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Form **990-EZ** Department of the Treasury Internal Revenue Service

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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All her 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

Open to Public inspection

and ending For the 2009 calendar year, or tax year beginning D Employer identification number Check If C Name of organization Please use IRS Address change label or 26-1396439 Name change PROJECT HORSESHOE FARM print or type Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite]Initial return 334-507-1767 Termin-Specific 745 HORSESHOE BEND Instruc-City or town, state or country, and ZIP + 4 Amend F Group Exemption GREENSBORO, AL 36744-0576 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.PROJECTHSF.ORG H Check I If the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Fig. 1 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 43,562. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 43,562. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 6a reported on line 1) 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) 60 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe 8 8 43,562. g Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 6,000. STMT 2 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 3,464. 14 Occupancy, rent, utilities, and maintenance 14 244. 15 15 Printing, publications, postage, and shipping 5,604.SEE STATEMENT 1) 16 Other expenses (describe 16 15,312. 17 17 Total expenses. Add lines 10 through 16 CANNEC JUL Excess or (deficit) for the year (Subtract line 27/11/47) [10] 28,250. 18 18 Net assets or fund balances at beginning of year (from line 19 Ο. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (Attach Explanation)

Net assets or fund balances at end of year Combine lines 18 through 205 20 20 28,250. 21 21 Balance Sheets. If Total assets on in 25 colors (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions to) Part II (B) End of year (A) Beginning of year 28,250. 0.|22 22 Cash, savings, and investments 23 Land and buildings 23 24 Other assets (describe Ō. 25 25 Total assets 0. 26 26 Total liabilities (describe 28,250. 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

	m 990-EZ (2009) PROJECT HORSESHOE FARM			26-	-13964	39 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		E	kpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	1 4				or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pui			1be		 organizations and 7(a)(1) trusts, optiona
	services provided, the number of persons benefited, and other relevan				for others)	
28	TO DEVELOP LEADERS IN COMMUNITY SER	RVICE AND PROV	IDE			
	SERVICES TO COMMUNITY.					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	<u> </u>	28a	_11,359.
29					1	
				 ,]]	
	(Grants \$) If this amount includes foreign (grants, check here			29a	
30			~		1 1	
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign	grants, check here		ليبا	30a	
31	Other program services (attach schedule)		_			
	(Grants \$) If this amount includes foreign of	grants, check here		<u></u>	31a	11 250
32	Total program service expenses (add lines 28a through 31a)	malovoco			32	11,359.
	art IV List of Officers, Directors, Trustees, and Key E	Imployees. List each one ev	en if not compensated	$\overline{}$		
		(b) Title and average hours	(c) Compensation	1, ,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
		position	-0)	1 -	eferred	other allowances
70	OHN A. DORSEY	SEC/TRES		com	pensation	<u> </u>
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932 02-0	172 18-10				Form	990-EZ (2009)

	990-EZ (2009) PROJECT HORSESHOE FARM 26-1396	439		Page 3
Pa	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			
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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
88 a	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A			
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
IO a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶ 0 •			
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		Х
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 •0.			
8	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		Х
11	List the states with which a copy of this return is filed NONE			
	The organization's books are in care of ►THE ORGANIZATION Telephone no ► 334-50	7-1	767	
	Located at ► 745 HORSESHOE BEND, GREENSBORO, AL ZIP+4 ► 3	674	4-0	576
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)?	42b		X
	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			
	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			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		\blacktriangleright	
		N/A		
			Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ

completed instead of Form 990-EZ

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.

47 Did the 48 Is the 49a Did the b If Yes 50 Comp than \$	P If "Yes," complete Schedule C, Part I e organization engage in lobbying activities? If "Yes," complete Scoorganization a school as described in section 170(b)(1)(A)(ii)? If "Yes organization make any transfers to an exempt non-charitable related," was the related organization a section 527 organization? lete this table for the organization's five highest compensated employed 100,000 of compensation from the organization. If there is none, enter than \$100,000 NONE NONE NONE	ees (other than officers, directors or "None" (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exaccot other all	X X X X X Sed more	
48 Is the 49a Did the b If "Yes 50 Comp than \$ f Total r 51 Comp	organization a school as described in section 170(b)(1)(A)(ii)? If "Ye e organization make any transfers to an exempt non-charitable related," was the related organization a section 527 organization? lete this table for the organization's five highest compensated employ:100,000 of compensation from the organization. If there is none, entitle than \$100,000 is none. (a) Name and address of each employee paid more than \$100,000 is none. NONE	ees (other than officers, directors or "None" (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	48 49a 49b ch receive (e) Exactor other all	X X ed more	
49a Did the b If "Yes 50 Comp than \$	e organization make any transfers to an exempt non-charitable related," was the related organization a section 527 organization? lete this table for the organization's five highest compensated employ 100,000 of compensation from the organization. If there is none, enter than \$100,000 NONE.	d organization? ees (other than officers, directors er "None" (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	49a 49b ch receive	X ed more	
b If Yes 50 Comp than \$ f Total r 51 Comp	was the related organization a section 527 organization? lete this table for the organization's five highest compensated employ 100,000 of compensation from the organization. If there is none, entire than \$100,000 NONE number of other employees paid over \$100,000 lete this table for the organization's five highest compensated independant in the section of the se	ees (other than officers, directors er "None" (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exactor according to their all	ed more	
than \$ f Total r Comp	lete this table for the organization's five highest compensated employ in 100,000 of compensation from the organization. If there is none, entire than \$100,000 NONE The property of the organization organizati	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exactor other all	kpense ant and	
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f Total r 51 Comp	(a) Name and address of each employee paid more than \$100,000 NONE number of other employees paid over \$100,000 lete this table for the organization's five highest compensated independant in the compensated	(b) Title and average hours per week devoted to position		to employee benefit plans & deferred compensation	(e) Exactor other all	int and	
51 Comp	than \$100,000 NONE number of other employees paid over \$100,000 lete this table for the organization's five highest compensated indepensation of the them. NONE	per week devoted to position		to employee benefit plans & deferred compensation	(e) Exactor other all	int and	
51 Comp	lete this table for the organization's five highest compensated indepensation. If there is none, enter "None" NONE		ved more than \$100,	000 of company			
51 Comp	lete this table for the organization's five highest compensated indepensation. If there is none, enter "None" NONE		ved more than \$100,	000 of company			
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51 Comp	lete this table for the organization's five highest compensated indepensation. If there is none, enter "None" NONE		ved more than \$100,	000 of companse			
51 Comp	lete this table for the organization's five highest compensated indepensation. If there is none, enter "None" NONE		ved more than \$100,	000 of company	_		
	(a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of ser	vice (c)	Compen	sation	
							
			-				
d Total i	number of other independent contractors each receiving over \$100,0	00	>				
	Under penalties of helium, Lots fare test I have examined this return, including	accompanying schedules and statemer	nts and to the best of m	knowledge and beli	ef. it is true		
Sign Here	Under penalties of perpury Lectare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer	I information of which preparer has any	knowledge	5/17/10 Date			
	OFFICER Type or print name and title						
Paid Preparer's	Prepare)'s signeture & Hamili	1 1/1 - 1 - 10	eck if self- ployed ▶ □	arer's identifying nur	nber (See i	nstr)	
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	if self-employed) P.O. BOX 2347		Phon	e >			
May the IRS	Tillis halle (or yours					440	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Name of the organization

PROJECT HORSESHOE FARM

Employer identification number
26-1396439

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	i.) See inst	tructions.			
The orga	nization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)				
1 🗀			s, or association of chur								
2			'0(b)(1)(A)(ii). (Attach Sc								
3 🗀			tal service organization of			170(b)(1)	(A)(iii).				
4			operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital	's name.
	city, and stat		- po		,			1-71-71	,		
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	describe	ed in	
3	-	(b)(1)(A)(iv). (Comple	•	involuity o	111100 OI OF	50,4,00 5,	a go rom	norna om		J	
• [ent or governmental unit	t dogorbo	d in agatia	n 170/b\/1	VAVA4				
7 X		,	_					r from tha	aanaral r	aublio doco	ribad in
7 <u>X</u>	•	•	erves a substantial part	or its supp	ort from a	governme	intal Unit C	i iioiii iii o	general	Jublic desci	IIDea III
		b)(1)(A)(vi). (Comple		(0 1 - t -	D 4 11 3						
8	•		section 170(b)(1)(A)(vi).				L				
9	-		eives: (1) more than 33 1								
		·	nctions - subject to certa								
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	atter June 3	U, 1975.
		509(a)(2). (Complete	•								
10		•	perated exclusively to te	•	•			-			_
11			perated exclusively for the								
			ations described in section) See se c	ction 509(a	a)(3). Che	eck the box	that
	describes the type of supporting organization and complete lines 11e through 11h.										
	a Type I b Type II c Type III · Functionally integrated d Type III · Other										
e 🗀	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	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III										
	supporting organization, check this box										
9	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the folk	owing pers	ions?		
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	n (ii) and (i	ıi) below,		Yes No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	
h		•	about the supported or								
			,		` '						
(I) Nom	o of our ported	/ii\ EIN	(iii) Type of	(iv) is the c	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Am	nount of
			organization	in col (i) listed in your organization in				organizatio	n in col	sup	
Oil			(described on lines 1-9 above or IRC section	governing	document?	(I) of your support?		(i) organiz U S	2	00,0	, ,
			(see instructions))	Yes	No	Yes	No	Yes	No		
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		-						_			
				 							-
			-			_	-		-	-	
Total				1							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

PE	art II Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	i)
	(Complete only if you checke	d the box on line !	5, 7, or 8 of Part I.)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	•					
	include any "unusual grants.")					43,562.	43,562.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						<u>.</u>
3	The value of services or facilities						
	furnished by a governmental unit to			İ			
	the organization without charge						
4	Total. Add lines 1 through 3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				43,562.	43,562.
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)						
	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>		43,562.
Se	ction B. Total Support		Ţ			1 1	
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 43,562.
7	Amounts from line 4			ļ		43,562.	43,562.
8	Gross income from interest,					1	
	dividends, payments received on						
	securities loans, rents, royalties					1	
	and income from similar sources			ļ		<u></u>	
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						42 562
11	Total support. Add lines 7 through 10		<u> </u>	<u>.l</u>	1		43,562.
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ					T	100 00 -
	Public support percentage for 2009 (•	column (f))		 	100.00 %
	Public support percentage from 2008	•	•			15	
16a	33 1/3% support test - 2009. If the o	~			14 is 33 1/3% or i	more, check this box	
	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2008.If the o				line 15 is 33 1/39	% or more, check this	s box
	and stop here. The organization qual	•	• • •				▶ ∟
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac					art IV how the organi	zation
	meets the "facts-and-circumstances"	_	•		=		▶∐
t	10% -facts-and-circumstances tes						U% or
	more, and if the organization meets ti	ne "facts-and-circi	umstances" test, c	heck this box and	stop here. Expla	in in Part IV how the	

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

	art III Support Schedule for C	rganizations	Described in	Section 509(a	(Complete only	y if you checked the bo	ox on line 9 of Part I
	ction A. Public Support			1	T	1 .1	
	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				-		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	i					
	the organization without charge						
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	<u>(</u>		·	1	<u>. t</u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	,,,	, , , , , , , , , , , , , , , , , , ,	\\.		1 1	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12)		<u> </u>				<u></u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage		·		
15	Public support percentage for 2009 (I	ine 8, column (f) di	rvided by line 13, o	column (f))		15	9
16	Public support percentage from 2008					16	9
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	09 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	9
18	Investment income percentage from 2	2008 Schedule A,	Part III, line 17			18	9
198	33 1/3% support tests - 2009. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
t	33 1/3% support tests - 2008. If the	-					and
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ale not oncor a	~~~ <u>~~ </u>	-, J J			

FORM 990-EZ OTHER EXPENSES		STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSE BANK CHARGES AFTER SCHOOL FELLOWSHIP EXPENSES			23. 22. 02.
TOTAL TO FORM 990-EZ, LINE 16		5,6	04.
FORM 990-EZ CASH GRANTS AND ALLOCAS	TIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN'	г
EDUCATIONAL GRANT	NONE	6,0	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		6,0	00.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STAT	EMENT	3
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YES	5 [X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YE	S [X]	NO

990-EZ PG 2 ·

STATEMENT

TO ESTABLISH A FELLOWSHIP FOR INDIVIDUALS WITH AN INTEREST IN AND THE POTENTIAL FOR COMMUNITY BASED SERVICE. FELLOWS WILL LEARN TO BE MORE DISCERNING LEADERS AND GIVE SERVICE TO OTHERS.