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Department of the Treasury Internal Revenue Service

#### **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)

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

2009

Open to Public Inspection

<u>A</u>	For the 2009 c	ilendar year, or tax year beginning , and ending			
В	Check if applicable	Please C Name of organization The Tree of Life Foundation Intl,	I	D Employ	er identification number
	Address change	use IRS International Inc			
=	Name change	label or print or Doing Business As		20-3	3857927
	-	type Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
	Instial return	See 340 Royal Poinciana Way Ste 317-316	3C	561-	-833-1533
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receip	ts \$ 230,016
	Amended return	tions. Palm Beach FL 33480			
		F Name and address of principal officer		H(a) Is this a	group return for
لــا	Application pending			affiliates	
				H(b) Are all a included	filiates Yes No
					ittach a list (see instructions)
	Tax-exempt stat	us X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		1	,
<del>-</del>		www.treeoflifefi.org		H(c) Group e	kemption number
<u> </u>			Year of formation		State of legal domicile
	Type of organization	ummary	Tear or formation		otate of logal dofficial
	<del></del>	<del> 1                                 </del>	19.0	<del></del> -	
		escribe the organization's mission or most significant activities	+		
8	I .	tree of Life Foundation is a global organization the	iac		
35	1	nects the gifts & talents of individuals with the	_ 4_		
	1	ources of specific charitable organizations to marke			
1 6 2010 s & Governance	1	nis box 🕨 🔝 if the organization discontinued its operations or disposed of more than 25	% of its net asset	1 1	
~ ∞	1	of voting members of the governing body (Part VI, line 1a)		3	<del></del>
APR Activities	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
APR tivities	5 Total nu	mber of employees (Part V, line 2a)		5	
Act _	6 Total nu	mber of volunteers (estimate if necessary)		6	
	7a Total gr	oss unrelated business revenue from Part VIII, column (C), line 12		7a	
w	<b>b</b> Net unre	elated business taxable income from Form 990-T, line 34		7b	0
SCANNED			Prior Ye		Current Year
(A) o	1	itions and grants (Part VIII, line 1h)		2,481	230,016
಄ಕ		service revenue (Part VIII, line 2g)			
಄		ent income (Part VIII, column (A), lines 3, 4, and 7d)			
u.		venue (Part VIII, column (A), res Set By Ec Doc, and 11e)		0 404	000 016
		venue – add lines 8 through 11 (must equal Part VIII, politinn (A), line 12)		2,481	230,016
	13 Grants	and similar amounts party (Part IX) column (A) Hines 1+35	4	3,250	53,078
		paid to or for members (Part IX) Column (A), line 4)			
Ś	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6	8,402	56,416
sesuedx	16a Profess	onal fundraising fees (Part IX @@fin & Nine to a			
ğ	<b>b</b> Total fu	ndraising expenses (Part IX, column (D), line 25) ▶			
மி	17 Other e	openses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,576	123,465
	18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	29	5,228	<u>232,959</u>
	19 Revenu	e less expenses Subtract line 18 from line 12	-	2,747	-2,943
5	g .		Beginning of Cu		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)		1,802	-1,141
A S	21 Total lia	bilities (Part X, line 26)			
25	22 Net ass	ets or fund balances Subtract line 21 from line 20		1,802	-1,141
F	Part II S	ignature Block		_	
	υ	nder penalties of perjury, I declare that Thave examined this return, including accompanying schedules	and statements, and	to the best of	my knowledge
	aı	nd belief, this true, correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which pre	parer has any	,
Sig	an 📗	. I MANA ( SAVIMAAVIL		3/	8/2010
He		Signature of officer		Date	· · · · · · · · · · · · · · · · · · ·
		Amanda Schumacher Dire	ctor		
		Type or print name apo title			
	<del></del>	Date	Check	ıf	Preparer's identifying number
Pa	14	eparers	self-	. $\square$	(see instructions) 061-44-1109
Pr	eparer's <mark>⊢</mark> "		25/10 emplo	<del></del>	59-2203864
	e Only	rm's name (or yours ANDREWS & COMPANY ACCOUNTANTS		EIN ▶	39-2203004
_	ıf	9836 WEST SAMPLE ROAD		Phone	954-752-8130
<del></del>		idress, and ZIP + 4 CORAL SPRINGS, FL 33065		no 🕨	954-752-8130 Yes No
Mai	vine IRS discu	ss this return with the preparer shown above? (see instructions)			I I YES ! I No

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

104,494 including grants of \$ (Expenses \$ 4e Total program service expenses ▶

4d Other program services (Describe in Schedule O)

232,959

) (Revenue \$

Form 990 (2009) The Tree of Life Foundation Intl, I 20-3857927

Part IV Checklist of Required Schedules

<u>,,,</u>	The checking of the games defined as				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x	
_	complete Schedule A		1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	,	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		3		x
	candidates for public office? If "Yes," complete Schedule C, Part I				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		4		x
_	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		_		
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		_		
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1	
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	<del></del>	12		_X_
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a			14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		446		x
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		45		X
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		16		х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		"		
• /	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		├ <del>`</del>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
. •	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X

<u> </u>	at ty Checkist of Reduied Schedules (Continued)	T		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		х
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>_</b>	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		:	İ
	24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l .	X
b	is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			}
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			İ
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		Ì	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31	<b></b> -	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>.</b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		x
	III, IV, and V, line 1	34	<del> </del> -	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	35		x
20	Schedule R, Part V, line 2	35_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		x
27	organization? If "Yes," complete Schedule R, Part V, line 2	30	-	<del></del> -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del></del>		_ <del></del>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		x

Form 990 (2009) The Tree of Life Foundation Intl, I 20-3857927

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>		· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			
	U.S. Information Returns. Enter -0- if not applicable	1a	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			
	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/			
	this return?		_3a	ļ	<u> </u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal			<b> </b>
	account)?		4a	<del>                                     </del>	X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	ık			
	and Financial Accounts				٠,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	-	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b_	<del>                                     </del>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng	1_		[
•	Prohibited Tax Shelter Transaction?		<u>5c</u>	<b></b> -	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		x
<b>L</b>	organization solicit any contributions that were not tax deductible?	ne.	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?	JI	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	te .			
u	and services provided to the payor?		7a	<u> </u>	f
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d ]			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal			
	benefit contract?		7⊖	l	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter	L., 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	1			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
120	amounts due or received from them )  Section 4047(a)(d) non-exempt aboritable truste is the executation files Form 900 in liquid Form 10	11b	425		Ì
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a_		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

500	tion A. Governing Body and Management			
Sec	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3 ]		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		:	
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			[
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			₹
	with a taxable entity during the year?	16a		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			•
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	40.		
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Andrews and Company 9836 West Sample Rd			
C.	organization > Andrews and Company 9836 West Sample Rd	954-75	2-8	130

DAA

Form 990 (2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization of		ate :	any c			ficer	dire		4=>	
(A) Name and Title	(B) Average	Pos	ition (	(C) check all that apply				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Amanda Schumacher								0	0	0
Director Charles Schumache	~		-			$\vdash$		<u> </u>		
Director	<b>L</b>							o	o	0
Richard Proudfit										
Director						l		0	0	0
	- <del> </del>					_				
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						$\vdash$				
	<del> </del>				_					
		ļ		_	<u> </u>	<u> </u>	<u> </u>			
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		$\vdash$	<del> </del>	-				1		<del></del>
						L	L			
		<u> </u>	<u> </u>	<u> </u>	ļ					
		<del> </del>	<u> </u>	<del>-</del>	$\vdash$	-				-
			Ь			Щ_				

2517 02/25/2010 10 40 AM Form 990 (2009) The Tree of Life Foundation Intl, I 20-3857927 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (D) (F) Reportable Estimated Position (check all that apply) Reportable Name and Title Average compensation compensation amount of hours per Individual trustee or director Officer Institutional trustee Key employee Highest compensated employee from related other from week organizations compensation the organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations Total  $\triangleright$ 1b Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

	ındıvıdual		4		
5	ny unrelated organization for such person	5		x	
Sec	ction B. Independent Contractors				
1	Complete this table for your five highest compensated independent cont compensation from the organization	tractors that received more than \$100,000 of			
	(A) Name and business address	(B) Description of services	_Co	(C) mpensati	ion
			ļ	_	
2	Total number of independent contractors (including but not limited to the	ose listed above) who received		,	
	more than \$100,000 in compensation from the organization ▶		0		
DAA			Form	990	(2009)

Form 990 (2009) The Tree of Life Foundation Intl, I 20-3857927

	art VIII Statement of Revenue											
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	b c d e f	Federated cam Membership du Fundraising ev Related organi Government grants ( All other contribution and similar amounts Noncash contribution Total, Add line	ues vents zations (contributions) s, gifts, grants, not included above ns included in lines 1a-	1a		230,016	230,016					
	<u> </u>	Total, Add line	5 Id-II			Busn. Code	230 / 020		-	-		
Program Service Revenue	2a b c d					Busii. Code						
ğ	e f	All other progra	am service rever	ue			<del>-</del>					
S.		Total. Add line				<b>&gt;</b>						
	3 4 5	other similar as	ome (including d mounts) ivestment of tax-			•				•		
			(ı) Real		(II) P	ersonal						
	6a	Gross Rents										
	b	Less rental exps										
	C	Rental inc or (loss)										
	d 7a	Net rental inco Gross amount from sales of assets other than inventory	me or (loss) (i) Secunties	5	(11)	Other						
		Less cost or other basis & sales exps										
	_	Gain or (loss)	L				-					
en	đ 8a		ss) om fundraising ever	nts			, , ,					
Other Revenue		See Part IV, line Less direct ex	penses	a b								
٦			(loss) from fundr		vents							
	9a		om gaming activities									
	_	See Part IV, line		a _ b								
		Less direct ex	penses (loss) from gami		ties	•	L					
			inventory, less	ng dolly.	1100							
		returns and all		a								
	b	Less cost of g	oods sold	<b>b</b> [								
	С	Net income or	(loss) from sales	of inver	ntory	<u> </u>						
		Misc	ellaneous Revenue			Busn. Code						
	11a											
	b											
	d	All other reven	u o									
		Total. Add line										
			e. See instruction	ns			230,016	0	0	0		

Form 990 (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and		охраново	gonora: expenses	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	53,078	53,078		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				1
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,416	56,416		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			,	
9	Other employee benefits				
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting			· · · · · · · · · · · · · · · · · · ·	
d	Lobbying				<del></del>
ө	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees			<del></del>	<del>                                     </del>
g	Other				<u> </u>
12	Advertising and promotion		· <del>-</del>	<del></del>	<del></del>
13	Office expenses		· · · · · · · · · · · · · · · · · · ·		
14	Information technology				
15	Royalties	48,078	48,078		
16	Occupancy	40,070	40,070	<del></del>	<del>                                     </del>
17	Travel	-		· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
				· · · · ·	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				‡
	5% of total expenses shown on line 25 below )				
а	See Schedule	75,387	75,387		
þ					
С					
d					<u> </u>
0					<del> </del>
f	All other expenses		000 075		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	232,959	232,959		
26	Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and		ł		
	fundraising solicitation				

	art )	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			1,802		-1,141
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	<del></del>
	5	Receivables from current and former officers, directors,	, trustees, k	у		1 1	
		employees, and highest compensated employees Com	iplete Part I	of			
		Schedule L				5	····
	6	Receivables from other disqualified persons (as defined	d under sect	on			
		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Comple	te			
۰,		Part II of Schedule L		6	, ,		
Assets	7	Notes and loans receivable, net		7			
SS	8	Inventones for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	investments—program-related See Part IV, line 11				13	<u></u>
	14	Intangible assets				14	,,,,
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		1,802	16	-1,141
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability Complete Part IV of	of Schedule	D		21	
ij	22	Payables to current and former officers, directors, truste	ees, key				
豆		employees, highest compensated employees, and disqu			<u> </u>		
Liabilities	ļ	persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated thin	d parties			23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25				26	
ŝ		Organizations that follow SFAS 117, check here ▶	X and				
ည		complete lines 27 through 29, and lines 33 and 34.	_				
<u>a</u>	27	Unrestricted net assets			1,802	27	<u>-1,141</u>
Ba	28	Temporarily restricted net assets				28	
Þ	29	Permanently restricted net assets				29	
.≒		Organizations that do not follow SFAS 117, check h	nere 🕨 🗍				
F		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	·	
set	31	Paid-in or capital surplus, or land, building, or equipmer	nt fund			31	
156	32	Retained earnings, endowment, accumulated income, of		s		32	
ĭ,	33	Total net assets or fund balances			1,802		-1,141
ž	34	Total liabilities and net assets/fund balances			1,802		-1,141

Form **990** (2009)

orm	1990 (2009) The Tree of Life Foundation Intl, I 20-3857927		Pag	ge <b>12</b>
Pa	ert XI Financial Statements and Reporting			
_			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	J J		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both		-	
	Separate basis Consolidated basis Both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Tree of Life Foundation Intl, International Inc

Employer identification number 20-3857927

Pŧ	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ns.		
Γhe	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )							
1				ciation of churches described in			A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E )									
3	$\Box$			e organization described in secti	on 170(b)	(1)(A)(iii).							
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospit	al's name,		
		city, and state	<del>-</del>	,									
5		•		a college or university owned or	operated	by a gove	rnmenta	ıl unit de	scribed	ın			
Ī	ш	-	b)(1)(A)(iv). (Complete Part I		•	, ,							
6				· , vernmental unit described in <b>sec</b>	tion 170(	b)(1)(A)(v	١.						
7	X	· · · · · · · · · · · · · · · · · · ·	•	ubstantial part of its support from				n the ge	neral nu	iblic			
•		=	section 170(b)(1)(A)(vi). (Co		u govo	oa. a		3	р				
8					١								
9	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
3		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
				f unrelated business taxable inco						1110			
				, 1975 See section 509(a)(2).			i i tux) ii	om basi					
10			•	clusively to test for public safety	•	•	a)///)						
	H	-	•	clusively for the benefit of, to pe				carny ou	t the				
11	Ш	•	•	d organizations described in sec						tion			
				e type of supporting organization									
		— — — — — — — — — — — — — — — — — — —		c Type III-Functiona			d [	—ī	 e III–Otl	her			
			·	nization is not controlled directly			,			iici			
e	Ш			and other than one or more public						ction			
			ection 509(a)(2)	and other than one or more public	oly suppor	ica organ	LUCIONS	00001100	. <b>.</b>	30.011			
f		, , , ,		mination from the IRS that it is a	Type I Ty	nell or T	vne III s	unnortin	a				
•		•	check this box	imiation from the fixe that it is a	1901, 19	pc 11, 01 1	ypc III o	арропш	9				
_				on accepted any gift or contributi	on from a	ny of the							
g				on accepted any gift of continuent	on nom a	ny or the							
		following per		strole, outhor along or together we	th narean	describe	d in (ii)					Yes	No
			· · · · · · · · · · · · · · · · · · ·	trols, either alone or together wi	in persons	s describe	u III (II)				11g(ı)	100	""
		, ,	pelow, the governing body of member of a person describe	•							11g(ii)		
			ontrolled entity of a person de	• •							11g(iii)		<del></del>
_		` '	•	```							[119()		
<u>h</u>	Name		ollowing information about the	(iii) Type of organization	(m) is the	organization	(v) Did v	ou notify	(vi)	Is the	(vii) Amo	ount of	
(1)		e of supported anization	(ii) EIN	(described on lines 1–9	1 ' '	sted in your		nization in	organizat	ion in col	supp		
				above or IRC section	governing	document?		of your port?		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<del> </del>	<del> </del>	700		1	"			
					<u> </u>			<u> </u>					
										i	-		
								<u> </u>	<u> </u>				
					<b> </b>								
												_	
Tota	1				1			1					

The Tree of Life Foundation Intl, I 20-3857927 Page 2 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received (Do not 76,804 135,984 292,481 230,016 735,285 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 230,016 735,285 76,804 135,984 292,481 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 735,285 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 230,016 735,285 76,804 135,984 292,481 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated husiness activities, whether or not the business is 0 regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 735,285 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage <u>100.0</u>0% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 100.00% Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. 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 b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

Schedule A (Form 990 or 990-EZ) 2009

18

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

500	tion A Bublic Support	cked the box	OII IIIIE 3 OI F A	11.1./			
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
υä	reman year (or nacar year beginning in)	(a) 2005	(10) 2000	(6) 2001	(4) 2000	(0) 2000	(i) i otal
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				İ		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		- <sub>r</sub> -	<u> </u>	T	1	
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						
C	Add lines 10a and 10b					ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						. <del>n.</del> .i
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)			h		(2)	<del></del>
14	First five years. If the Form 990 is for the conganization, check this box and stop here	-	secona, tnira, touri	in, or titin tax year a	as a section 50 f(c)	(3)	▶ □
Sec	tion C. Computation of Public Su		tage	_	<del></del>		
15	Public support percentage for 2009 (line 8,			(f))		15	%
16	Public support percentage from 2008 Schei			(1)		16	%
	tion D. Computation of Investme						· · ·
17	Investment income percentage for 2009 (lin			column (fl)		17	%
18	Investment income percentage from 2008 S			(.,,		18	%
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is m	nore than 33 1/3 %	and line	
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check thi						▶ [
20	Private foundation. If the organization did	<del>-</del>					▶
DAA						hedule A (Form 990	or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 The Tree of Life Foundation Intl, I 20-3857927

Page 4

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047
2009
Open To Public

Department of the Treasury Internal Revenue Service

The Tree of Life Foundation Intl, **Employer identification number** Name of the organization 20-3857927 International Inc Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(vi) Amount paid to (v) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts raiser have (or retained by) (or retained by) from activity or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions' Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Total

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009 The Tree of Life Foundation Intl,	I	20-385792	7	Р	age 3
			•		Yes	No
13	Indicate the percentage of gaming activity operated in	1				
а	The organization's facility	13a	%			
b	An outside facility	13b	%			
14	Provide the name and address of the person who prepares the organization's gaming/special events books					
	and records					
	Name ►					
	Address ►					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a		
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and t	the			
	amount of gaming revenue retained by the third party > \$					
С	If "Yes," enter name and address of the third party					
	Name ►					
	Name P					
	Address ▶					
16	Gaming manager information					
	No. 10 No					
	Name ►				:	
	Gaming manager compensation ▶ \$					
						Į.
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions					
а	is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			17a		ļ
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					1
	in the organization's own exempt activities during the tax year ▶ \$					<u> </u>

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6
9
5
8
125
8
517
~

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

The Tree of Life Foundation Intl,

General Information on Grants and Assistance

Part

International Inc

**Employer identification number** 20-3857927

Open to Public Inspection OMB No 1545-0047 2009

	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	EIN (c) IRC section if applicable if applicable assistance of a size of grant (book, FMV, appraisal, if applicable if applicable in a section of cash grant (f) Method of valuation (g) Description of (h) Purpose of grant (f) Method of valuation (g) Description of (h) Purpose of grant other)						s
	s. Complete if the box if no one re	non-cash (f) Method of (book, FMV)	 					_
	United States							
funds in the United States	i <b>izations in the</b> nore than \$5,00 needed	(d) Amount of cash						
rant funds I	nd Organ ceived n pace is r	(c) IRC section If applicable						
oring the use of g	vernments ar cipient that re if additional s	(p) EIN						ganizations
Describe in Part IV the organization's procedures for monitoring the use of grant	Grants and Other Assistance to Governments and Organization Form 990, Part IV, line 21, for any recipient that received more that Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government						Enter total number of section 501(c)(3) and government organizations
~	Part II				1	1	1	₫

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

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Schedule 1 (Fo	Schedule   (Form 990) 2009 The Tree of Life Foundation	Life Foundati	on Intl, I 20-3857927	0-3857927		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additior	United States. Com	plete if the organizati	on answered "Yes" to Form	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance .
			53,078			
						•
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	n required in Part I, li	ne 2, and any other additior	ial information.

SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

The Tree of Life Foundation Intl, I International Inc

Employer identification number 20-3857927

Form 990 - Organization's Mission or Most Significant Activities
The tree of Life Foundation is a global organization that
connects the gifts & talents of individuals with the
resources of specific charitable organizations to market
worldwide programs that help people, defend animals, and
protect the environment. The tree of Life raises awareness
of global crises', and fills the needs of people including
housing, education, homeless, medecine & orphanages.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

3 09 PM 02/24/10 Accrual Basis

# Tree of Life Foundation International, Inc Balance Sheet

As of December 31, 2009

	Dec 31, 09
ASSET5	
Current Assets	
Chocking/Savings	
Northern Trust "Operational"	-695 23
Northern Trust Bank	1 854 13
Total Checking/Savings	1 158 90
Total Current Assels	1 158 90
Other Assels	
01 - Amanda Schumacher	.∠00 00
18600 · Other Assets	CO 009, *-
Total Other Assets	-2,200 00
TOTAL ASSETS	-1 041 10
LIABILITIES & EQUITY	-
Equity 30000 Opening Balance Equity	4 645 93
32000 Opening Balance Equity	-2 745 38
Not income	-2 943 65
	- · C41 10
Total Equity	- 041 10
TOTAL LIABILITIES & EQUITY	-1.041.10

# Tree of Life Foundation International, Inc Profit & Loss January through December 2009

2515		

January through December 2009	
- through Decenture	pac 09
January Miles	Jan - Dec 09
•	
-00	
Ordinary IncomelExpense	230 115 76
Income Direct Public Support	230.115.76
Income A1400 Direct Public Support Corporate Contributions	.100 00
Income 43400 Direct Public Support 43410 · Corporate Contributions 43410 · Corporate Direct Public Support Total 43400 Direct Public Support	
	230 015 16
Total 43400 Directs Income	
Total Income	n 7 <b>6</b>
	6 61B 75
Expense 50300 Awards and Grants 60320 Cash Awards and Grants 60320 Cash Service Assist to Individuals	B.663 48
	37 796 42
60320 Cash Awards and Grants 60320 Cash Awards and Grants 60340 Specific Assist to Individuals 60340 Specific Assist to Individuals	53 078 G5
60300 Awards and Grants - Other	
LI EDZOS AWSTOS BILL	780 5C
Total out of Expenses	919 34
60900 Business Expenses 60920 Business Registration Fees 60920 Business Registration Fees	4 978 00
	6 67 / B4
Total 60900 - Business Expenses	15 631 83
Total 60900 - Business and	694 18
60950 · Monthly Payrolle fee 60970 · Merchant Service fee	515 00
62100 Contract Services	10,696 43
62110 Contract String Fees 62110 Accounting Fees	1 920 01
5343B FUIDIAIS	74 587 18
62140 Legal 1et Sarvices	698 75
62150 Outside Contracts - Other 62100 Contract Services - Other	38 417 37
62100 COMMAN -	
Table 2100 Contract Services	20.00
62800 Facilities and Equipment 62800 Facilities and Equipment	70 00 564 50
62800 Facilities and Equipment 62840 Equip Rental and Maintenance 62840 Equip (al Services	48 077 62
62840 Equiporial Services 62860 Janutorial Services	136 82
	500 00
62890 Water Service	er 0049 GA
AAAA FACIIII GO ANG TH	er 49 348 94
fotal 62800 · Facilities and Equipment	
Total 62800   Pacimos	89 50
65000 Operations 65010 Books, Subscriptions, Referen	nc <del>o</del> 760 26
65010 Books, Subscripting Service	3 158 70
65010 Books, Substitute 65020 Postage, Mailing Service	1 894 20
65030 Printing 4.14	1 320 00
65040 - Supplies 65060 - Transfer to Operational	1 000 00
65070 - Media Expense	g 50
65070 - Media Exposition 65080 - Transfer to Foundation	8 222 66
ADRIAN - ILLENA	
Total 55000 · Operations	997 D4
	O 440 00
66470 INSUIDITE -	1 432 04
Total 65100 Other Types of Expenses	49 328 15
[Dial 03/04 -	
65000 - Payroll Expenses	

3 08 PM 02/24/10 Accrust Basis

### Tree of Life Foundation International, Inc Profit & Loss January through December 2009

	Jan - Dec 09
68300 Travol and Meetings	
6831D Conference, Convention, Meeting	1 234 32
68320 Travel	3B OC
68300 Travel and Meetings - Other	B 855 42
Total 68300 - Travel and Meetings	1D 127 74
Total Expanse	232 959 41
Net Ordinary Income	-2 943 65
Net Income	-2,943 65