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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****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

**B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instructions.**C** Name of organization**Journeys Within Our Community**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

**11200 Donner Pass Rd., Suite E4, PMB 136**

City or town, state or country, and ZIP + 4

**Truckee, Ca 96161****D** Employer identification number**47 0953817****E** Telephone number**530 550 8720****F** Group ExemptionNumber ► **n/a**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☐ Cash ☒ Accrual  
Other (specify) ►**I** Website: ► **www.journeyswithinourcommunity.org****J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>187,276</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>0</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>1,042</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>		
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>0</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>	
<b>8</b>	Other revenue (describe ► <b>IRS Refund</b> ) . . . . .	<b>8</b>	<b>373</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	<b>188,691</b>	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>112,278</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>21,098</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>1,764</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>11,053</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>1,280</b>
	<b>16</b>	Other expenses (describe ► <b>finance charges, fundraising, travel, petty cash, shortfall</b> ) . . . . .	<b>16</b>	<b>8,820</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>156,293</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>32,398</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>83,578</b>	<b>95,942</b>
<b>23</b> Land and buildings . . . . .	<b>17,412</b>	<b>47,932</b>
<b>24</b> Other assets (describe ► <b>see attached schedule</b> ) . . . . .	<b>49,023</b>	<b>27,946</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>150,022</b>	<b>171,820</b>
<b>26</b> <b>Total liabilities</b> (describe ► <b>start up loan</b> ) . . . . .	<b>10,600</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>139,422</b>	<b>171,820</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2009)

SCANNED MAY 07 2010

69

<b>Part III</b>		<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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### Expenses

What is the organization's primary exempt purpose?	Education and Development in SE Asia
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(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b>	<b>Health and Wells</b>		
	66 New wells drilled, 176 old wells restored to working order		
	234 water filters distributed, hygiene training		
	(Grants \$ 30,108 ) If this amount includes foreign grants, check here . . . . ▶ <input checked="" type="checkbox"/>	<b>28a</b>	<b>30,108</b>
<b>29</b>	<b>Scholarship Program</b>		
	Total number of students in Cambodia, Myanmar and Laos receiving University Scholarships at end of 09 - 70		
	(Grants \$ 31,835 ) If this amount includes foreign grants, check here . . . . ▶ <input checked="" type="checkbox"/>	<b>29a</b>	<b>31,835</b>
<b>30</b>	<b>Community Center and School Expenses</b>		
	620 students attending free classes		
	Construction of new classrooms		
	(Grants \$ 18,426 ) If this amount includes foreign grants, check here . . . . ▶ <input checked="" type="checkbox"/>	<b>30a</b>	<b>18,426</b>
<b>31</b>	<b>Other program services (attach schedule) . . . . .</b>		
	(Grants \$ 31,909 ) If this amount includes foreign grants, check here . . . . ▶ <input checked="" type="checkbox"/>	<b>31a</b>	<b>31,909</b>
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a) . . . . . ▶</b>	<b>32</b>	<b>112,278</b>

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>35</b>	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.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b>	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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	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 . . . . . ▶ <u>0</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
<b>e</b>	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. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>California</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Journeys Within Our Community</b> Telephone no. ▶ _____ Located at ▶ <b>PO Box 93155 GPO Siem Reap, Cambodia</b> ZIP + 4 ▶ _____		
<b>b</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 account)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ <b>Cambodia and Laos</b>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ <b>Cambodia and Laos</b>		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45</b>	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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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.

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

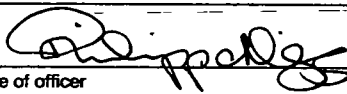
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		1 4/5/10 Date	
<b>Paid Preparer's Use Only</b>	Philippa Nigg - Board Chair Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**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

**2009**

Open to Public  
Inspection

Name of the organization

Journeys Within Our Community

Employer identification number

47 : 0953817

**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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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      d ☐ Type III—Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
    - (ii) A family member of a person described in (i) above? ☐
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,818	66,346	87,353	200,109	187,276	546,893
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	5,818	66,346	87,353	200,109	187,276	546,893
<b>5</b> 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) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	5,818	66,346	87,353	200,109	187,276	546,893
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	17	141	196	326	1042	1,722
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .					373	373
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						548,988
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> 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 . . . . . <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of primary-ruled paper. It features ten horizontal rows, each defined by two parallel dashed lines. Vertical solid lines divide the page into columns of varying widths, creating a structured grid for writing or drawing. The paper is otherwise blank, with no text or markings other than the ruling lines.

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03/23/10

Accrual Basis

# **Journeys Within Our Community** **Revenue and Expense** January through December 2009

Jan - Dec 09

## **Ordinary Income/Expense**

### **Income**

#### **Donations**

Cambodia Relief Fund  
Donations for Administration  
Donations for General Funds  
Donations for Health and Wells  
Donations for Internship  
Donations for Microfinances  
Donations for Peace Village  
Donations for Scholarships  
Donations for Schools Projects  
Laos General Funds  
Myanmar General Fund

5,452.07  
0.00  
46,056.27  
29,134.97  
11,412.50  
2,030.00  
450.00  
58,214.75  
23,925.00  
7,650.00  
200.00

#### **Total Donations**

184,525.56

#### **Guest Services**

JWOC Rooms

580.00

#### **Total Guest Services**

580.00

#### **Other Income**

Banking Interest  
Interest on loans  
IRS Refund  
JWOC Laos reimbursements  
Language Text Books  
Misc Revenue  
Selling JWOC T-shirt  
Selling Water Filters

344.77  
697.00  
372.71  
28.50  
577.00  
1,393.09  
122.50  
50.00

#### **Total Other Income**

3,585.57

#### **Total Income**

188,691.13

### **Expense**

#### **Administration Expenses**

#### **Finance Charges**

ATM Fee  
Bank Service Charge  
Cambodian Commercial Bank Fees  
Credit Card Charge  
Fremont Bank Fees  
Just Give Charges  
Network 4 Good charges  
PayPal Fees

0.40  
62.00  
413.41  
77.62  
205.00  
8.40  
125.78  
681.06

#### **Total Finance Charges**

1,573.67

## 990 EZ 2009 Supplement Journeys Within Our Community

### **Part 1; line 31 – Other Program Services**

Laos projects (see new activities below)	13,526
Cambodia Relief Fund	5,560
Microfinance	4,237
Internships (see new activities below)	2,986
Other	5,600

-----  
31,909

---

### **Part II; line 24 – Other Assets**

	<b>2008</b>	<b>2009</b>
Accounts – receivable – fire relief	19,230	8,835
Pledge Commitments	17,293*	6,611
Pre-paid Rent	12,000	12,000
Application Fees	500	500
	-----	-----
<b>Total</b>	<b>49,023</b>	<b>27,946</b>

- \$900 prior year adjustment
- 
- 

### **Part V; line 33 – New Activities**

#### **Laos project**

Development of Village School Sponsorship – working with primary schools to ensure they have the basic buildings and materials needed .

#### **Internships**

To offer 2 graduating students the opportunity to work in a not- for- profit organization getting further experience and on the job training.

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Accrual Basis

# **Journeys Within Our Community** **Balance Sheet**

As of December 31, 2009

	Dec 31, 08
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
ACLEDA	11,300.25
Cambodian Commercial - J & B	53,230.49
Fremont Bank	20,330.83
Laos in-country donations	120.00
Petty cash - Siem Reap	10,810.56
Total Checking/Savings	95,792.13
Accounts Receivable	
Fire Relief	8,835.00
Pledge Commitments	6,761.00
Total Accounts Receivable	15,596.00
Other Current Assets	
Prepaid rent	12,000.00
Total Other Current Assets	12,000.00
Total Current Assets	123,388.13
Fixed Assets	
School Building	49,932.25
Total Fixed Assets	49,932.25
Other Assets	
501c3 Exemption Application Fee	500.00
Total Other Assets	500.00
<b>TOTAL ASSETS</b>	<b>173,820.38</b>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
Unrestrict (retained earnings)	139,422.34
Net Income	34,398.04
Total Equity	173,820.38
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>173,820.38</b>

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03/23/10

Accrual Basis

# **Journeys Within Our Community** **Revenue and Expense** January through December 2009

	Jan - Dec 09
Fundraising Expenses	5,164.20
Publications	1,280.52
WebSite	1,763.70
<b>Total Fundraising</b>	<b>8,208.42</b>
Office Expenses - Siem Reap	
Food and Drink	74.58
Housekeeping Supplies	151.82
Office Equipment	984.30
Office Rent & Utilities	8,278.32
Office Supplies	888.84
Repair & Maintenance	670.90
Office Expenses - Siem Reap - Other	3.75
<b>Total Office Expenses - Siem Reap</b>	<b>11,052.51</b>
Petty Cash Shortfall	518.59
Staff Expenses	
Payroll Expenses	
Chrech, Theng	6.00
Eng, Sokha	505.00
Has, Piseth	1,545.00
Kuon, Vantha	1,202.50
Phay, Narla	40.00
Plner, Andrew/McArthur Camilla	17,800.00
<b>Total Payroll Expenses</b>	<b>21,098.50</b>
<b>Total Staff Expenses</b>	<b>21,098.50</b>
Travel & meetings expenses	
Travel	1,503.00
Visa	60.00
<b>Total Travel &amp; meetings expenses</b>	<b>1,563.00</b>
<b>Total Administration Expenses</b>	<b>44,014.69</b>
Project Expenses	
Cambodia Relief Fund	5,560.56

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Accrual Basis

# **Journeys Within Our Community** **Revenue and Expense** January through December 2009

Jan - Dec 09

Health and Wells	
Installation	20,668.00
Maintenance	2,266.80
Safe Water & Hygiene packs	3,503.93
Salaries	525.00
Scouting	828.11
Signs	904.75
Stipends	250.00
Supplies	520.72
Transportation	71.00
Water Testing	400.00
Health and Wells - Other	169.35
<b>Total Health and Wells</b>	<b>30,107.66</b>
Internship	2,986.25
Laos Projects	13,526.43
Microfinance	
Equipment	661.00
Office Supplies	124.90
Others	25.00
Salaries	3,052.50
Stipends	100.00
Transportation	273.33
<b>Total Microfinance</b>	<b>4,236.73</b>
Myanmar General Fund	2,500.00
Peace Village	3,100.00
Scholarship Fund	
Entertainment	581.56
Equipment	127.00
Miscellaneous	100.00
Salaries	437.50
School Fees	28,399.00
Supplies	1,961.95
Training	120.00
Scholarship Fund - Other	108.25
<b>Total Scholarship Fund</b>	<b>31,835.26</b>
Schools Expenses	
Computers	
Hardware	188.00
Resource Materials	104.53
<b>Total Computers</b>	<b>292.53</b>

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Accrual Basis

# **Journeys Within Our Community** **Revenue and Expense** January through December 2009

	Jan - Dec 09
<b>JWOC Community Centre</b>	
Entertainment	279.01
Equipment	5,984.75
Maintenance	399.40
Salaries	2,145.00
Supplies	4,281.34
Teaching Materials	3,013.27
Transportation	27.15
<b>Total JWOC Community Centre</b>	<b>16,129.92</b>
<b>Language School Payroll</b>	
Stipends	395.00
<b>Total Language School Payroll</b>	<b>395.00</b>
<b>Training</b>	
Wat Chork	25.00
Equipment	798.75
Monthly Electricity	225.80
Repairs	150.00
Stipend	170.00
Supplies	235.76
Textbooks	1.75
<b>Total Wat Chork</b>	<b>1,583.06</b>
<b>Total Schools Expenses</b>	<b>18,425.51</b>
<b>Total Project Expenses</b>	<b>112,278.40</b>
<b>Total Expense</b>	<b>156,293.09</b>
<b>Net Ordinary Income</b>	<b>32,398.04</b>
<b>Net Income</b>	<b>32,398.04</b>