractors of	each receiving over \$100,0	00 >	None		
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and stopased on all information	atements, and to the bes	t of my l	knowledge wledge
Sign Here	Signature of officer Daniel Marsh Treasurer Type or print name and title	Ah		5//2/2	201	0
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See	instructions)
Use On	(rim s name (or		Ei Pi	N ►		
May th	e IRS discuss this return with the preparer show	n above? See instructions	<u> </u>		Yes	□ No)-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

Nam	of t	he organization							Employe	er identifica	tion number
Glo	ry R	eborn Orgai	nization					_	20		2688242
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The 1 2 3 4 5 6 7	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.)										
8 9		An organization receipts from support from	tion that normally activities related gross investment	d in section 170(b)(1) y receives: (1) more the ed to its exempt func- ient income and unre n after June 30, 1975.	an 33½ % tions—su elated bus	of its su ibject to d siness ta	pport fro certain ex xable inc	ceptions	s, and (2) s section	no more	than 331/3 % of its
10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our 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 a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other organization is not controlled directly or indirectly by one or more disqual 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).								(a)(2). See section rough 11h Type III-Other more disqualified escribed in section			
f g		organization	, check this box st 17, 2006, has	a written determination in the organization access							ill supporting
		and (iii) to (iii) A family (iii) A 35% of	pelow, the gover member of a per controlled entity	r indirectly controls, eming body of the supperson described in (i) a of a person described	ported or above? d in (i) or	ganızatıo (ii) above	n? . ? .	th persor	ns descril 	oed in (ii) 	Yes No 11g(i) 11g(ii)
<u>h</u>			(ii) EIN	(described on lines 1–9 iii		tion (iv) Is the organization (v) Did you notify the organization in col (i) fisted in your governing document? (vi) Did you notify the organization in col (i) of your		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			ļ	-	Yes	No	Yes	No	Yes	No	
					-				-		
	_										
Tota	ıl						-				

_ a	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I.))	and 170(b)(1)(A)(VI)
Sec	ction A. Public Support						
Ca	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")			123,323.33	98,874.69	170788.18	392,986.20
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
4	Total. Add lines 1 through 3			123323.33	98874.69	170788.18	392986.20
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
6	Public support. Subtract line 5 from line 4.						392986.20
	tion B. Total Support	,					
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 , , ,			123323.33	98874.69	170788.18	392986.20
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			0	0	0	o
11	Total support. Add lines 7 through 10 .						392986.20
12	Gross receipts from related activities, etc	(see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth,			
	tion C. Computation of Public Su				····		
14	Public support percentage for 2009 (line		•			14	<u>%</u>
15 16a	Public support percentage from 2008 Sci 33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not	check the box	 on line 13, and li		15 6 or more, chec	% ck this box ▶ □
b	33% % support test—2008. If the organization qua	zation did not	check a box on	line 13 or 16a, a	and line 15 is 3	33% % or more,	check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	109. If the orgar acts-and-circui	nization did not o mstances" test,	check a box on li check this box a	ne 13, 16a, or ind stop here.	16b, and line 14 Explain in Part I	l is 10% or IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance test—2008 more, and if the organization meets the "facts-and-circumstance test—2008 more, and if the organization meets the "facts-and-circumstance test—2008 more, and if the organization meets the "facts-and-circumstance test—2008 more, and if the organization meets the organization mee	I. If the organiza	ation did not che nstances" test, o	ck a box on line 1 check this box ar	3, 16a, 16b, or nd stop here .	17a, and line 15 Explain in Part I	is 10% or V how the
18	Private foundation. If the organization did					-	

	(Complete only if you checke	d the box of	1 11110 3 01 1 0	11.7			
	tion A. Public Support			T		T	1 6 =
Ca	lendar 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						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year 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 from similar sources						
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)			<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt			on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column		15 16	<u>%</u>
	tion D. Computation of Investmen						
17	Investment income percentage for 200			ed by line 13. c	column (f)) .	17	%
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17		18 more than 3316	% and line
	33½ % support tests—2009. If the org 17 is not more than 33½ %, check this b	ox and stop h	ere. The organ	iization qualifie	s as a publicly	supported org	anization 🕨 🗀
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	anization qualifie	es as a publicly	supported org	anızation 🕨 📙
20	Private foundation If the organization	did not check	a hox on line	14 19a or 19h	o check this h	ox and see ins	structions 🕨 📗

Schedule A (Form 990 o	lemental Information. Complete this part to provide the explanations required by Part II,	Page 4
Part IV Suppl	I, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruc	ctions.
Tarri	t, line 174 of 176, and 1 art in, into 12. 1 fortide any other additional information. God method	<u> </u>
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