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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

2009

OMB No 1545-1150

assets less than 1,250,000 at the end of the year may use this form. Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public inspection

A	For	2009	calendar year, or tax year beginning JANUARY 01 , 2009, and	endin	g Di	ECEMBE	R 3	1 ,20 09	
		ck if icable	C Name of organization			D Emplo	oyer Identification number		
[]		ress ch	ange UseIRS MARERA COMMUNITY SELF HELP PROJECT		_ [20-8099738		
П	Nam	e chan	label or print or Number & street (or P O. box, if mail is not delivered to street addr.) Ro	om/ uite	E Teleph	one n	umber	
Πı	Initia	al returi	type			,			
П٠	Term	ninated	See Specific 13375 HARPER PL		(9	09)463-1189			
\prod_{i}	Ame	nded r	eturn Instruc- tions City or town, state or country, and ZIP + 4			F Group	Exem	ption	
\square :	Appl pend	lication ding	Fontana CA 92336		- 1	Numbe	er	•	
•	Sec	ction	501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attac	h	G A	ccounting N	1ethoc	d: X Cash Accrual	
			a completed Schedule A (Form 990 or 990-EZ).		С	ther (specif	ý) ►		
			e: ►MARERACSHP.ORG		H C	heck▶ if	i orgai	nization is not required	
<u>T</u> .	Тах	-exer		527				orm 990, 990-EZ, or 990-PF).	
K	Che	eck ▶ [If the organization is not a section 509(a)(3) supporting organization and its gro	oss re	ceipts	are normall	y not	more than \$25,000 A	
!	For	m 990	-EZ or Form 990 return is not required, but if the organization chooses to file a ret	turn, b	e sure	to file a co	mplet		
-			, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of For			▶ \$		32,541	
P	art		Revenue, Expenses, and Changes in Net Assets or Fund Ba	lanc	es (S	ee the instr	uction		
	- 1	1	Contributions, gifts, grants, and similar amounts received	•		•	1	32,541	
	- 1	2	Program service revenue including government fees and contracts			• • •	2		
		3	Membership dues and assessments				3		
		4	Investment income				4		
	Ì	5a	Gross amount from sale of assets other than inventory						
	- {	b	Less: cost or other basis and sales expenses 5b						
P	<u> </u>	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5	5a)			5c		
R E V	,	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gain	mIng,	check	here▶			
E		а	Gross revenue (not including \$ of contributions						
E NUE	į (reported on line 1)				Į		
E	•	b	Less: direct expenses other than fundraising expenses						
		С	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						
	-	b	Less cost of goods sold						
	Ì	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).				7c		
		8	Other revenue (describe >)	8		
	4	9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · · _		▶	9	32,541	
		10	Grants and similar amounts paid (attach schedule)				10		
E		11	Benefits paid to or for members	<u>· · ·</u>	<u></u>		11		
E P E	•	12	Salaries, other compensation, and employee benefits DECEIVER	}	· · · ·		12		
E		13	Professional fees and other payments to independent contractors. CEIVED	<i>)</i> ──~(۰ اد		13	450	
N S E S		14	Occupancy, rent, utilities, and maintenance	13	<u> </u>		14		
S		15	Printing, publications, postage, and shipping	9 1	ρ Ο		15	105	
	ſ	16	Other expenses (describe ► See attachment #1		<u> </u>)	16	32,091	
	_	17	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) OCOEN, U	T -	<u> } .</u>		17	32,646	
ı	<u> </u>	18	the second secon		. المحد	• • •	18	-105	
NET	A SET	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must	agree	with			150	
Ŧ!	Ĕ		end-of-year figure reported on prior year's return)			• • • • • •	19	460	
5	SI	20	=				20		
ГБ		21					21	355	
P	ai i	!!.1	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	_					
22	<u> </u>	ach c	(See the instructions for Part II)	(A)	Begir	ning of yea	$\overline{}$	(B) End of year	
22 23			avings, and investments			460		355	
23 24			nd buildings	+-			23		
24 25				′├─		460	_	355	
25 26			abilities (describe ▶)	\vdash		400 0		355	
20 27			ets or fund balances (line 27 of column (B) must agree with line 21)	′├─		460		355	
			Act and Paperwork Reduction Act Notice, see the separate instructions.	ــــــــــــــــــــــــــــــــــــــ		-100	1/	Form 990–EZ (2009)	

Form 990-EZ (2009) MARERA COMMUNITY SELF HELP 20-8099738 Page 2 Statement of Program Service Accomplishments (See the instructions for Part III) **Expenses** (Required for section 501(c)(3) What is the organization's primary exempt purpose? See attachment and 501(c)(4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, section 4947(a)(1) trusts, optional describe the services provided, the number of persons benefited, & other relevant information for each program title for others) 28 See attachment #3 (Grants \$) If this amount includes foreign grants, check here 28a \blacktriangleright 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 0 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.) (e) Expense account and (c) Compensation (If not paid, enter -0-.) (b) Title and average (d) Contributions to employee benefit plans & (a) Name and address hours per week devoted to position deferred compensation other allowances See attachment #4 #5 JVA

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	1	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			
а	5		i	ŀ
	reporting, and proxy tax requirements?	35a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Х
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
_	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	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
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
ь	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	ļ	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections			
A	4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
e	reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			3.7
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE	40e	L	<u>X</u>
42a				
420	The organization's books are in care of ▶ See attachment #7 Telephone no. ▶ Located at ▶			
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		Yes	No
	account)?	$\overline{}$	162	X
	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		Х
	If "Yes," enter the name of the foreign country:	42C		
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
	43			
		i	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		163	110
	Form 990-F2	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	77		- 71
	Form 990 must be completed instead of Form 990-EZ	45		Х
JVA	09 990EZ3 TWF 33406 Copyright Forms (Software Only) ~ 2009 TW Form		EZ (2	

20-8099738

	501(c)(3) organizations and section	n 4947(a)(1) nonexempt	charitable trusts must a	newar augetione 46-40h	and complet		っわしへへ
	for lines 50 and 51	(///		nawer questions 40-43b	and comple	e the t	10162
6 Did the o	rganization engage in direct or indire	ect political campaign act	tivities on behalf of or in	opposition to candidates		Yes	No
	office? If "Yes," complete Schedule						X
	rganization engage in lobbying activ				47		Х
Is the org	janization a school as described in s	section 170(b)(1)(A)(II)? If	"Yes," complete Sched	ule E	. 48		Х
	rganızatıon make any transfers to ar		related organization? .		49a		X
b If "Yes," v	was the related organization a section	n 527 organization?			49b		Χ
	e this table for the organization's five n received more than \$100,000 of co				and key emp	loyees)
	and address of each employee aid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		opense	<u> </u>
ONE							
				<u> </u>			
	nber of other employees paid over \$						
compens	ation from the organization. If there	•	dependent contractors	who each received more	111a11 \$ 100,0	JO 01	
(a) Name	_	is none, enter "None."		b) Type of service	(c) Comp		n
(a) Name	ation from the organization. If there	is none, enter "None."					n
(a) Name	ation from the organization. If there	is none, enter "None."	an \$100,000 (I				<u>n</u>
(a) Name	ation from the organization. If there	rs each receiving over \$ re that I have examined ligh, it is true, correct, and	an \$100,000 (I	companying schedules ar	(c) Comp	ensatio	to
(a) Name	nber of other independent contractor Under penalties of perjury, I declar the best of my knowledge and be information of which preparer has	rs each receiving over \$ re that I have examined ligh, it is true, correct, and	this return, including action	companying schedules are of preparer (other than of	(c) Comp	ensatio	to
(a) Name	under penalties of perjury, I declar the best of my knowledge and be information of which preparer has	rs each receiving over \$ re that I have examined ligh, it is true, correct, and	this return, including action	companying schedules are of preparer (other than of Date	(c) Comp	ensatio	to
(a) Name	under penalties of perjury, I declar the best of my knowledge and be information of which preparer has a humphrey of perjury and be information of which preparer has a humphrey of perjury. Humphrey of perjury and the best of my knowledge and be information of which preparer has a humphrey of perjury.	rs each receiving over \$ re that I have examined ligh, it is true, correct, and	this return, including action	companying schedules are of preparer (other than of Date REASURER	(c) Comp	ensations, and ed on a	to
(a) Name	under penalties of perjury, I declar the best of my knowledge and be information of which premarer has signature of print name and title. Preparer's signature of print name and title.	rs each receiving over \$ tre that I have examined lief, it is true, correct, and any knowledge.	this return, including acid complete. Declaration	companying schedules are of preparer (other than of Date REASURER	(c) Comp	ensations, and ed on a	to
(a) Name	under penalties of perjury, I declar the best of my knowledge and be information of which preparer has signature of print name and fittle Preparer's signature for yours LES TA	rs each receiving over \$ tre that I have examined the first true, correct, and any knowledge.	this return, including acid complete. Declaration	companying schedules are of preparer (other than of Date REASURER	(c) Comp	ensations, and ed on a	to
(a) Name ONE Total num gn ere	under penalties of perjury, I declar the best of my knowledge and be information of which preparer has signature of print name and fittle Preparer's signature for yours LES TA	rs each receiving over \$ ire that I have examined any knowledge. SELMONT AX SERVICES MAINT ST	this return, including acid complete. Declaration	companying schedules are of preparer (other than of Date REASURER Check if Self-employed Fig. 19 Preparer P	(c) Comp	ensations, and ed on a	to

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.

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number

MAI	RE:	RA COMMU	TINI	Y SELF	HELP PROJECT				2	0-809	9738			
Pa	_	Reason	for F	Public Cha	arity Status (All organ	nizations m	ust compl	ete this pa	rt.) See ins	structions.				
The e	orga	anızatıon ıs not a	a privat	e foundation	because it is: (For lines	1 through ⁻	11, check (only one b	ox)					
1	X	A church, conv	ention/	of churches,	or association of church	es describ	ed in sect	ilon 170(b)	(1)(A)(I).					
2	Ш				(b)(1)(A)(II). (Attach Sche	-								
3	Ш				l service organization de									
4		A medical rese	arch or	ganızatıon op	perated in conjunction wi	ith a hospit	al describ	ed in sect	ion 170(b)	(1)(A)(III).	Enter th	ie hospi	tal's na	ame,
_	$\overline{}$	city, and state												
5		An organization 170(b)(1)(A)(lv			enefit of a college or univ)	ersity own	ed or ope	rated by a	governme	ental unit c	lescribed	l in sect	llon	
6	Ц				nt or governmental unit o									
7		An organization section 170(b)			ves a substantial part of e Part II.)	its support	from a go	vernmenta	al unit or fr	om the ge	eneral pu	blic des	cribed	ın
8		A community to	rust des	scribed in se d	ction 170(b)(1)(A)(vi). (C	omplete P	art II)							
9		receipts from a support from g	ictivities iross in	s related to its vestment inco	ves: (1) more than 33 1/3 s exempt functionssub ome and unrelated busin June 30, 1975. See secti	ject to cert less taxable	aın except e ıncome (ions, and (less sectio	(2) no mor n 511 tax)	e than 33	1/3 % 0	_		
10 11		An organization purposes of or	n organ ne or m	nized and ope ore publicly s	erated exclusively to test erated exclusively for the supported organizations eribes the type of support	benefit of, described	to perforn	n the funct 509(a)(1) c	ions of, or or section (509(a)(2).	See sec	tion		
е			than fo	undation mar	pe II c the organization is not conagers and other than on		ectly or in	directly by	one or mo	ore disqua				
f		If the organizat			n determination from the	IRS that i	t is a Type	I, Type II o	or Type III 	supportin	g 			. [
g		Since August 1 following person		6, has the org	janization accepted any	gift or cont	ribution fro	om any of t	the					
		(I) A person v	vho dire	ectly or indire	ctly controls, either alone	or togethe	er with per	sons desc	rıbed ın (ıı)			Yes	No
		and (III) be	low, the	e governing b	ody of the supported or	ganızatıon'	?					11g(l)		Х
		(ii) A family me	ember (of a person d	lescribed in (i) above?	ed in (i) above?						11g(ii)		X
					rson described in (i) or (i							11g(iii)		X
_ <u>h</u>		Provide the foll	lowing	information a	bout the supported orga	nızatıon(s).		,			_			
(I) N		e of supported janization	-	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	in col (i) li		organizatio		organizatio organiz	Is the on in col. (I ed in the S?	1) ' '	Amoui suppor	
			<u> </u>			Yes	No	Yes	No	Yes	No			
						İ								
Tota	 1					:								

SCHEDULE OF OTHER EXPENSES

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

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

Description of Other Expenses	Amount		
TELEPHONE	709		
OFFICE SUPPLIES	764		
OFFICE EQUIPMENT	1,430		
FRANCHISE TAX BOARD	10		
MACK BUILDING EXPENSES	25,275		
GAS EXPENSE	353		
CONCERT EXPENSE	2,661		
TRAVEL EXPENSE	711		
WEBSITE FEES	178		

Total 32,091

JVA

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 susainable 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

O1-01-2009, 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 livehoods and environmental issues to empower poor and marginalized communities A religious Organization - Church.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

•				
Attachment 4: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public				
Inspection For calendar year 2009 or ta	ax period beginning 0	1-01-2009, and	ending 12-31-	2009.
Name of Organization	_			tification Number
MARERA COMMUNITY SELF HEL	P PROJECT		20-80997	38
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont to Employee	(E) Expense Account
	Hrs per Week	not paid, enter 0)	Ben Plans & Def. Comp.	
MARERA COMMUNITY SELF	PRESIDENT			
HELP PROJECT	30.00			
13375 HARPER PL				
Fontana, CA 92336		0	0	0
See Comp. Expl. #1				

COMPENSATION EXPLANATION

-2009 and ending 12-31-2009 .	Employer Identification Number 20-8099738	Explanation	
year period beginning 01-01			N/A
Dic For Calendar year 2009, o	Name of Organization MARERA COMMUNITY SELF HELP PROJECT	Name	MARERA COMMUNITY SELF HELP PROJECT N

09_EOEZGR119L

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 20-8099738

Description of Activity

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

BOOKS ARE IN CARE OF

Attachment	<u>7</u> - 990-EZ 1	Page 3, Part V,	Line 42a	
Open to Public				
Inspection	For calendar year 2009	or tax period beginning	01-01 , and en	ding 12-31-2009.
Name of Organizati				Employer Identification Number
MARERA COM	MUNITY SELF I	HELP PROJECT		20-8099738
Part V - Line 42a				
Individual Name				
or				
Business Name:				
MARERA COM	MUNITY SELF	HELP PROJECT		
				
Charles & Malalana			12275 1130000	DI 3.00
Street Address			13375 HARPER	PLACE
U S Address				
0 0 /kaarooo				
Zin code	92336	City Fontana		State CA
or	<u> </u>	City Torrearia		State CA
Foreign Address				
Toroign Madrooc				
City		···		
•		···· <u></u>		
Province or	State			
		· · · · · · · · · · · · · · · · · · ·		
Country				
Postal code				
Phone Num	ber			(909) 463-1189
Fax Number	• • • • • • • • • • • • • • • • • • • •			(909) 463-1189

JVA