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Form **990-EZ****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**Department of the Treasury  
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning , and ending****B** Check if applicable☒ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**HEALTH IN HARMONY, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**4110 SE HAWTHORNE BLVD**

Room/suite

**246**

City or town, state or country, and ZIP + 4

**PORTLAND****OR 97214****D** Employer identification number**20-3741107****E** Telephone number**503-422-8517****F** Group Exemption

Number ►

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ►**I** Website: ► **WWW.HEALTHINHARMONY.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) ( **3** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **335,246****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|            |                                                                                         |                                                                                                                                                  |                |                |
|------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| Revenue    | 1                                                                                       | Contributions, gifts, grants, and similar amounts received                                                                                       | 1              | <b>327,944</b> |
|            | 2                                                                                       | Program service revenue including government fees and contracts                                                                                  | 2              |                |
|            | 3                                                                                       | Membership dues and assessments                                                                                                                  | 3              |                |
|            | 4                                                                                       | Investment income                                                                                                                                | 4              | <b>73</b>      |
|            | 5a                                                                                      | Gross amount from sale of assets other than inventory                                                                                            | 5a             | <b>5,188</b>   |
|            | 5b                                                                                      | Less: cost or other basis and sales expenses                                                                                                     | 5b             | <b>5,726</b>   |
|            | 5c                                                                                      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | 5c             | <b>-538</b>    |
|            | 6                                                                                       | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>        |                |                |
|            | 6a                                                                                      | Gross revenue (not including \$ of contributions reported on line 1)                                                                             | 6a             |                |
|            | 6b                                                                                      | Less: direct expenses other than fundraising expenses                                                                                            | 6b             |                |
| 6c         | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c                                                                                                                                               |                |                |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a                                                                                                                                               | <b>2,041</b>   |                |
| 7b         | Less: cost of goods sold                                                                | 7b                                                                                                                                               | <b>1,833</b>   |                |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c                                                                                                                                               | <b>208</b>     |                |
| 8          | Other revenue (describe ► )                                                             | 8                                                                                                                                                |                |                |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9                                                                                                                                                | <b>327,687</b> |                |
| Expenses   | 10                                                                                      | Grants and similar amounts paid (attach schedule)                                                                                                | 10             | <b>182,715</b> |
|            | 11                                                                                      | Benefits paid to or for members                                                                                                                  | 11             |                |
|            | 12                                                                                      | Salaries, other compensation, and employee benefits                                                                                              | 12             | <b>23,469</b>  |
|            | 13                                                                                      | Professional fees and other payments to independent contractors                                                                                  | 13             | <b>11,062</b>  |
|            | 14                                                                                      | Occupancy, rent, utilities, and maintenance                                                                                                      | 14             |                |
|            | 15                                                                                      | Printing, publications, postage, and shipping                                                                                                    | 15             | <b>6,741</b>   |
|            | 16                                                                                      | Other expenses (describe ► <b>SEE STATEMENT 3</b> )                                                                                              | 16             | <b>50,658</b>  |
|            | 17                                                                                      | <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | 17             | <b>274,645</b> |
| Net Assets | 18                                                                                      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18             | <b>53,042</b>  |
|            | 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             | <b>63,937</b>  |
|            | 20                                                                                      | Other changes in net assets or fund balances (attach explanation)                                                                                | 20             |                |
|            | 21                                                                                      | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20                                                                   | 21             | <b>116,979</b> |

**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                                              | <b>36,810</b>         | <b>119,212</b>  |
| 23 Land and buildings                                                          |                       |                 |
| 24 Other assets (describe ► <b>SEE STATEMENT 4</b> )                           | <b>27,127</b>         | <b>2,227</b>    |
| 25 Total assets                                                                | <b>63,937</b>         | <b>121,439</b>  |
| 26 Total liabilities (describe ► <b>SEE STATEMENT 5</b> )                      | <b>0</b>              | <b>4,460</b>    |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | <b>63,937</b>         | <b>116,979</b>  |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

DA:

67 20

SCANNED DEC 10 2010

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

What is the organization's primary exempt purpose?

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

**SEE STATEMENT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**28** **SEE STATEMENT 7**(Grants \$ **182,715**) If this amount includes foreign grants, check here ☒**28a****242,070****29**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32** **Total program service expenses** (add lines 28a through 31a)**32****242,070****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

| (a) Name and address         |          | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|------------------------------|----------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| ALYSON NORRIS                | PORTLAND | PRESIDENT                                                |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 10.00                                                    | 0                                          | 0                                                                   | 0                                        |
| ANN LOCKHART                 | PORTLAND | TREASURER                                                |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 10.00                                                    | 0                                          | 0                                                                   | 0                                        |
| CHRISTINA E FITCH            | PORTLAND | SECRETARY                                                |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 2.00                                                     | 0                                          | 0                                                                   | 0                                        |
| JULIA RISEMAN                | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 2.00                                                     | 0                                          | 0                                                                   | 0                                        |
| NANCY ANGOLF                 | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| ANTONIA GOROG                | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| THOMAS DUFFY                 | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| ANNA HALLEMEIER              | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| KIM JOHNSON                  | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| PETER MAYLAND                | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| KRISTIN RINEHART-TOTTEN      | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| BRENT BEIDLER                | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 1.00                                                     | 0                                          | 0                                                                   | 0                                        |
| KINARI WEBB                  | PORTLAND | DIRECTOR                                                 |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 5.00                                                     | 0                                          | 0                                                                   | 0                                        |
| BRITA JOHNSON                | PORTLAND | EXECUTIVE DIRECTOR                                       |                                            |                                                                     |                                          |
| 4110 SE HAWTHORNE BLVD, #246 | OR 97214 | 20.00                                                    | 21,160                                     | 0                                                                   | 0                                        |
|                              |          |                                                          |                                            |                                                                     |                                          |
|                              |          |                                                          |                                            |                                                                     |                                          |
|                              |          |                                                          |                                            |                                                                     |                                          |
|                              |          |                                                          |                                            |                                                                     |                                          |

Form 990-EZ (2009)

**HEALTH IN HARMONY, INC.****20-3741107**

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                                    |     | <b>X</b> |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes                                                                                                                                                                                                                                                                                          |     | <b>X</b> |
| <b>35</b> 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.                                                                                                                                                          |     |          |
| <b>a</b> 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?                                                                                                                                                                                                                                             |     | <b>X</b> |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                                                                                      |     |          |
| <b>36</b> 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                                                                                                                                                                                                                           |     | <b>X</b> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr. <b>37a</b>                                                                                                                                                                                                                                                                                                          |     |          |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                |     | <b>X</b> |
| <b>38a</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?                                                                                                                                                                                 |     | <b>X</b> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>                                                                                                                                                                                                                                                                                                                        |     |          |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                     |     |          |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                                                                                                                      |     |          |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                                                                                                             |     |          |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>                                                                                                                                                                                                                         |     |          |
| <b>b</b> 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 <b>40b</b> |     | <b>X</b> |
| <b>c</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 <b>40c</b>                                                                                                                                                                                                                   |     |          |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>                                                                                                                                                                                                                                                                                      |     |          |
| <b>e</b> 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 <b>40e</b>                                                                                                                                                                                                                                          |     | <b>X</b> |
| <b>41</b> List the states with which a copy of this return is filed. <b>MA, CT, VA, CA, OR</b>                                                                                                                                                                                                                                                                                                                        |     |          |
| <b>42a</b> The organization's books are in care of <b>ANN LOCKHART</b> Telephone no. <b>503-422-8517</b><br><b>4110 SE HAWTHORNE BLVD #246</b><br>Located at <b>PORTLAND, OR</b> ZIP + 4 <b>97214</b>                                                                                                                                                                                                                 |     |          |
| <b>b</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)? <b>42b</b>                                                                                                                                                          |     | <b>X</b> |
| If "Yes," enter the name of the foreign country <b>42c</b>                                                                                                                                                                                                                                                                                                                                                            |     | <b>X</b> |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                                                                                                                                                                                                             |     |          |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>                                                                                                                                                                                                                                                                                                |     | <b>X</b> |
| If "Yes," enter the name of the foreign country <b>42d</b>                                                                                                                                                                                                                                                                                                                                                            |     |          |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>43</b>                                                                                                                                                                                                                                                                                         |     |          |
| and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                                                                                                   |     |          |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>                                                                                                                                                                                                                                                                                |     | <b>X</b> |
| <b>45</b> 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 <b>45</b>                                                                                                                                                                                                                         |     | <b>X</b> |

Form **990-EZ** (2009)

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

|                                                                                                                                                                                                | Yes                      | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49b</b> If "Yes," was the related organization a section 527 organization?                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

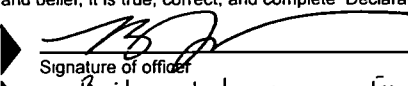
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶

|                                                                                 |                                                                                                                                                                                                                                                                                                                       |          |                                                 |                                                                     |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|---------------------------------------------------------------------|
| <b>Sign Here</b>                                                                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |          |                                                 |                                                                     |
|                                                                                 | <br>Signature of officer                                                                                                                                                                                                           |          | 11/5/10<br>Date                                 |                                                                     |
| Brita Johnson Executive Director<br>Type or print name and title                |                                                                                                                                                                                                                                                                                                                       |          |                                                 |                                                                     |
| <b>Preparer's Use Only</b>                                                      | Preparer's signature                                                                                                                                                                                                                                                                                                  | Date     | Check if self-employed <input type="checkbox"/> | Preparer's Identifying Number (See instr)                           |
|                                                                                 | Firm's name (or yours if self-employed)                                                                                                                                                                                                                                                                               | 11/10/10 |                                                 | P00088854                                                           |
|                                                                                 | address, and ZIP + 4                                                                                                                                                                                                                                                                                                  |          |                                                 | EIN ▶ 93-1309646                                                    |
| JAMES E. RICHMAN, CPA, PC<br>1 SW COLUMBIA, SUITE 400<br>PORTLAND, OR 97258     |                                                                                                                                                                                                                                                                                                                       |          | Phone                                           | 503-295-3780                                                        |
| May the IRS discuss this return with the preparer shown above? See instructions |                                                                                                                                                                                                                                                                                                                       |          |                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

DAA

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶                                                                                                                                                                 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 1,225    | 59,736   | 145,523  | 257,122  | 327,944  | 791,550   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        | 1,225    | 59,736   | 145,523  | 257,122  | 327,944  | 791,550   |
| <b>5</b> 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) |          |          |          |          |          | 125,842   |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          | 665,708   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶                                                                                                                                                                                  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4                                                                                                                                                                                                  | 1,225    | 59,736   | 145,523  | 257,122  | 327,944  | 791,550   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                       |          | 7        | 8        |          |          | 15        |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                   |          |          |          |          | 0        |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                     |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                               |          |          |          |          |          | 791,565   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                                     |          |          |          |          | 12       | 73        |
| <b>13 First five years.</b> 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 ▶ <input checked="" type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                               | 14 | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                     | 15 | % |
| <b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                         |    |   |
| <b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                      |    |   |
| <b>17a 10%-facts-and-circumstances test—2009.</b> 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 ▶ <input type="checkbox"/>    |    |   |
| <b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                        |    |   |

**Part III 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 year beginning in)▶                                                                                                                                      | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>7b</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          |          |          |          |          |          |           |
| <b>7c</b> Add lines 7a and 7b                                                                                                                                                     |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶                                                                                                                                                                            | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                               |          |          |          |          |          |           |
| <b>10b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                      |          |          |          |          |          |           |
| <b>10c</b> Add lines 10a and 10b                                                                                                                                                                                        |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | % |

**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 line 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 ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

## Federal Statements

11/11/2010 4:01 PM

### Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

| How Received                | Description | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Depreciation | Gain / Loss |
|-----------------------------|-------------|-----------|---------------|-----------|------------|----------------|--------------|-------------|
| JNJ STOCK DONATION          |             |           | 5/20/09       | 5/20/09   | \$ 4,677   | \$ 5,140       | \$           | \$ -463     |
| CPO STOCK DONATION          |             |           | 5/20/09       | 5/20/09   | 461        | 586            |              | -125        |
| FRX (CASH IN LIEU) DONATION |             |           | 5/21/09       | 5/21/09   | 50         |                |              | 50          |
| TOTAL                       |             |           |               |           | \$ 5,188   | \$ 5,726       | \$ 0         | \$ -538     |

### Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

| Name and Address                 | Description of Property | Class of Activity | Cash Contribution | Noncash Contribution | Book Value | Book Value Explanation | FMV Explanation |
|----------------------------------|-------------------------|-------------------|-------------------|----------------------|------------|------------------------|-----------------|
| INI RADEF                        |                         |                   | 20,000            |                      |            |                        |                 |
| GEDUNG AO, KAMPUS BUKIT JIMBARAN |                         |                   |                   |                      |            |                        |                 |
| BADUNG-BALI, ID                  |                         |                   |                   |                      |            |                        |                 |
| YAYASAN ASRI                     |                         |                   | 162,715           |                      |            |                        |                 |
| J1 PULAU DATUK SUNGAI MENGKUANG  |                         |                   |                   |                      |            |                        |                 |
| KALBAR, ID 78852                 |                         |                   |                   |                      |            |                        |                 |
| TOTAL                            |                         |                   | 182,715           |                      |            |                        |                 |

20-3741107

**Federal Statements**

FYE: 12/31/2009

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| <u>Description</u>        | <u>Amount</u> |
|---------------------------|---------------|
| EXPENSES                  | \$            |
| TRAVEL                    | 8,448         |
| CREDIT CARD FEES          | 678           |
| SUPPLIES                  | 37            |
| TELEPHONE & COMMUNICATION | 305           |
| MEETINGS                  | 1,340         |
| COMPUTER EXPENSES         | 444           |
| IN-KIND GOODS             | 11,460        |
| SMALL EQUIPMENT           | 14,705        |
| MISC FEES AND TAXES       | 559           |
| PAYROLL FEES              | 1,176         |
| ALLOCATED INDIRECT COSTS  | 11,506        |
| TOTAL                     | \$ 50,658     |

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

| <u>Description</u>          | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|-----------------------------|------------------------------|------------------------|
| ACCOUNTS RECEIVABLE         | \$ 26,776                    | \$ 300                 |
| INVENTORIES FOR SALE OR USE | 351                          | 1,927                  |
|                             | 27,127                       | 2,227                  |

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

| <u>Description</u>                    | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|---------------------------------------|------------------------------|------------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$                           | \$ 4,460               |
|                                       |                              | 4,460                  |

**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO SUPPORT PROGRAMS AND FACILITIES IN INDONESIA AND/OR OTHER PARTS OF THE DEVELOPING WORLD THAT: (1) PROVIDE MEDICAL CARE, MEDICAL TRAINING, AND IMPROVE PUBLIC HEALTH; (2) PROMOTE A HEALTHY NATURAL ENVIRONMENT THROUGH SCIENTIFIC RESEARCH AND

**Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

PROVIDED GRANT FUNDING AS FOLLOWS:

HEALTH AND CONSERVATION WORK:

1) HUMAN HEALTH -- OPERATED MEDICAL CLINIC SERVING POPULATION AREA OF 60,000+ IN 21 VILLAGE COMMUNITIES SURROUNDING GUNUNG PALUNG NATIONAL PARK IN WEST KALIMANTAN, INDONESIA, PROVIDED 6000 PATIENT VISITS, STAFF SALARIES, PURCHASED MEDICAL EQUIPMENT, EXPANDED THE DOTS PROGRAM TO 17 HEALTH WORKERS, AND IMPLEMENTED MONTHLY MOBILE CLINIC SERVICE TO REMOTE AREAS. ALSO PROVIDED CATARACT SURGERIES TO 77 BLIND PEOPLE, DISTRIBUTED 700 EYE GLASSES, DISTRIBUTED FREE BIRTH CONTROL TO 277 WOMEN, AND PROVIDED 30 GOATS TO WIDOWS.

2) ORGANIC FARMING -- EXPANDED AND MAINTAINED ORGANIC FARM, CREATED 5 COMMUNITY DEMONSTRATION ORGANIC FARMS, TRAINED 100 FARMERS IN ORGANIC METHODS.

3) REFORESTATION -- ESTABLISHED FOREST SEEDLING NURSERY WITH 16,000 SEEDLINGS WITH 200 DIFFERENT TREE SPECIES. REPLANTED 10 ACRES OF ILLEGALLY LOGGED PARKLANDS WITH TEST PLOTS.

4) COMMUNITY EDUCATION -- PROVIDED COMMUNITY OUTREACH ACTIVITIES IN 35 VILLAGES SURROUNDING GUNUNG PALUNG NATIONAL PARK TO PROMOTE THE GOALS OF OUR JOINT HEALTHCARE AND CONSERVATION PROGRAM, IN PARTICULAR OF OUR CONSERVATION INCENTIVE SYSTEM (WHEREIN HEALTHCARE SERVICES ARE EXCHANGED FOR PARK PROTECTION) AND OUR ALTERNATIVE WORK PROGRAM. ALSO PROVIDED HEALTH EDUCATION FOR HAND WASHING, TEETH BRUSHING, TB PREVENTION, AND ENVIRONMENTAL CARE. OVER 10,000 PEOPLE BENEFITED FROM PUBLIC HEALTH AND CONSERVATION EDUCATION.

ADDITIONAL HEALTH AND CONSERVATION WORK:

PROVIDED FUNDS TO COVER FIRST QUARTER OF 2010 EXPENSES OF ALAM SEHAT LESTARI PROGRAM (ASRI). THE FUNDS OPERATED HEALTH CLINIC FOR POPULATION 60,000+, OPERATED AN INCENTIVE SYSTEM TO PROTECT GUNUNG PALUNG NATIONAL PARK FROM ILLEGAL LOGGING, CONDUCTED EDUCATION, PROMOTED ORGANIC FARMING, REFORESTED 6 ADDITIONAL HECTARES OF LAND AND WORKED TO IMPROVE POLICING PARK AND HELPED EVALUATE PROGRAM EFFECTIVENESS.

HOSPITAL DESIGN AND PLANNING:

DESIGNED ENVIRONMENTALLY FRIENDLY AND LOCALLY SUSTAINABLE AFFORDABLE HOSPITAL DESIGNS THROUGH THE VOLUNTEER VISIT OF 6 GEORGIA TECH ARCHITECTURE STUDENTS AND FACULTY MEMBER VISIT TO INDONESIAN CLINIC. PROVIDED FOOD, LODGING, AND LOCAL TRANSPORTATION.

CONSERVATION FOOD AND HEALTH:

PROVIDED A SUBSIDY TO COVER: DISCOUNTED HEALTHCARE REWARDS FOR PATIENTS FROM "GREEN" (NON-LOGGING) COMMUNITIES; MOBILE CLINIC VISITS TO REMOTE COMMUNITIES; COMMUNITY MEETINGS TO PROMOTE HEALTHCARE INCENTIVES SYSTEM;

**Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments (continued)**

**Description**

AND PROMOTION OF ORGANIC FARMING IN THE COMMUNITIES SURROUNDING GUNUNG  
PALUNG NATIONAL PARK.

US FISH AND WILDLIFE:

SUPPORTED THE PRODUCTION OF ACCURATE MAPS AND ANALYSES OF DEGRADED AREAS IN  
GUNUNG PALUNG NATIONAL PARK AS A PRELIMINARY STEP TO REFORESTATION;  
DEVELOPMENT OF A SEEDLING NURSERY THAT WILL PRODUCE TREES FOR REFORESTATION  
EFFORTS TO BEGIN IN 2010; EXPLORATION OF ALTERNATIVES FOR BUILDING AN  
ECONOMICALLY SUSTAINABLE REFORESTATION PROGRAM BASED ON CARBON CREDITS,  
CORPORATE SPONSORSHIP, OR OTHER MEANS; PROMOTION OF AN INCENTIVE SYSTEM  
WHEREIN HEALTHCARE SERVICES ARE EXCHANGED FOR PROTECTION OF NATURAL  
RESOURCES; PROMOTION OF AN ALTERNATIVE PAYMENT PROGRAM WHEREIN HEALTHCARE  
FEES ARE PAID WITH WORK ON CONSERVATION PROJECTS.