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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 0047

	nal Revo	hue Service		► The organization	n may have to us	e a co	by of this return to s	atisfy	state repor	ting requirer	ments	Oper	n to Public Ins	pection
	Forth	e 2009 calenda	r year,	or tax year begin	ning 01/0	1	, 20	0 09 , a	and endir	ng 12/	31	,	2009	
В	Check if	applicable		C Name of organiz	ation						D Empl	oyer Identıf	ication Number	
	, ¬	dress change	lease use IRS label	CHURCH OF	THE NATI	riv	Y OF CHRI	ST	FOUNDA	ATION	23-	-29201	L93	
	1 Nai	me change	or print or type	Number and stre	eet (or PO box if	maıl ıs	not delivered to stre	et addi	r) Room/s	suite	E Telep	hone numbe	er	
	⊧ -i Init	ial return	See specific	109 GERMAN	N ST						(8)	14) 45	59-8515	
			instruc- tions.	City, town or cor			St	ate Z	ZIP code + 4	4	· · · · · ·			
	· †	nended return		ERIE			P	PΑ	16507		G Gross	receipts \$	17,967	
	i		F Name a	and address of princip	al officer				1000.	H(a) Is this				X No
		p		EVLIN 3848		EB	TF	PΔ	16504	H(b) Are al	-		Yes	No
	Tav.	exempt status	X 501		(insert no)		4947(a)(1) or		527	If 'No,	' attach a lis	it (see insti	ructions)	
<u>:</u>		osite: N/A		(6) (3 /	(msereno)		1 +3+7 (d)(1) 01		1027	H(c) Group	avamatica	aumbar Þ		
K			Corpora	ation X Trust	Association	Oth		1 ٧.	or of Forms	tion 198			gal domicile PA	
	rt I	of organization Summar		ation A Trust	Association	LOth	er	L Te	ar of Forma	nion 190	<u> </u>	State of le	gal domicile PA	
F 6				ganization's miss	ion or most su	anıfıc	ant activities:	SIII	POPT	<u></u>	с Сипр	CH OF	ጥሀር አነለጥ፣	עידעי
		OF CHRIST		janization s missi	ion or most si	griine	ant activities	205	FLOVI	<u> </u>	- CHOR	CH OF	TIUE MAIT	7111
Governance	-	OI CHINISI												
Ë.	-		-											
Šei	2	Check this box	▶ []	ıf the organizatio	n discontinue	d its:	operations or di	snose	ed of mor	 re than 25	% of its :	-		
Ğ				bers of the gover				эроэс	ou o:o.	0 (11011 20	70 01 163 1	3 5	5	
Activities &			-	t voting members			•	ne 1b))			4		
ıitie				yees (Part V, line	•							5		
ŧ				eers (estimate if								6 ()	
⋖		•		ousiness revenue			, , ,	!				7a		0.
	b	Net unrelated b	usiness	taxable income	from Form 99	0-T, I	ine 34			1		7b		
											Prior Yea	r	Current Ye	ear
Ð				its (Part VIII, line							2,	200.	10,	,580.
eun	ı	-		iue (Part VIII, line			_							
Revenue	1			art VIII, column (A	•		•				8,	885.	7,	<u>,387.</u>
ш.				III, column (A), lir										0.
				nes 8 through 11				line	12)	<u> </u>		085.		<u>,967.</u>
		B		Edit Ealo (Part I							26,	866.	4,	,000.
				members (Pa rt ا)						ļ				
g	15	Salarie 55 other	SOUTH ST	nsation emplo	e benefits (Pa	rt IX,	column (A), line	es 5-	10)					
n3e	16 a	Professional fui	ndraisin	ng fees (Part X)	olumn (A), lır	ne 11	e)							
Expenses	ь	Total fundraisin	g exper	ises (Partix, &	umn (D), line	25) •	•		0.					
ŭ	17	Other expenses	$G_{\mathcal{U}}$ t	nses (Part IX, 69) X Column (A), II	nes 11a-11d.	11f-2	4f)							0.
	1			nes 13-17 (must							26.	866.	4	,000.
	1	•		s Subtract line 1	-		(), 22)			-	-15,			,967.
* 8				3 Gubitact IIIIG 1	0 110111 1110 12	_				Pos:				_
are and	20	Total assets (P	art V Iu	no 16)						Беді	nning of 308,		End of Ye	149.
Ass	l	Total liabilities		•							300,	0.	390	0.
Net Assets or Fund Balancos	l		•	•	- 0, -	- 00					200		200	
	22 rt	Signatur		ances Subtract li	ne 21 from fir	e 20					308,	270.]	398	,149.
1 6			А	^										
		true, correct, and	of perjury; Complete	i declare that I have e Declaration of prepa	examined this retuiner (other than off	rn, incl icer) is	uding accompanying based on all informa	sched ation of	fules and sta f which prep	atements, an parer has any	d to the bes knowledge	t of my kno	owledge and belief,	it is
Sig	ın	 	1-11	1/11	/ ls					1	5//	3/10)	
He	re	Signature of	officer	-1/)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		, 	 		<u>l</u>	ate/	7 '-		
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On	Only employed). ► 1001 STATE STREET, SUITE 1400					E	IN ►							
		ZIP + 4	ERI					501		F	Phone no	<u> </u>		
				with the preparer									X Yes	No
BA	A For	Privacy Act and	d Paper	work Reduction	Act Notice, se	ee the	e separate instr	uctio	ns.		TEEA010	07/20/0	9 Form 99	0 (2009)

orm 990 (200	CHURCH OF THE NATIVITY OF CHRIST FOUNDATION Statement of Program Service Accomplishments	23-2920193	Page :
	escribe the organization's mission		
	RT OF THE CHURCH OF THE NATIVITY		
OF CH			
2 Did the c	rganization undertake any significant program services during the year which were n	ot listed on the prior	
	or 990-EZ?		X No
	lescribe these new services on Schedule O		V HO
•	rganization cease conducting, or make significant changes in how it conducts, any p	rogram services? Yes	X No
	rganization cease conducting, or make significant changes in now it conducts, any plescribe these changes on Schedule O	rogram services.	X No
	3		(-) (2)
and 5010	the exempt purpose achievements for each of the organization's three largest progra c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and allocations to others, the	(c)(3) total
expense	s, and revenue, if any, for each program service reported.	g. a a a a a a. a a a a	
		2 000 \ (0)	
) (Expenses \$ 295. including grants of \$		0.
	RGANIZATION BENEFITTED THE PARISHONERS OF THE CHURC		
	IZING EXPENDITURES PRIMARILY IN ANTICIPATION OF FUT	JRE	
CAPIT	AL IMPROVEMENTS TO THE CHURCH'S PLACE OF WORSHIP.		
4b (Code) (Expenses \$including grants of \$) (Ravenue Š	
4D (Code _	/ (Expenses φ including grants or φ	/ (Nevende \$	
			- -
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	
` -	, , , , , , , , , , , , , , , , , , , ,		
	·		
4d Other pro	ogram services (Describe in Schedule O)		
	. A	Dougnus é	
(Expense	es \$ including grants of \$) (Revenue 5	<u>'</u>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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 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	· · · · · · · · · · · · · · · · · · ·	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, 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 of its total assets reported in Part X, line 16? 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 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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u> _
17	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		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u> _
	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		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 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 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the 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 \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 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 25 a 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 Х 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 Х 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х 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, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V. 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 'if 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

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Form 990 (2009)

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treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and 19?

|Parŧ V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 0 1a **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c| 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ь 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 За Х this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a 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) 4a Х **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 Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5ь Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х **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 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Х 9 Sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make any distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter 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 a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a

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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12b

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.

Sec	tiòn A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 5					
ŀ	Enter the	number of voting members that are independent	1b 0					
2	Did any of officer, dir	ficer, director, trustee, or key employee have a family relationship or a business relactor, trustee or key employee?	ationship with any other	2	-	х		
3	Did the or	ganization delegate control over management duties customarily performed by or ur, directors or trustees, or key employees to a management company or other persor	der the direct supervision	3		х		
4		ganization make any significant changes to its organizational documents	1	4	-	X		
~		prior Form 990 was filed?		-	-			
		ganization become aware during the year of a material diversion of the organization	'e accate?	5		х		
6		organization become aware during the year of a material diversion of the organization	3 833613	6		X		
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
	•	body? ecisions of the governing body subject to approval by members, stockholders, or oth	or porcone?	7a 7b		X		
_	,		•	70		 ^-		
8	the follow		taken during the year by	a respective				
	a The gover	<u> </u>		8a	X	├─		
ŀ	b Each com	mittee with authority to act on behalf of the governing body?		8 b	Х			
9	ls there ar organizati	ny officer, director or trustee, or key employee listed in Part VII, Section A, who can on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		x		
Sec	ction B.	Policies (This Section B requests information about policies not	required by the Interna	1				
Reve	enue Code)							
					Yes	No		
10 a	a Does the o	organization have local chapters, branches, or affiliates?		10a		X		
ı	b If 'Yes,' do and branc	bes the organization have written policies and procedures governing the activities of hes to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b				
11	Has the or	ganization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11		Х		
11/	A Describe i	n Schedule O the process, if any, used by the organization to review this Form 990.						
12 8	a Does the o	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		Х		
ŀ	b Are officer to conflicts	s, directors or trustees, and key employees required to disclose annually interests t ${\bf s}^2$	hat could give rise	12b	-			
(c Does the o	organization regularly and consistently monitor and enforce compliance with the poli O how this is done	cy? If 'Yes,' describe in	12c				
13	Does the	organization have a written whistleblower policy?		13		Х		
14	Does the	organization have a written document retention and destruction policy?		14		Х		
15	Did the properties	ocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?					
		ization's CEO, Executive Director, or top management official		15a		Х		
	•	ers of key employees of the organization		15b		Х		
		line 15a or 15b, describe the process in Schedule O (See instructions)						
16		ganization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a taxable					
	•	ng the year?	to avaluate its participation	16a		X		
	in joint vei	as the organization adopted a written policy or procedure requiring the organization in Inture arrangements under applicable federal tax law, and taken steps to safeguard to In respect to such arrangements?	the organization's exempt	16b				
Sec		Disclosures						
17	List the st	ates with which a copy of this Form 990 is required to be filed >						
18	inspection	04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar Indicate how you make these available. Check all that apply				blic		
19		vebsite Another's website X Upon request n Schedule O whether (and if so, how) the organization makes its governing docume	ents, conflict of interest policy	, and	fınanc	al		
20	statement	s available to the public						
20		name, physical address, and telephone number of the person who possesses the bo		14)_4		7 <u>89</u> 8		
					_	_ -		

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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

(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)						Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividial forses	institutional trustee	Offi ei	key amphyee	Highest coincensated employee	ru,nei	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
NEAL DEVLIN PRESIDENT	0.00			х				0.	0.	0.
HARRY EVANOFF TREASURER	0.00			x				0.	0.	0.
STEVEN P SIMON DIRECTOR	0.00							0.	0.	0.
LAURA STEFANOVSKI	0.00							0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	tees, K	(ey	Em	plo	ye	es,	ang	d Highest Con	pensated Emp	loyees	(cont.)	匸
(A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours		tion (Reportable compensation from	Reportable compensation from	Es	timated nt of other	
•	per week	Indiv	instit	Officer	Key employee	Highest	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensation om the	
		Individual trustee or director	nstitutional trustee	e.	emp	est c	ner	(** 2**********************************	(,	l orga	anization d related	
		, ta	nai ti		loye	omp					nizations	
		stee	ruste		(0	st compensat yee						
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			<u> </u>									
1 b Total							•	0.	0.	<u> </u>		<u>o.</u>
2 Total number of individuals (including but not limited	to thos	e lis	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reportab	le comp	ensation	
from the organization			_									
											Yes N	10
3 Did the organization list any former officer, director	or truste	e, k	еу є	empl	oye	e, or	hig	hest compensated	l employee	-		-
on line 1a ⁵ If 'Yes,' complete Schedule J for such in	dıvıdual									3	<u> </u>	<u> </u>
4 For any individual listed on line 1a, is the sum of rep	ortable	com	ipen	satı f'Va	on a	and o	other	r compensation fro	om ech			
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual							4) }	X			
5 Did any person listed on line 1a receive or accrue co	mnens	ation	fro	m ai	nv u	nrel	ated	l organization for s	services			
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	per	son	mici	aicu	organization to t		5	<u> </u>	X
Section B. Independent Contractors												
1 Complete this table for your five highest compensate	ed indep	ende	ent d	cont	ract	ors t	hat	received more that	in \$100,000 of			
compensation from the organization								1	· · · · -			—
(A) Name and business addres	-							Description	of Services	Compe	C) Insation	
ivaine and pusiness addres								Description	or Dervices	Compe	i sation	_
								1				_
								1				
								1			 .	
											-	
					_			1				_
2 Total number of independent contractors (including t	out not I	ımıte	ed to	the	se	liste	d ab	ove) who received	d more than			
\$100,000 in compensation from the organization								,				

Га	TVIII 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
S	1a Federated campaigns 1a	0.			
STS	b Membership dues 1b	0.			
SE SE		0.			
A. A.		0.			
불팀	d Related organizations 1 d				
S S	e Government grants (contributions) 1 e 3,00	00.			'
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 7,58	30.			,
동의	g Noncash contribns included in lns 1a-1f \$		-		
	h Total. Add lines 1a-1f	<u>►</u> 10,580.			
Ş	Business Cod	e			
Y.	2a				
2	b				
Ş	c				
Ę,	d				
Σ	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
Ž.	g Total. Add lines 2a-2f	•	} ,	> 4	
	3 Investment income (including dividends, interest and other similar amounts)	7,387.	0.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	7			· ·
	•	•	 		
	5 Royalties (i) Real (ii) Persona				
	6a Gross Rents				
	b Less rental expenses				!
	c Rental income or (loss)				
	d Net rental income or (loss)	P			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	>			
UE	8a Gross income from fundraising events (not including \$ 0.				
OTHER REVEN	of contributions reported on line 1c)				
Æ	See Part IV, line 18				
监	b Less direct expenses b				
6		•			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				'
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	-			
	10a Gross sales of inventory, less returns and allowances a				
j	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Cod	e			
	11a				
	b				
l	c				
	d All other revenue	_ 0,	0.	0.	0.
	e Total. Add lines 11a-11d	▶ 0.			-
	12 Total revenue. See instructions	► 17,967.		0.	0.
		,	•		

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|--|

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,000.	0.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,000.	<u> </u>		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
t	Legal				
(: Accounting				
c	Lobbying		-		
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
	Other				
	Advertising and promotion				
13	Office expenses			******	
14	Information technology				
15	Royalties			-	· ··· · · · · · · · · · · · · · · · ·
16	Occupancy				
17	Travel		-		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	· - · · ·			
22	Depreciation, depletion, and amortization				
23	Insurance				
	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	4.			
	?			· · · · · · · · · · · · · · · · · · ·	
,	-	<u>-</u>			
6				-	
	All other expenses	0.	0.	0.	0.
	Total functional expenses Add lines 1 through 24f	4,000.	0.	0.	0.
		4,000.	U.	<u>U.</u>	<u> </u>
20	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 fundraising solicitation				
BAA					Form 990 (2009)

		•	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,268.	1	1,232
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
, [and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
รู้	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
ទ់	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis			
		Complete Part VI of Schedule D			
İ	b	Less: accumulated depreciation 10b		10 c	
	11	Investments — publicly-traded securities	255,036.	11	358,426
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	25,483.	14	14,867
١	15	Other assets See Part IV, line 11	25,483.	15	23,624
	16	Total assets Add lines 1 through 15 (must equal line 34)	308,270.	16	398,149
	17	Accounts payable and accrued expenses	0.	17	0
	18	Grants payable	0.	18	
Ì	19	Deferred revenue	0.	19	0
i I	20	Tax-exempt bond liabilities	0.	20	0
À B	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ţ		of Schedule L	0.	22	0
E S	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities Complete Part X of Schedule D	0.	25	0
	26	Total liabilities. Add lines 17 through 25	0.	26	0
Ň		Organizations that follow SFAS 117, check here ▶ □ and complete lines			
P F		27 through 29 and lines 33 and 34.			
A	27	Unrestricted net assets		27	
<u> </u>	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here X and complete			····
F.		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	SALES AND ALLES AND ADDRESS OF THE PARTY AND P	30	
3	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	· <u>· · · · · · · · · · · · · · · · · · </u>
Ř	33	Total net assets or fund balances	282,787.	33	374,525
Ε	34	Total liabilities and net assets/fund balances	282,787.	34	374,525

TEEA0111 01/30/10

Form 990 (2009) CHURCH OF THE NATIVITY OF CHRIST FOUNDATION 23-2	920193	Pa	ge 12
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 X Cash 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?	2 a		_ X
b Were the organization's financial statements audited by an independent accountant?	2 b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,		
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 consolidated basis, separate basis, or both.	on a		, F
Separate basis Consolidated basis Both consolidated and separate basis	_		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle 3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number

	RCH OF THE NAT								20193			
Par			s (All organizations				<u> </u>	See ir	nstruct	ions		
The c	<u>~</u>		e it is (For lines 1 through									
1	≔ '		ciation of churches descr		section	170(b)(1)(A)(i).					
2	⊨		(Attach Schedule E	•								
3	= '	•	organization described in				-					
4	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 17 0 (Ь)(1)(А)(iii) Ente	r the hospital's		
5	name, city, and sta An organization open 170(b)(1)(A)(iv). (C)	erated for the benefit of	of a college or university	owned o	r operat	ed by a	governr	nental ui	nıt descr	ibed in section		
•	_ `````		overnmental unit describ	od in co	ction 17	0/bV1V/	WA					
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9	from activities relat	ed to its exempt functi	1) more than 33-1/3 % of lons – subject to certain ss taxable income (less s omplete Part III)	exception	ns. and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support from gross		
10	An organization org	ganized and operated o	exclusively to test for pub	lic safet	y See s	ection 5	09(a)(4).				
11	more publicly supp	orted organizations de	exclusively for the benefit escribed in section 509(a ation and complete lines)(1) or s 11e thro	ection 5 ugh 11h	09(a)(2)	See s					
	a Type I b Type II c Type III - Functionally integrated d Type III - Other											
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f												
g	Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?			
										Yes No		
	(i) a person who below, the go	o directly or indirectly of everning body of the su	controls, either alone or to	ogetner v	with pers	sons aes	icribea	ın (II) an	a (III)	11 g (i)		
		ber of a person descr	• •							11 g (ii)		
	``		described in (i) or (ii) ab	ove?						11 g (iii)		
h		_	ne supported organization									
	(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organiza (i) liste gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of ipport?	(vi) l organizati (i) organii U S	ion in col			
				Yes	No	Yes	No	Yes	No			
						 -						
			-									
-												
					<u> </u>	<u> </u>						
Total	1											

000	dale 11 (1 cl.) 1 2 2 c. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Par	t II Support Schedule for	_			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part	1)			
Sec	tion A. Public Support			1	r 	г	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	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)).	<i>\$</i>			,	
	Public support. Subtract line 5 from line 4						<u> </u>
Sec	tion B. Total Support					1	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						_
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	<u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20			e 11, column (f)		14	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	<u> %_</u>
16	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the boodlicly supported or	x on line 13, and ganization	the line 14 is 33-1	/3 % or more, chec	ck this box
!	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box objectly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, che	ck this box
17 8	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this b	oox and stop here	. Explain in Part IV	0% how ► □
ı	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this t	box and stop here	. Explain in Part IV	5 is 10% how the
18	Private foundation. If the organi						uctions 🕨 🗍

CHURCH OF THE NATIVITY OF CHRIST FOUNDATION 23-2920193 Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support **(b)** 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 (e) 2009 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

`	Schedule A	(Form 9	990 or 9	90-EZ)	2009	CHUI	RCH O	THE	NAT	IVIT	Y OF	CHRIS	T FOU	NDATI	ON 2	3-292	0193		Page 4
	Part IV	Suppl Part II	l emen I, line	tal Inf 17a o	ormat r 17b;	ion. C and f	omple Part III	te thi	is pa 12 l	rt to p ⊃rovid	orovid de an	e the y other	explan r addıt	iations ional ir	require nforma	ed by tion. S	Part II, See inst	line 10 ruction	; s.
	•																		_
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Part VII Investments-Other Securities See F	.orm DON Dort V line 1'	
		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	_	
	_	
	_	
	_	
	_	
	_	70 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (See		13)
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	+	Cost or end-or-year market value
N - Info	 	

	-	
****	-	
		7"1 8"+ 6 100 4th
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	luno 15)	
Part IX Other Assets (See Form 990, Part X		(I) Dealership
	Description	(b) Book value
IN CHURCH ACCOUNT		8,757.
PRAYER BOOKS		14,867.
Table (Calumn (b) much acual Form 000 Park V and (B)	ling 15)	▶ 23 624
Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Part		▶ 23,624.
· · · · · · · · · · · · · · · · · · ·		
(a) Description of Liability Federal Income Taxes	(b) Amount	
rederal income raxes		
		
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

Schedule D (Form 990) 2009 CHURCH OF THE NATIVITY OF CHRIST FOUNDATION