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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 Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

▶ 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.

A For 2009 calendar year, or tax year beginning JANUARY 01, 2009, and ending DECEMBER 31, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MARERA COMMUNITY SELF HELP PROJECT		D Employer identification number 20-8099738
		Number & street (or P.O. box, if mail is not delivered to street addr.) 13375 HARPER PL		E Telephone number (909) 463-1189
		City or town, state or country, and ZIP + 4 Fontana CA 92336		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).

I Website: ▶ MARERACSH.P.ORG

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (Insert no.) 4947(a)(1) or 527

G Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶

H Check ☐ if organization is not required to attach Sch 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 ▶ \$ 32,541

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	32,541
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	
	b	Less: direct expenses other than fundraising expenses . . . . .	6b	
c	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	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶ )	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	32,541	
EXPENSES	10	Grants and similar amounts paid (attach schedule) . . . . .	10	
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	450
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	105
	16	Other expenses (describe ▶ See attachment #1) . . . . .	16	32,091
17	Total expenses. Add lines 10 through 16 . . . . . ▶	17	32,646	
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-105
	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	460
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. . . . . ▶	21	355

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 . . . . .	460	22 355
23	Land and buildings . . . . .		23
24	Other assets (describe ▶ ) . . . . .		24
25	Total assets . . . . .	460	25 355
26	Total liabilities (describe ▶ ) . . . . .	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	460	27 355

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

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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		
a 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	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
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	X
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	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of See attachment #7 Telephone no. Located at ZIP + 4		
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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
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	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

**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.

- 46 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 **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **X**
- b If "Yes," was the related organization a section 527 organization? **X**
- 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 ▶

**Sign Here**

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.

Signature of officer Date 5/12/10

HUMPHREY OGOT SEC-TREASURER

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature Date 5/12/10

NICOLASA BELMONT

Check if self-employed ☐

Preparer's identifying no. (See instr.) 80008680

Firm's name (or yours if self-employed), address, and ZIP + 4 LES TAX SERVICES 115 W MAINT ST Ontario, CA 91762

EIN 30-0386659

Phone no. 909-689-7081

May the IRS discuss this return with the preparer shown above? See instructions **Yes No**



Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

**For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.**

**Employer Identification Number**  
20-8099738

20-8099738

Total	32,091
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## PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01, and ending 12-31-2009.
Name of Organization MARERA COMMUNITY SELF HELP PROJECT	Employer Identification Number 20-8099738

### Primary Purpose

RELIGIOUS ORGANIZATIONS- CHURCH; The specific purpose of this organization is educational, community health sustainable liverhoods and environmental organization - Church.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.
Name of Organization MARERA COMMUNITY SELF HELP PROJECT	Employer Identification Number 20-8099738
Part III - Statement of Program Service Accomplishments	
Grants and allocations	Amount includes foreign grants   Program service expenses
Exempt Purpose Achievements	

RELIGIOUS ORGANIZATION-CHURCH; The specific purpose of this organization is educational, community health sustainable livelihoods and environmental issues to empower poor and marginalized communities A religious Organization - Church.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.			
Name of Organization MARERA COMMUNITY SELF HELP PROJECT			Employer Identification Number 20-8099738	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
MARERA COMMUNITY SELF HELP PROJECT 13375 HARPER PL Fontana, CA 92336 See Comp. Expl. #1	PRESIDENT 30.00	0	0	0

COMPENSATION EXPLANATION

Attachment 5: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation	
Open to Public Inspection	For Calendar year 2009, or tax year period beginning 01-01-2009 and ending 12-31-2009
Name of Organization	Employer Identification Number
MARERA COMMUNITY SELF HELP PROJECT	20-8099738

Name	Explanation
Officer Comp. Expln. #1 MARERA COMMUNITY SELF HELP PROJECT	N/A

## SCHEDULE OF ACTIVITIES NOT PREVIOUSLY REPORTED TO IRS

Attachment 6: page 1 - 990-EZ Page 2, Part V, Line 33

Open to Public Inspection	For calendar year 2009 or tax period beginning	01-01-2009, and ending	12-31-2009.
Name of Organization			Employer Identification Number
MARERA COMMUNITY SELF HELP PROJECT			20-8099738

### Description of Activity

RELIGIOUS ORGANIZATION WITH A PURPOSE OF EDUCATIONAL, COMMUNITY HEALTH SUSTAINABLE LIVELIHOODS AND ENVIRONMENTAL ISSUES TO EMPOWER POOR AND MARGINALIZED COMMUNITIES

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01, and ending 12-31-2009.
Name of Organization MARERA COMMUNITY SELF HELP PROJECT	Employer Identification Number 20-8099738
Part V - Line 42a	

Individual Name .....  
or

Business Name:  
MARERA COMMUNITY SELF HELP PROJECT

Street Address ..... 13375 HARPER PLACE

U S Address

Zip code 92336 City Fontana State CA  
or

Foreign Address

City ...

Province or State .....

Country .....

Postal code .....

Phone Number ..... (909) 463-1189

Fax Number ..... (909) 463-1189