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990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 20 2009, and ending D Employer identification number C Name of organization Second's New Vision and Outreach Ministries Please B Check if applicable use IRS Doing Business As 38 2926101 Address change tabel or Number and street (or P O box if mail is not delivered to street address) Telephone number Name change type. See 485 N. Washington 269) 963-4640 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc Battle Creek, MI 49037 G Gross receipts \$ Amended return F Name and address of principal officer Carlton Lartigue **H(a)** Is this a group return for affiliates? ☐ **Yes** Application pending 132 Abbington, Battle Creek, MI 49015 H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other M State of legal domicile Year of formation Part I Summary Briefly describe the organization's mission or most significant activities. SNVOM seeks to enhance and nurture the economic, spiritual, cultural and social development of people regardless of age, creed or ethnicity. SNVOM will Governance facilitate, coordinate, implement and network with agencies and entities whose focus is to foster an environment t improves the quality of life whereby families or individuals can thrive within the context of the community and the 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a). 4 3 Activities Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if nedessary 7a 7a Total gross unrelated business revenue from Rantal b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 46,660 198,484 Contributions and grants (Part VIII, line 1h 3,360 2,953 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 201,437 50,020 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,540 34,476 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . 50.540 34,476 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 -520 166,961 ۾ ۾ **Beginning of Current Year End of Year** 5,274 174,650 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 0 Net assets or fund balances. Subtract line 21 from line 5,274 174,650 Signature Block Part II of perjury, I declare that Theve examined this return, including accompanying schedules and statements, and to the best of my knowledge Inder penalities complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature Here Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ Paid

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

617

Phone no

▶ {

EIN

Yes 🗍 Form 990 (2009)

No

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: seeks to enhance and nurture the economic, spiritual, cultural and social development of people regardless of age,
	creed or ethnicity.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ 13,036 including grants of \$ 0) (Revenue \$ 26,590)
44	Reading Incentive Program - after-school reading mentoring program for elementary age school children
	With the aid of mentors from throughout the community, students are tutored Tuesday thru Thursday
	from 3:30 to 5:30 p.m.
	•••••
4b	(Code.) (Expenses \$ 8,435 including grants of \$ 0) (Revenue \$ 8,435)
	Music Ministry Workshop - this is a one week intense training in gospel music performance open to all ages.
	SMBC and SNVOM serves as the site and fiduciary for the workshop that provides musicians, choral and artists
	the opportunity to be exposed to a specific genre of gospel music.
4c	(Code:) (Expenses \$ 7,445 including grants of \$ 0) (Revenue \$ 7,409)
_	Annual Historic Black College Concert - Wilberforce University Choir - to introduce the community to some of our
	Historic Black Colleges - this is a free concert open to the community. Each year there a different Historically Black
	College performs.
	•
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 5,560 including grants of \$ 0) (Revenue \$ 159,003)

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	990 (2009)	_	P	age 3
Pa	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	.cs	140
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ ✓

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Pa	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		\
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_<
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓

`Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
-	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
ь	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b		5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		\
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		\
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		\
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	_	✓
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
	Sponsoring organizations maintaining donor advised funds.			,
	Did the organization make any taxable distributions under section 4966?	9a		<u>√</u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		~
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	and depicer contributions molded on Fact vin, into 12.			
	Cross receipts, included on Form 330, Fait Viii, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1	
	Gross income from members of shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management		-	
	1 1		Yes	No
1a	Enter the number of voting members of the governing body	l		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		\checkmark
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6		√
	Does the organization have members, stockholders, or other persons who may elect one or more members			
'a	of the governing body?	7a		✓_
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		$\overline{}$
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8	the year by the following:			
_		8a		
	The governing body?	8b		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
500	tion B. Policies (This Section B requests information about policies not required by the Inte	_		
	enue Code.)	mai		
1100	enue code.		Yes	No
		10a	103	<u> </u>
	Does the organization have local chapters, branches, or affiliates?	iva		_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		
	form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	_	-
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.		
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			}
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		;	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply		-	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization. ►			
	▼			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☑ Check this box if the organization did not co	mpensate	any o	curr	<u>ent</u>	offi	cer, d	ırec	tor, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mr. Carlton Lartigue, Board Member 132 Abbington, Battle Creek, MI 49015				1				0	0	0
Mrs. Deboraha Sallee, Vice President								0	0	0
14526 Sherry Ln., Battle Creek, MI 49014 Mr. Ivory Lee , Treasurer	_			/					0	
211 Calico Ln., Battle Creek, MI 49017			<u> </u>	1			<u> </u>	0	0	0
Ms. Barbara Mason, Secretary 162 Bridgewood Dr., Battle Creek, MI 49015				/				0	0	0
Dr. Velma Laws-Clay, Board Member								0	0	0
77 Harriet Ln., Battle Creek, MI 49017 Dr. Preston Hicks, Ex-Offcio				-						
308 Minges Hills Dr, Battle Creek, MI_49015		:						0	0	0
Rev. William J. Wyne, Jr., Ex Officio	-							0	0	0
4202 Kingsbrook, Kalamazoo, MI 49006				_			_			

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ontinued)
	(A) Name and title	(B) Average	Positi	on (d	•	C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		-		-							
				_		-					
			1								
1b	Total							•		_	
2	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited ation ►	to the	ose	liste	ed a	above) wl	no received mo	ore than \$100,0	00 in
•	Del the consideration led any farmon office		~ · • ·						bimboot -		Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	chedule J	for su	ich	ındı	vidL	ıal				3 1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	oen: S <i>ch</i>	satıd edu	on t le J	from I for s	any uch	unrelated org	anization for	5 1
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt c	contra	cto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
									-		
_											
2	Total number of independent contractors (in more than \$100,000 in compensation from					to 1	those	liste	ed above) who	received	

Pari	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	ь	Federated campaigns Membership dues Fundraising events	1a 1b 1c	0 0				
ons, gi [*] similaı	е	Related organizations Government grants (contributions).	1d 1e	0				
Contributi and other	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f		198,484 0	198,484			
	2a	Transitional House		Business Code	2,953			
ervice Re	b							
Program Service Revenue	e	All other program service revenue	····					
	<u>g</u> 3	Investment income (including div	dends	, interest, and	2,9530 0			
	4 5	other similar amounts)	ot bond	d proceeds 🕨	0			
	b	Gross Rents Less: rental expenses Rental income or (loss)	0 0 0	(II) Personal O O O				
		Net rental income or (loss) Gross amount from sales of assets other than inventory		(ii) Other	0			
	c	Less: cost or other basis and sales expenses . Gain or (loss)	0 0	0 0	0			
. Revenue	8a	Gross income from fundraisi events (not including \$.0 c).	o				
Other Re	b	Less: direct expenses Net income or (loss) from fundrai	. b	0 vents . ▶	0	· · · · · · · · · · · · · · · · · · ·		
		Gross income from gaming activities See Part IV, line 19	. а	0				
	С	Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, le	activ		0			
	ь	returns and allowances Less: cost of goods sold Net income or (loss) from sales of i	. a . b	0 0	0			
		Miscellaneous Revenue		Business Code			-	
		All other revenue			0			
		Total. Add lines 11a-11d Total revenue. See instructions.			201,437			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to com		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0		0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	<u>0</u>
b	Legal	0	0	0	0
	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	0	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	.0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Reading Incentive Program	13,036	0	13,036	0
b	Music Ministry Workshop	8,435	0	8,435	0
C	Historic Black College Choir Concert	7,445	0	7,445	0
d	Historic Black College/University Initiative	1,768	0	1,768	0
е	Transitional House	3,792	0	3,792	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	34,476	0	34,476	0
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
$\neg T$	1	Cash—non-interest-bearing	5,274	1	74,650
	2	Savings and temporary cash investments	0	2	100,000
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0.	4	0
	5	Receivables from current and former officers, directors, trustees, key			
	3	employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6	0
ts	7	Notes and loans receivable, net	0	7_	0
Assets	8	Inventories for sale or use	0	8	0
۲	9		0	9	. 0
	10a	Prepaid expenses and deferred charges			
	b	Less: accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,274		174,650
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable		18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
-		persons Complete Part II of Schedule L	0	_	0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities. Complete Part X of Schedule D	0	_	0
_	26	Total liabilities. Add lines 17 through 25	0	26	0
Sec		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	0	27	833
ď	28	Temporarily restricted net assets	0	_	0
Fund Balance	29	Permanently restricted net assets	0	29	173,817
5		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0	30	0
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ال	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	5,274		174,650
ىلـــــ	<u>34</u>	Total liabilities and net assets/fund balances	5,274	34	174,650

'Pai	t XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990							
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury Inspection Employer identification number 38 **Second's New Vision and Outreach Ministries** 2926101

Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızatio	ons mus	t comple	ete this_	<u>part.) Se</u>	e instruc	ctions.	_
	_	anızatıon is n	ot a private four	idation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)		_
1				rches, or association			ribed in s	ection 1	70(b)(1)(A)(i).		
2	닏			on 170(b)(1)(A)(ii). (Att								
3	\sqcup			hospital service organ								
4			esearch organiza ame, city, and st	ation operated in conj		with a ho)(A)(iii). Enter the)
5			n organization operated for the benefit of a college or university owned or operated by a governmental unit described in ection 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)).		
7		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				d in section 170(b)(1)		Complete	Part II.)					
9		An organization that normally receives: (1) more than 33% % 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% % 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 11												
е		persons other	this box, I cert	tify that the organization managers and other	tion is no		led direc	tly or inc	directly by	y one or		
f		organization	, check this box								III supporting]
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	:		_
				r indirectly controls, entrols, entroled the supplications in the suppli				h persor		oed in (ii) 	Yes No	-
		(iii) A 35% c	ontrolled entity	erson described in (i) a of a person described	in (ı) or		?				11g(ii) 11g(ii)	-
<u>h</u>				ation about the suppo	orted orga	anızatıon	(s).					_
(1)		e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S?	(vii) Amount of support	
				(55052 555)	Yes	No	Yes	No	Yes	No		
												_
												_
							_					_
		· -										
	_											-
												-
												_

Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<u> </u>				 	
5 6	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						
	tion B. Total Support	-					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1.2				, , , , , , , , , , , ,	
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 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 .	L	.l	<u> </u>		 	<u></u>
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere			-		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/3 % support test — 2009. If the organiand stop here. The organization qualifies	s as a publicly	supported orga	nization			▶ 🗀
b	33% % support test—2008. If the organibox and stop here. The organization qua	alifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test — 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test — 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test — 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test — 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test — 20 more, and if the organization meets the "facts-and-circumstances" and circumstances test — 20 more, and circumstances t	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	facts-and-circun	nstances" test, o	check this box a	and stop here	Explain in Part	IV how the
18	Private foundation. If the organization did						

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
	rt III Support Schedule for Organ (Complete only if you checke				a)(2)		
	tion A. Public Support			<u> </u>		·	
Ca	alendar 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 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 business 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	-					
7a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	_					
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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>
14	First five years. If the Form 990 is for torganization, check this box and stop	here . <u>.</u>	<u></u>				
Sec	ction C. Computation of Public Su					T T	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	e 8, column (f) divided by lin	ne 13, column	(f))	15	<u>%</u> %
16 Sec	etion D. Computation of Investmen				<u> </u>	1 10 1	
17	Investment income percentage for 2009			d by line 13. c	olumn (f))	17	%
18	Investment income percentage from 20					18	%
19a		anızatıon did r	ot check the b	ox on line 14, a	and line 15 is r	nore than 331/3	%, and line anization ▶ □
b	33\% support tests - 2008. If the organ line 18 is not more than 33\% %, check this	zation did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and

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

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	e explanations required r additional information	by Part II, line 10; . See instructions.
		••••••	•		
			·····	·	
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				·	
•••					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

2926101

Employer identification number

38

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Seconds New Vision and Outreach Ministries

▶ Attach to Form 990. Name of the organization

A Second Chance Transitional House A program that houses graduates of the Life Recovery Program (LRP) of The
Haven of Rest. A collaborative venture between SNVOM/SMBC and the Haven that continues to provide support
and opportunities for men who have had substance abuse issues but are continuing a life of sobriety through
demonstrating commitment of work ethics in the work place and remaining connected to the principles of the LRP.
Historic Black College/University Initiative - This is a college access project that will build awareness about the role Historic
Black Colleges and Universities can play in increasing the number of Battle Creek vulnerable youth and youth of color
attending college. The project will offer college tours, support of the Battle Creek Historical Black College/University
Choir concert series and provide scholarships for eligible students to attend a Historical Black College/University.
Washington Heights Community Senior Meal Program - A collaborative program with Community Action of South Central
Michigan to provide lunch and a time of fellowship for seniors.
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