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Possible duplicate

Form **990**Department of the Treasury
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning**

, and ending

- 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 **GALILEE EDEN GARDENS, INC**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

228 FANNIN

Room/suite

120

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

SHREVEPORT

LA

71101-3244

D Employer identification number

72-0975002

E Telephone number

(318) 424-8720

G Gross receipts \$ 431,274**F** Name and address of principal officer

E Edward Jones 3035 Independence, Shreveport, LA 71109

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1981**M** State of legal domicile LA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. Providing adequate housing under Title IV to elderly and/or disabled persons under Section 8 agreements with the United States Department of Housing and Urban Development.		
	2	Check this box <input type="checkbox"/> 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)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of employees (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,279	19,095
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	418,289	412,172
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	7
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	424,568	431,274
	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)	64,970	70,075
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
Expenses	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	371,225	371,992
	18	Total expenses Add lines 13–17 (must equal Part IX, column (D), line 25)	436,195	442,067
	19	Revenue less expenses Subtract line 18 from line 12	-11,627	-10,793
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	679,174	627,674
	22	Net assets or fund balances Subtract line 21 from line 20	1,407,581	1,366,874
			-728,407	-739,200

Part II Signature Block

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.

Sign Here

Signature of officer

Roy W. Lester

Date

11/11/2010

Type or print name and title

Roy W. LESTER, Management Agent

Paid Preparer's Use Only

Preparer's signature

Van T Enloe

Date

11/9/2010

Check if self-employed ☒

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Van T Enloe C.P.A.

EIN

Phone no ▶ (318)603-0400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990 (2009)

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