

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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 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

Department of the Treasury Internal Revenue Service

		e 2009 calendar year, or tax year beginning and ending			
8 C	neck if	le Please C Name of organization	D Emp	oyerı	dentification number
Х	Addres Changi				
	]Name  changi	print or Life Builders Ministries International	26	-257	4680
x	Initial				number
	Termi	n- Specific Instruct 736 N. Western Ave 246	84	7-57	1-8119
	Amer	ded trops City or town, state or country, and 7IP + 4	F Grou		
	Applica pendin	tion Lake Forest IL 60045		ber 🕨	
			ccounting me		
	-	0.1.1.1.1.5	ther (specify)		
i v	ehsit	· · · · · · · · · · · · · · · · · · ·	heck		he organization is <b>not</b>
					ule B (Form 990, 990-EZ or 990-PF)
K C					
0	iook j	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a comple	-	ιαιι ψε	.0,000. AT 01111 330-LZ 01
Ι Δ	dd lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-	•	<b>\$</b>	121 210
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the			121 312.
- 1	1	Contributions, gifts, grants, and similar amounts received	mon denons		<del></del>
			-	1	121,002.
	2	Program service revenue including government fees and contracts	-	2	
	3	Membership dues and assessments	-	3	<del></del>
	4	Investment income	-	4	
	5 a	Gross amount from sale of assets other than inventory 5a			
	b	Less; cost or other basis and sales expenses 5b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check he	ere 🖊 📖		
š	а	Gross revenue (not including \$ of contributions			
<u>۾</u>		reported on line 1) 6a			
	b	Less: direct expenses other than fundraising expenses 6b			
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	L	6c_	
	7 a	Gross sales of inventory, less returns and allowances 7a			
	þ	Less: cost of goods sold 7b			
	C	Gross profit or (loss) from sales of inventory (Subtract Fre 76 from In 76)		7c	
ļ	8	Uther revenue (describe Other income	[	8	310.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>•</b>	9	121,312.
	10	Grants and similar amounts paid (attach schedula) MAY 2 2 2011		10	98,372.
	11	Benefits paid to or for members		11	
S	12	Salaries, other compensation, and employee benefits OGDEN, UT	Ī	12	
benses	13	Professional fees and other payments to independent contractors		13	2,888.
be	14	Occupancy, rent, utilities, and maintenance		14	2,490.
ŭ	15	Printing, publications, postage, and shipping		15	1.824.
	16	Other expenses (describe See Statement 1	١, ١	16	5 800
	17	Total expenses Add lines 10 through 16		17	111,374.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9,938.
sts	19	Net assets or fund balances at beginning of year (from line 27, column (A))	<u> </u>		9,930.
<u>\$</u>	13	(must agree with end-of-year figure reported on prior year's return)		10	•
<b>**</b>	20	Other changes in net assets or fund balances (attach explanation)	ŀ	19	0.
<b>7</b> !	21	· · · · · · · · · · · · · · · · · · ·		20	
Pa		Net assets or fund balances at end of year. Combine lines 18 through 20  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	of Form 000	<u>21</u>	9,938,
7 T a	1 ( 1)	(0 )		-cz. T	(D) End of year
222	O.	(1) 2 3	· ·	1	(B) End of year
		h, savings, and investments	0	$\neg$	9,938.
23		d and buildings		23	
Ճ 24 ≘		er assets (describe 🛌 )		24	
24 25 26 27		al assets	0	1	9,938.
26		Il liabilities (describe ►)	0	1	<u> </u>
27		assets or fund balances (line 27 of column (B) must agree with line 21)	. 0	27	9,938.
9321 02-08	- 10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions			Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) Life Builders Ministries Internationa	1		26-2	574680	Page 2
Part III   Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		-1	xpenses
What is the organization's primary exempt purpose? See Statement 4	<u></u>	•			or section 501(c)(3) 1) organizations and
Describe what was achieved in carrying out the organization's exempt pur			ibe		7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevant		gram title		for others)	
28 Orphan/homeless children support an	<u>id care</u>			<b>†</b>	
	7.7		<del>-</del>		
		· ··-			
(Grants \$ 53,374.) If this amount includes foreign		<b>_</b>		28a	53,374.
29 HIV/AIDS education provided by chur	ch leaders an	d high			
school students					
(Grants \$ 35,000.) If this amount includes foreign (	grants, check here	<b>_</b>		29a	35,000.
30 Skills training for widows and at r	isk teens				
	Third or any				
(Grants \$ 9,998.) If this amount includes foreign	rants, check here	<b>•</b>		30a	20,000.
31 Other program services (attach schedule)	<u> </u>				20,000.
(Grants \$ ) If this amount includes foreign of	grants, check here	•		31a	
32 Total program service expenses (add lines 28a through 31a)	junitary arradictions			32	108 374,
Part IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	ven if not compensated	(See the	instructions	or Part IV )
	1	- In the compensated	,	ontributions	
	(b) Title and average hours	(c) Compensation		employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)		eferred ipensation	other allowances
Personal Operandi 726 N. Washing			COIII	perisation	1
Emmanuel Ogunyemi, 736 N Western	Co-Founder				_
Ave Suite 246 Lake Forest IL	1,00	0.		0.	0.
Blessing Ogunyemi, 736 N Western	Co-Founder				
Ave Suite 246 Lake Forest, IL	1.00	0.		0.	0.
Jon Ashworth, 736 N Western Ave	Chairman				
Suite 246, Lake Forest, IL 60045	1.00	0.		0.	0.
Scott Morcott, 736 N Western Ave	Vice Chairman		ŀ		
Suite 246, Lake Forest, IL 60045	1.00	0.	<u> </u>	0.	0.
Tina Iosue, 736 N Western Ave, Suite	Treasurer				
246, Lake Forest, IL 60045	1.00	0.	ļ	0.	0.
Kimberly Lurvey, 736 N Western Ave,	Secretary				
Suite 246, Lake Forest, IL 60045	1.00	0.		0.	0.
			•		
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932172				r	000 FZ (0000)
02-08-10				Form !	990-EZ (2009)

Га	Other morniation (Note the statement requirements in the instructions for Part V)		Vas	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	163	X
34	We're 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 <b>not</b>	04		<u> </u>
00	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,			İ
u	and proxy tax requirements?	35a		x
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000	N/A	
•	complete applicable parts of Sch. N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	- 50		
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			_ <del></del>
	in a prior year and still outstanding at the end of the period covered by this return?	38a		x
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b   N/A			
39	Section 501(c)(7) organizations. Enter:	1		1
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	] !		
	section 4911 ▶	}		ĺ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ŀ
	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			ĺ
	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   O.			İ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed. <u>IL</u>			
42 a	The organization's books are in care of ▶ The Organization Telephone no. ▶ 847-571-			
	Localed at ► 736 N. Western Ave, Lake Forest, IL ZIP+4 ► 6	0045		
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.			1
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			لـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		!	Vas	N-
	Dod the assessment or another and described and for the DEFF of COO and the second state of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Cooper of the Coop		res	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	,		l
45	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	,		
	completed instead of Form 990-EZ	45 Form 0	00.57	(2000)
		Form 9	9U-EZ	(2009)

	organizations and section 4947(a)(1) nonexempt charitat and 51	ple trusts must answer questi	ons 46 49b and cor	nplete the table	s for lines	\$ 50
46 Dið tl	ne organization engage in direct or indirect political campaign activiti	es on behalf of or in opposition to	candidates for public		Ye	s No
	? If "Yes," complete Schedule C, Part I		, , , , , , , , , , , , , , , , , , ,	Γ	46	х
	ne organization engage in lobbying activities? If "Yes," complete S	Schedule C, Part II			47	X
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y				48	Х
	ne organization make any transfers to an exempt non-charitable relat				49a	x
	s," was the related organization a section 527 organization?	•			49b	
<b>50</b> Com	plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, en		rs, trustees and key e	mployees) who ea	ch receive	d more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E>	pense nt and owances
<b>51</b> Com	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indep nization. If there is none, enter "None." NONE	endent contractors who each rec	eived more than \$100	,000 of compensa	tion from	the
	(a) Name and address of each independent contractor paid me	ore than \$100,000	(b) Type of ser	vice (c	Compen	sation
<b>d</b> Total	number of other independent contractors each receiving over \$100,	000	<b>&gt;</b>			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer  Tina Iosue Treasurer Type or print name and title	g accompanying schedules and statem all information of which preparer has ar	ents, and to the best of m ny knowledge	y knowledge and beli 5/11/1 Date	ef, it is true,	
Paid Preparer's Use Only			nployed	parer's identifying nu	mber (See if	nstr)
-	firm's name (or yours it self-employed), address, and ZIP+4 Greenwood IN 46143		Phon no.		5-2620	
May the IF	IS discuss this return with the preparer shown above? See instruction	ns		<b>→</b> [x	Yes	No
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		<del></del>	F(	rm 990-E	

## **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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** <u>Life Builders Ministries International</u> 26-2574680 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). l x 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 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check 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 Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section. (see instructions)) Yes No Yes No Yes No

Schedule A (Form 990 or 990 EZ) 2009 Life Builders Ministries International 26-2574680

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and					1	
	membership fees received (Do not			ļ.			
	include any "unusual grants ")					121,002.	121,002.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
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					121,002.	121,002.
	The portion of total contributions					121,002.	121,002.
	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)						10,768.
6	Public support. Subtract line 5 from line 4						110,703.
	ction B. Total Support			·		<u></u>	110,234.
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					121 002.	121,002.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	ļ			İ		
	business is regularly carried on	ļ					
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					310	310.
11	Total support. Add lines 7 through 10			-			121,312.
12	Gross receipts from related activities,	etc (see instructi	ons)	<u> </u>	•	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here			-		$\mathbf{x}$
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did not	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this box a	ind
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶∟⊥
b	33 1/3% support test - 2008. If the o	rganization did not	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·				▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <b>stop h</b>	nere. Explain in Pa	rt IV how the organiza	ation
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 109	% or
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	▶□
					Cab	adule A /Form 990 or	. 000 EZ\ 0000

Sch	edule A (Form 990 or 990-EZ) 2009 Int III Support Schedule for C	Organizations	Described in S	Section 509(a)	(Complete only	v if you checked the bo	Page 3  x on line 9 of Part I.)
	ction A. Public Support			<del>-</del>			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<del></del>			<del> </del>	<del>                                     </del>	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)			_			
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
40	regularly carned on				1	i l	
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)						
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here			d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage		ax year as a secti	on 501(c)(3) organiz	<u> </u>
13 14 Sec 15	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Support percentage for 2009 (I	ic Support Pe	rcentage livided by line 13, c		ax year as a secti	15	<b>▶</b> □
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Support percentage for 2009 (I Public support percentage from 2008)	ic Support Pe ine 8, column (f) d Schedule A, Part	rcentage livided by line 13, c		ax year as a secti		<u> </u>
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (I Public support percentage from 2008 ction D. Computation of Investigation	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom	rcentage livided by line 13, c III, line 15 re Percentage	column (f))	ax year as a secti	15 16	% %
13 14 Sec 15 16 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (I Public support percentage from 2008 ction D. Computation of Investing Investment income percentage for 20	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur	rcentage invided by line 13, c III, line 15 ie Percentage mn (f) divided by lin	column (f))	ax year as a secti	15 16	% %
13 14 Sec 15 16 Sec 17 18	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (I Public support percentage from 2008 ction D. Computation of Investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment income percentage from 2008 investment investment income percentage from 2008 investment investment inv	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur 2008 Schedule A,	ircentage iivided by line 13, c iii, line 15 e Percentage mn (f) divided by lin Part III, line 17	column (f)) se 13, column (f))	A	15 16 17 18	% % %
13 14 Sec 15 16 Sec 17 18	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2009 (I Public support percentage from 2008 ction D. Computation of Investment income percentage from 2 linvestment income percentage from 2 as 3 1/3% support tests - 2009. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur 2008 Schedule A, organization did r	ircentage livided by line 13, of III, line 15 IVE Percentage IVENT III, line 17 IVENT III, line 17 IVENT III, line 17 IVENT III III III III III III III III III I	column (f))  ie 13, column (f))  on line 14, and line	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % %
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ  Public support percentage for 2009 (I  Public support percentage from 2008  ction D. Computation of Investing Investment income percentage from 2018  Investment income percentage from 2018  a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box and service in the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of th	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur 2008 Schedule A, organization did r and stop here. The	ircentage ivided by line 13, c III, line 15 IVIDE Percentage IVIDE Part III, line 17 IVIDE POOR TO Check the box organization qualif	column (f))  de 13, column (f))  on line 14, and line fies as a publicly s	e 15 is more than upported organiz	15 16 17 18 33 1/3%, and line 1	% % % % 7 is not
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2009 (I Public support percentage from 2008 ction D. Computation of Investment income percentage for 20 linvestment income percentage from 2 as 3 1/3% support tests - 2009. If the more than 33 1/3%, check this box as 3 3 1/3% support tests - 2008. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur 2008 Schedule A, organization did r nd stop here. The organization did r	ircentage ivided by line 13, of III, line 15 ie Percentage mn (f) divided by line Part III, line 17 not check the box of organization qualified theck a box on	column (f))  de 13, column (f))  con line 14, and line fies as a publicly s line 14 or line 19a	e 15 is more than upported organiz a, and line 16 is rr	15 16 17 18 33 1/3%, and line 1 action fore than 33 1/3%, a	% % % % 7 is not
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ  Public support percentage for 2009 (I  Public support percentage from 2008  ction D. Computation of Investing Investment income percentage from 2018  Investment income percentage from 2018  a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box and service in the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of th	ic Support Perine 8, column (f) de Schedule A, Partetment Incommo (100, column 2008 Schedule A, organization did red stop here. The organization did reck this box and st	incentage invided by line 13, or ill, line 15 ince Percentage inn (f) divided by line Part III, line 17 inot check the box or organization qualified check a box on incop here. The organ	column (f))  ne 13, column (f))  on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	e 15 is more than upported organiz a, and line 16 is m is a publicly supp	15 16 17 18 33 1/3%, and line 1 ration fore than 33 1/3%, a ported organization	% % % % 7 is not

Form 990-EZ Other Expenses		Statement	1
Description		Amount	
Bank Fees Memberships & Dues Miscellaneous Travel		•	974. 55. 173. 598.
Total to Form 990-EZ, line 16		5,	800.
Form 990-EZ Cash Grants and Allocat	cions	Statement	2
Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amoun	t
Life Builders Support and Care Ministries Int 20 Ajasa/Command Road Meiran-Lagos, NIGERIA	None	98,	372.

FORM 990-ĖŹ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statement	. 3	
directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[ ] Yes [X]	No	
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [ ] Yes [X]	No	

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Statement

4

Life Builders exists to mobilize and equip religious and community leaders to respond to the HIV/AIDS crisis and other poverty related issues in their communities. Specifically, we work with the Nigerian church and community leaders to engage Christian ministry in a holistic way by ministering the the WHOLE person with the WHOLE Gospel.