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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)

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

2009

Open to Public Inspection

Α	Fort	the 2009 ca	a <u>lendar</u>	year, or tax year beginn	ing	, 2009, an	a enaing			·
В	Check	if applicable		C Name of organization				D Emp	loyer н	dentification number
Ш	Addre	ss change	Please use IRS	Gamboa Union M	inistries			26	-31	08238
	Name	change	label or print or	Number and street (or P	box, if mail is not delivered to street	address)	Room/suite	E Tele	ohone i	number
님		return	type.	258 S. Roberts	Road			16	101	525-8786
		nation	Specific	City or town, state or cour			<u> </u>			
$\vdash$		ded return	Instruc- tions.	<u>_</u>	•		10010			emption
	Applic	ation pending	<u>'L.</u>	Bryn Mawr		PA	19010	Nun		<del> </del>
					7(a)(1) nonexempt charitable ıle A (Form 990 or 990-EZ).	trusts		ng method ecify) ►	<u>X</u>	Cash Accrual
										anization is <b>not</b>
ı	Web	site: 🟲 🛚 <u>N</u>	1/A			<del></del>		to attach S	Sched	lule B (Form 990,
J	Tax-e	exempt statu:	s (check o	nly one) — X 501(c) (	3) ◀ (insert no.) 4947(a)	(1) or 52	27 7 990-62,	JI 990-FF,	·	
K					n 509(a)(3) supporting organiz not required, but if the organi					
L					gross receipts, if \$500,000 o	r more, file	Form 990		<b>-</b>	48,344.
D	irt I	ad of Forn			inges in Net Assets or	Fund Ral	ancoc (See th	a instru	tion	
Г						ruiiu Dai	aires (See II)	e iiisiiu	$\overline{}$	
	1			fts, grants, and similar a		-	• ••	·	1	48,344.
	2	•			nment fees and contracts			-	2	······································
	3		•	s and assessments				ŀ	3	
	4	Investme				م ا	· _ I		4	
				om sale of assets other t	•	_	ia			
_				er basis and sales expe		<u>  3</u>	BYATUTE UP	11T	_	
Ë	)		•		ory (Subtract line 5b from line 5a)		RECEIVE	<b>1</b> D>₁ ⊦	5c	<del></del>
Ě	l .				arts of Schedule G). If any amount is		check here			
REVENU	a	a Gross rev	venue (r	not including \$	of contribution		aUL 21 20	126		
Ě		reported	on line	1)	•		456	100	1	
	t	b Less. dire	ect expe	enses other than fundrais	sing expenses	<u></u> 6	6b		- 1	
	١ (	c Net income	or (loss)	from special events and activity	ies (Subtract line 6b from line 6a)		THE BRAIN	un L	6c	
	7a	a Gross sa	les of in	iventory, less returns an	d allowances	<b> </b>	a OGDEN		- 1	
	ı	b Less cos	_			تـــــ	7 b		- 1	
	(	c Gross pr	ofit or (l	oss) from sales of inven	tory (Subtract line 7b from line	e 7a)		]_	7c	··· <u>·</u> ····
	8	Other rever	nue (descr	ribe ►				) L	8	
	9	Total rev	renue. A	dd lines 1, 2, 3, 4, 5c, 6	c, 7c, and 8 / 🛛 🖟	3000	····	▶	9	48,344.
	10	Grants a	nd simil	ar amounts paid (attach	schedule)	JC   \$60	10 Stmt		10	48,344.
_	11	Benefits	paid to	or for members	[9]		$\omega$	Ī	11	······································
X	12		•	ompensation, and emplo	ovee benefits & JIII	77	$\neg \omega /$	Ī	12	
EXPENSE	13			s and other payments to	independent contractors	<sup>1</sup> 5 2014	4  Š	T	13	
Ň	14	Occupan	cv. rent	, utilities, and maintenar	ice /				14	
Ĕ	15	-	-	tions, postage, and ship	ona L OGNE	20.	_[8]		15	
3	16	Other exper	•	.,	oing OGDE	M. 117	<i>ا = ت</i> م	) [	16	
	17	•	•	Add lines 10 through 16				_′ ▶	17	48,344.
	18			t) for the year (Subtract	•		7		18	0.
N S E S T E	19	Net asse	ts or fur	nd balances at beginning	of year (from line 27, column	(A)) (must	t agree with end-o	f-vear	- }	
ËŠ		figure rep	ported o	n prior year's return) .					19	0.
T	20	Other ch	anges ir	n net assets or fund bala	nces (attach explanation)				20	
	21	Net asse	ts or fur	nd balances at end of ye	ar. Combine lines 18 through	20		<b>&gt;</b>	21	0.
Pa	ırt II	Bala	ance S	heets. If Total assets of	on line 25, column (B) are \$1,	250,000 or	more, file Form 9	90 instead	of F	orm 990-EZ.
				(See the instruction			(A) Beginn			(B) End of year
22	: Ca	ash, saving	ıs, and ı	nvestments				0.	22	0.
23		ind and bui						0.	23	0.
24	Ot	her assets	(descri	be ►	)			0.	24	0.
25	To	tal assets						0.	25	
26	To	tal liabiliti	es (desc	cribe ►	)			0.	26	0.
27					nn (B) must agree with line 2	1)		0.	-	
BA					act Notice, see the separate in		•	_		Form <b>990-EZ</b> (2009)

TEEA0812 01/30/10

Form	990-E2						nıstries	·		26	<u>-310</u>	8238	Page <b>2</b>
Part	H	State	ment	of P	rogram	Ser	vice Accomplishments	(See the instruction	ns.)		Фол	Expen:	
							pport Christian Mi				501(d	uired for se c)(3) and (4	1)
Descr descr progr	ibe who be the am title	at was a service	achieve s provi	ed in c ded, t	arrying ou he numbe	ut the er of p	e organization's exempt purpo persons benefited, or other re	ses. In a clear and cond levant information for ea	cise manner, ach		organ 4947 for of	nîżatıons à (a)(1) trust thers )	nd section s; optional
28	Suppo	rt Chr ude r	elig:	ious	educa	<u>tio</u>	Panama through Gamboa Un n and edification;	feeding the poor		na			
			<u>ical</u>				and training Chris			:-			40 044
	(Grants	s \$		48	,344.)	If thi	is amount includes foreign gra	ants, check here	<u> </u>	ΧJ	28 a		48,344.
29										<sup> </sup>			
							<del></del>			_			
	(Grants	s Ş			)	if th	is amount includes foreign gra	ants, check here		Щ	29 a		<del></del>
30							<del>-</del>			· –			
										· –			
	 (Grants				. – – – –		s amount includes foreign gra			$\neg$	30 a		
31	<u> </u>		servic	es (al	ttach sche			aria, check here		ш	30 4		
•	(Grant	_	. 50. 110	.00 (0.			, is amount includes foreign gra	ants, check here	•	$\Box$	31 a		
32			servic	е ехр			es 28a through 31a)			•	32		48,344.
Par							Trustees, and Key Em	ployees. List each on	e even if not c	om	pensa	ted (See t	he instrs)
		(a) Nam	ne and	addre	ss		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribut employee benefit deferred comp	plai	ns and		nse account allowances
Ric	hard	Trac	:y										
PTY	291	2 Box	025	207	- <del></del> -		Chairman						
Mia	mi			E	FL 3310	2	2.50	0.			0.		
		_Geor		207			V. Chaırman/Treasurer						
Mia	mi			F	L 3310	2	2.50	0.			0.		
Dav	id W	ilbur											
258	s.	Rober	ts R	oad			Financıal Advisor						
Bry	n Ma	wr		I	PA 1901	0	2.50	0.			0.		
Reb	ecca	Toml	.et										
PTY	229	9 Box	025	207			Secretary						
Mia	mi			I	FL 3310	2	2.50	0.			0.		
Deb	orah	J. 1	racy	<u>.</u>		'							
PTY	291	2 Box	025	207			Missions Chairman						
Mia	mi			1	FL 3310	2	2.50	0.			0.		
<u>Bar</u>	<u>bara</u>	_Gorc	don	<b></b>					!				
		1-000	<u> </u>				Financıal Secretary						
	boa,						2.50	0.			0.		
		Corbe					<u> </u>						
		<u>45th</u>	Terr				Asst Fin Secretary	i			_		
<u>0ca</u>	la			]	FL 3447	1	5.00	0.			0.	<del> </del>	<del> </del>
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Form **990-EZ** (2009)

			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		Х
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,	25.0		
	reporting, and proxy tax requirements?  If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 a		X
		1000		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions	36	ļ	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0   Did the organization file Form 1120-POL for this year?	<u>.</u> 37 b		х
	•	3, 5	<del>                                     </del>	<u> </u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
È	of 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	7		
a	Initiation fees and capital contributions included on line 9	4		
	Gross receipts, included on line 9, for public use of club facilities	4		
<b>40</b> a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		ļ	1
	section 4911 ►		-	
t	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	40 ь		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			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		Х
41	List the states with which a copy of this return is filed >			
42 8	The organization's books are in care of F Sydney Corbett Cate of FL ZIP + 4 F 34471	_ <u>624</u>	<u>-21</u> 4	19
	At any time during the colondar year, did the organization have an interest in an a cignature or other authority over a		Yes	No
	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)?	42 b		Х
	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 a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.	42 c		х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► 🗆	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Į,
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'		-	X
BAA	Form 990 must be completed instead of Form 990-EZ  TEEA0812 01/30/10 F	45 orm 99	D-EZ (	2009
	· LE OUIL OTOUTO			

Form 990-EZ (2009) Gamboa Union Ministries 26-3108238 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.

	<del></del>				14 14
46 Did t	the organization engage in direct or indirect oblice office? If 'Yes,' complete Schedule C	ct political campaign act	ivities on behalf of o	r in opposition to candidates	Yes No
•	the organization engage in lobbying activit	•	schedule C, Part II		47 X
	e organization a school as described in se			nedule E	48 X
<b>49 a</b> Did t	the organization make any transfers to an	exempt non-charitable r	elated organization?		49a X
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?	-		49b
	aplete this table for the organization's five blovees) who each received more than \$10				
(8	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None_					
		<u> </u>			
					<del></del>
		-			
		-			
•					
		•			
f Tota	al number of other employees paid over \$1	00,000	·	_	
51 Com	nplete this table for the organization's five pensation from the organization if there is	highest compensated inc	dependent contracto	rs who each received more that	an \$100,000 of
	perisation from the organization in there is	Tione, enter Hone.		· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address of each independent con-	tractor paid more than \$100,000		(b) Type of service	(c) Compensation
None_					
	<del> </del>				
<b>d</b> Tota	al number of other independent contractors	each receiving over \$1	00,000	<b>-</b>	
					lades and ballet des
	Under penalties of perjury, I declare that I have exartine, correct, and complete Declaration of preparer	(other than officer) is based on	all information of which pre	eparer has any knowledge	eage and belier, it is
	Thichard A	hay,		1 9/1/201	10
Sign	Signature of officer	~~~~		Date 7/1/09/	<u>''2</u>
Here					
	Richard Tracy  Type or print name and title			Board Chairman	<del> </del>
	12		Date	Check if Prep	arer's Identifying Number instructions)
Paid	Preparer's Signature Donald T.	correst, Jr	08/31/		instructions)
Pre- parer's	Firm's name (or CHRISTIAN ACCOU	INTANTS	100,317	anthroton hall	· · · · · · · · · · · · · · · · · · ·
Use S	yours if self- employed). > 8325 STENTON AV			EIN ►	
Only	address, and ZIP + 4 PHILADELPHIA		PA 19150	)-3434 Phone no ▶	
May the IF	RS discuss this return with the preparer sh	own above? See instruc			X Yes No
BAA					Form 990-EZ (2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

Gam	boa			Mini									108238			
Par	t I	Rea	ason	for Pu	blic C	harity Statu	s (All organizations	must o	comple	te this	part.)	See i	nstructi	ions		
The c	rgai	nızatı	on is r	ot a priv	vate four	ndation becaus	se it is (For lines 1 throu	ıgh 11, cl	neck onl	y one bo	) x					
1		A ch	urch, d	convention	on of ch	urches or asso	ociation of churches desc	ribed in s	section	1 <b>70(b)</b> (1	(A)(i).					
2	П	A sc	hool d	escribed	l ın <b>sect</b> i	ion 170(b)(1)(A	A)(ii). (Attach Schedule E	E)								
3	П	A ho	spital	or coope	erative h	iospital service	organization described	ın <b>sectio</b>	n 1 <b>70</b> (b)	(1)(A)(ii	<b>)</b> .					
4	П	A me	edical	research	organiz	zation operated	d in conjunction with a h	ospital de	escribed	ın secti	on 1 <b>70</b> (	ьх1хах	(iii) Ente	r the hosp	ıtal's	
				and sta												
5		An o	rganiz <b>b)(1)(</b> A	ation op ( <b>)(iv).</b> (0	erated for Complete	or the benefit of e Part II)	of a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in se	ction	
6							jovernmental unit descri									
7	X	ın se	ection	17 <b>0(b)</b> (1	χΑχνi).	(Complete Pa	•		_	ernment	al unit d	or from t	he gener	ral public o	lescrib	ed
8	$\vdash$			-			<b>70(b)(1)(A)(vi).</b> (Comple		•							
9	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 o	rganız	ation org	ganızed	and operated	exclusively to test for pu	blic safet	y Sees	ection 5	09(a)(4	).				
11		more	ıldua s	cly supp	orted o	rganizations d	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or s	ection 5	09(a)(2)						
			Type			<b>b</b> Type II	c 📙 Type I		-	_			d 📙	Type III-		
е	Ш	than	heckin found a)(2).	g this boation ma	ox, I cer anagers	tify that the org and other thar	ganization is not controll none or more publicly si	ed directl apported	y or ındı organıza	rectly by ations de	one or scribed	more d in secti	isqualifie on 509(a	d persons )(1) or sec	other ction	
f		If the			received	d a written dete	ermination from the IRS	that is a	Type I, 1	Гуре II о	r Type I	II suppo	rtıng org	anızatıon,		
g		Sinc	e Augi	ust 17, 2	2006, ha	s the organizat	tion accepted any gift of	r contribu	tion fror	n any of	the foll	owing p	ersons?			
															Yes	No
		(i)					controls, either alone or	together v	with pers	sons des	cribed	ın (ıı) an	d (III)	11 - (2)		
		an.			_	•	upported organization?							11 g (i)	<del> </del>	-
		(ii)		•		•	ribed in (i) above?	haa.?			11 g (ii)		<del>                                     </del>			
							described in (i) or (ii) al							11 g (iii)	<u>,                                      </u>	<u> </u>
h					ng inion		ne supported organization	т-		4384				6 - D A	-4-4-0	
	(i	i) Name Org	e of Sup ganizatio	ported on		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	Is the tion in col d in your eming ment?	the organ	ou notify ization in (i) of ipport?	organizat	Is the Jon in col Zed in the S ?	(vii) Amou	nt of Su	pport
								Yes	No	Yes	No	Yes	No			
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Tota				<u> </u>	<u> </u>	···		}								
BAA	For	Privad	cy Act a	nd Paperv	work Redu	uction Act Notice,	, see the instructions for Fort	n 990 or 99	0-EZ.			Schedul	e A (For	m 990 or 9	990-EZ	2009

Schedule A (Form 990 or 990-EZ) 2009 Gamboa Union Ministries 26-3108238

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	a the box on line	5, 7, or 8 of Part	1)							
Sec	tion A. Public Support										
	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')				57,006.	48,344	. 105,350.				
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	L			57,006.	48,344	. 105,350.				
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)						24,545.				
6	Public support. Subtract line 5 from line 4						80,805.				
Sec	tion B. Total Support										
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4				57,006.	48,344	. 105,350.				
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						105,350.				
12	Gross receipts from related active	ties, etc (see ins	tructions)	<u></u>		12					
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(	3) ▶ [汉]				
Sec	tion C. Computation of Pu	blic Support F	ercentage								
	Public support percentage for 200	•	••	e 11, column (f)		14	<del>                                     </del>				
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14	•		15	<u> </u>				
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1/3	3 % or more, ch	eck this box				
ŧ	33-1/3 support test – 2008. If the and stop here. The organization				and line 15 is 33-1	/3% or more, c	heck this box				
17 a	7a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
t	<b>b 10%-facts-and-circumstances test</b> – <b>2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
18	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	box and see ins	structions -				
BAA				<del></del>	Sch	nedule A (Form	990 or 990-EZ) 2009				

#### Schedule A (Form 990 or 990-EZ) 2009 Gamboa Union Ministries 26-3108238 Page 3 Part III 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 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, 2, 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 c Add lines 7a and 7b

8 Public support (Subtract line						
7c from line 6)		-				
Section B. Total Support					•	
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a 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  11 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.)						
14 First five years. If the Form 990 is organization, check this box and s	for the organiza top here	tion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Section C. Computation of Pub	lic Support P	ercentage			•	·

Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Seç	ction 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	%

18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	9	%
19 a	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% more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	, and	line 17 is not ►	
h	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-	1/2%	and line 18	

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule	A (Form 990	or 990-E2	2009	Gambo	oa Un	ion	Mini	stries			26-3108238 equired by Part I ormation. See in	Page 4
Part IV	Supplen	nental In	forma	tion. Co	mplete	this	part 1	to provid	e the	explanations re	equired by Part I	II, line 10;
	Part II, lı	ne 17a	or 17b	; and Pa	art III, I	line 1	2. Pr	ovide any	y othe	r additional info	ormation. See in	nstructions.
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Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Grants and Similar Amounts Paid											
Purpose of Payment Support Christian Ministry Activities in Pana											
Class of Activi	ty Grantee's Name and Address	Grantee's Relationship	Amount Given								
Ministry Suppo	Business Person Gamboa Union Church Gamboa, Panama		48,344.								
If property other Description of P Date of Gift	than cash was given, the following additional roperty	information needs to be i	orovided:								
Book Value	How Book Valu	e Determined									
FMV	How FMV D	How FMV Determined									
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·									