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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Reversue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor activised 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 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.												
								, 20				
_							over iden	tification r				
$\overline{}$	Address o	ing the						20-5288365				
	Name cha	(abe) of						E Teleo	ephone number			
==	Initial retu	return type. DOY 20045							517-627-4591			
=	Terminate	-	See Specific	City or town, state or country,	and ZIP + 4				F 0			
===	Amended Application	retum on pending	Instruc- tions.	LANSING, MI 48908				•		oup Exemption Imber ► 3840		
ᆜ											71.0	3840
 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 M Other (specific 									_		Casn	L_I Accruai
H Check ► ☑ if the or										_		
I Website: ► caring-neighbor.com required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — 1501(c) (3)										orm 990,		
							527	<u> </u>				
	Check ▶			zation is not a section 509(a)								,000. A
				turn is not required, but if the	· · · · · · · · · · · · · · · · · · ·						n.	
	art I			e 9 to determine gross receipts enses, and Changes							or Dort	
								 			UIFAIL	
	1		-	ts, grants, and similar am						1		2195
	2			evenue including governi		ntracts .			}	2		
	3		•]	3		
	4	Investment	-			,			}	4		
	5a			m sale of assets other the	•	· · · }	5a			1		
	b			er basis and sales expens		_	5b ∫					
Φ	C	•	•	n sale of assets other that	• •			•		5c		
8	6			ivities (complete applicable part			ı gamıng,	check here	• ⊔	1		
8	а		•	ot including \$	7523 of con	tributions			[
A & Ballo	1	reported or		•		<u> </u>	6a		7523	}		
- 4	b		-	nses other than fundraisir			6b		4342			
Ω.	C			ss) from special events ar		1	rom line	6a)		6c		3181
APR	7a	b Less: cost of goods sold										
_	0											
	C	, , , , , , , , , , , , , , , , , , , ,								7c		
Z	8	Other revenue (describe ▶))	8		
CHANKE	19	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							> ,▶	9		5376
Š	10	Grants and similar amounts paid (attach schedule)							10		3600	
		•				<u> </u>		76	≱ ⋅	11		0
enses	12	-		mpensation, and employe			1.9.2	010.	≶ ·	12		0
ű	13			and other payments to in		ictors) · [13		20
Expe	14			utilities, and maintenance		· · OGF	DEN,	 	i	14		0
Щ	15			ons, postage, and shippu	_		iriA'	<u>UI.</u> .	1 - 1	15		159
	16	-	-	lescribe Diffice Exper)	16		406
_	17			Add lines 10 through 16					. ▶	17		4185
2	18			for the year (Subtract line	•				- 1	18		1191
38	19			fund balances at beginning of year (from line 27, column (A)) (must agree w					with			
Net Assets				e reported on prior year's return)			· /·	19		652		
ě	20	Other changes in net assets or fund balances (attach explanation) Attachment A.							A. I	20		3400
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						<u>. ▶ </u>	21		5243	
Ρ	art II											
(See the instructions for Part II.) (A) Beginning of year									of year			
22	2 Ca	ısh, savings,	and in	vestments						4053 22	+	5243
23 Land and buildings						+	0					
24		her assets (d		e▶)			0 24		0
25		tal assets .								4053 25	+	5243
2€		tal liabilitie)			0 26		0
27	r Ne	et assets or	fund b	alances (line 27 of colum	nn (B) must agree	with line 21)		40	53	. 27	'}	5243

····	500 EE (E500)							, age =			
Par	Statement of Program	Service Accom	plishments (S	ee the instr	uctions for Part II	ĺ.)		Expenses			
	t is the organization's primary exe							(Required for section			
			ganization's exempt purposes. In a clear and concise				136	501(c)(3) and 501(c)(4) organizations and section			
nanner, describe the services provided, the number of persons benefited, and other relevant information for each program title.								4947(a)(1) trusts, optional for others.)			
	· · · · · · · · · · · · · · · · · · ·						for o	others.)			
28	SEE ATTACHMENT B										
	(Grants \$		includes foreig	n grants, che	eck here	. •	☐ 28a	, i			
29											
	(Grants \$) If this amount	includes foreig	n grants, che	eck here	. ▶	□ 29a	·			
30											
	(Cronto C	\ If the concernt									
31	(Grants \$ Other program services (attach s				eck here	•	∐ 30a				
٠.	. •	•			eck here		□ 31a	.			
32	Total program service expense						▶ 32	3600			
	List of Officers, Directors,							ictions for Part IV.)			
	(a) Name and address		(b) Title and hours per		(c) Compensation (if not paid,		inbutions to benefit plans	(e) Expense account and			
	· · · · · · · · · · · · · · · · · · ·		devoted to		enter -0)		compensation				
	ard Currier, Ph.D.		CEO	40hrs] _			
Зох	80615, Lansing, MI 48908	·····	_		0	·		0			
Man	y Elaine Westberg		Treasurer	5hrs	0		(0			
	80615, Lansing, MI 48908		-					, 0			
	illa Simon		Secretary	3hrs	0		(0			
Зох	80615, Lansing, MI 48908										
	mond Thibeault		Board Member	1hrs	0		(0			
Зох	80615, Lansing, MI 48908										
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			uge e
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:	Ì		ł
a	Initiation fees and capital contributions included on line 9	1		
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		1
100	section 4911 ► ; section 4912 ► ; section 4955 ►	1		İ
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	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400	-	†
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Michigan			
42a	J	517-62		
	Located at ► 13205 Vernon Dr. Grand Ledge, MI ZIP + 4 ►	48837	-9339	l
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	NO
	If "Yes," enter the name of the foreign country: ▶	42b		 *
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_
	If "Yes," enter the name of the foreign country: ▶		•	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	▶ □
			\ <u>\</u>	T
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
44	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
			\ E7	(2000)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 047(a)(1) nonexempt chaind 51.	exempt charit ritable trusts m	t able trusts only. A nust answer question	ll sectio ns 46-4	n 9b			
	Did the organization engage in direct or indirect				Ye	s No			
	candidates for public office? If "Yes," complete	Schedule C, Part I			46	1			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization a school as described in section				48	✓			
	Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," was the related organization a section 527 organization?								
	Complete this table for the organization's five h								
	employees) who each received more than \$100	(b) Title and average	(c) Compensate		(e) Exc				
	(a) Name and address of each employee paid more	hours per week	(c) Compensate	employee benefit plans &	accour	nt and			
	than \$100,000	devoted to position		deferred compensation	other allo	wances			
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	***************************************	-							
f	Total number of other employees paid over \$10	00 000	_ 						
	(a) Name and address of each independent contractor		(b)	Type of service	(c) Compe	nsation			
						 			
									
									
d	Total number of other independent contractors	each receiving over \$100,0	000▶						
	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.								
Sign Here	Signature of officer RICHARD CURRIER CEO								
	Type or print name and title								
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See inst	ructions)			
Use On	r rum sname ior 🖈			EIN ▶ Phone no. ▶					
May the	e IRS discuss this return with the preparer show	n above? See instructions			Yes [No			
				Fo	ա 990-E	Z (2009)			

ATTACHMENT A

990-EZ Line 20:

The \$3400 reported as a liability on Line 26 in the 2008 report has been transferred to the general fund of the Caring Neighbor International Foundation because of the failure of the Webounce Co. to live up to its contractual agreement in developing and servicing the caring-neighbor.com website.

ATTACHMENT B

990-EZ Part III

The Caring Neighbor International Foundation supported the following 501c3 agencies in 2009:

AGENCY	GRANT AMOUNT
Siren of Charlotte	1,000
GLEAP of Grand Ledge	600
Loaves and Fishes of Lansing	1,000
Haven House of East Lansing	1,000
Total	3,600

The funds of the Foundation went to support the following:

SIREN of Charlotte: shelter 472 including 228 children and provide 18,259 meals;

Loaves and Fishes of Lansing: shelter 275 and serve 6,000 meals;

Haven House of East Lansing: shelter 355 including 206 children;

GLEAP of Grand Ledge: serve 1159 adults and 975 children with a variety of food, clothing, shelter and medical needs.