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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		
В	Chec	k if app	plicable Please C Name of organization			D Emp		lentification number
Ļ	5	ress ch		Inc		72		388214
┝	₹	ne chan Il return	- I bma 6/ - ' '	ddress)	Room/surte	E Teler	none r	number
-	=*	ninated	1 See 9138 C1055, not bape			20	15-	980-6861
Ē	Ame	nded re	Specific City or town, state or country, and ZIP 4		•			emption
	Appl	lication	pending uons. Bolm, 14ham. Al 35242-	<u>- 447</u>	6	Nun	nber 1	>
_	0 5	Section	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts mus	st attach	G Accou	inting M	ethod:	Cash Accrual
_			a completed Schedule A (Form 990 or 990-EZ).		Other	(specify) ▶	
			aa 1		H Check	(▶区	if the	organization is not
ı	Wel	bsite	e: D // kg kcmg 019				_	chedule B (Form 990,
J	Tax-	-exer	mpt status (check only one) — 💢 501(c) (🤰) 🔞 (insert no.) 🔲 4947(a)(1) o	or 🔲 527	7 990-E	Z, or 99	0-PF).	
K	Che	ck ⊳	f the organization is not a section 509(a)(3) supporting organization and	ts gross	receipts are r	normally	not m	ore than \$25,000. A
_	Fort	m 990	0-EZ or Form 990 return is not required, but if the organization chooses to file	a return, t	oe sure to file	a comp	lete re	turn.
L		_	5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form				- \$	<u> </u>
	Part		Revenue, Expenses, and Changes in Net Assets or Fund	Balance	s (See the	instru	ction	
	'		, 5 , 5 ,				1	55590
	:		Program service revenue including government fees and contracts				2	
	;	3	Membership dues and assessments				3	
	'		Investment income			!	4	597
	:		Gross amount from sale of assets other than inventory	5a				
	İ		Less: cost or other basis and sales expenses	5b				
	a		Gain or (loss) from sale of assets other than inventory (Subtract line 5		•	· <u></u> .	5c	
	Ž '		Special events and activities (complete applicable parts of Schedule G) If any amount is	_	ng, check here	▶ [_]		
	Kevenue		Gross revenue (not including \$ of contributions	3 1 1				
Ċ	ř		reported on line 1)	6a				
0	-		Less: direct expenses other than fundraising expenses	6b				
2010			Net income or (loss) from special events and activities (Subtract line 6	1 1	ne 6a)		6c	<u> </u>
5			Gross sales of inventory, less returns and allowances	7a				
~			Less: cost of goods sold	7b				
-			Gross profit or (loss) from sales of inventory (Subtract line 7b from line	7c				
⋽	l l		Other revenue (describe ▶)	8	Z 1019
CANNEDJUN	-		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	T O P		- ¬₽	9	36187
<u>w</u>	10		Grants and similar amounts paid (attach schedule)	ICUE	INFD.		10	49,083
<i></i>	n 1		Benefits paid to or for members			ပ္က	11	
	sesue 1:		Salaries, other compensation, and employee benefits	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u>S</u>			Paymond to mosponeous community .	in-1 2	o Epid .	gg ·	13 14	
	Ž 1		Occupancy, rent, utilities, and maintenance	ANET	THE PARTY OF THE P	33 ·	15	835
	10	5 6	Other expenses (describe > admin, office) applies develo	gde			16	2131
	1	7	Total expenses. Add lines 10 through 16	17	52046			
_	41		Excess or (deficit) for the year (Subtract line 17 from line 9)			. 🕨	18	4141
	9 19		Net assets or fund balances at beginning of year (from line 27, colu			with		
	H SS		end-of-year figure reported on prior year's return)				19	30147
1	Net Assets	0	Other changes in net assets or fund balances (attach explanation) .				20	
7	Z 2·		Net assets or fund balances at end of year. Combine lines 18 through			1	21	34.288
	Part		Balance Sheets. If Total assets on line 25, column (B) are \$1,250				instea	d of Form 990-EZ.
			(See the instructions for Part II.)		(A) Beg	inning of	year	(B) End of year
:	22	Cas	sh, savings, and investments		. 30	14	2	22 34,288
	23		nd and buildings			,		23
ć	24		ner assets (describe ▶		_)			24
	25		tal assets		. 30	777		25 34288
	26		tal liabilities (describe ▶		_)			26
_	27	-	t assets or fund balances (line 27 of column (B) must agree with line		. 30	147		27 34288
F	or Pri	ivacy	y Act and Paperwork Reduction Act Notice, see the separate instructions.		Cat. No. 10	6421		Form 990-EZ (2009)

Dar	III Chatamant of Duamen Canina Assess	-tieb-manta (Cas the insta		i \		
Par		plisnments (See the Instr	uctions for Part I	II.)		Expenses
What	is the organization's primary exempt purpose?					uired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpo	ses. In a clear a	nd concise)(3) and 501(c)(4)
	ner, describe the services provided, the number o					izations and section
	program title.	. po				(a)(1) trusts; optional hers.)
					TOT OL	ners.)
28	Education for students at the	Nyahyzyzu Elite	Junior Scho			
	A boarding school in Nyahwa,	Kenya ALL (E.)	un have on)	
	one of no living parcets		r:1-67-16-16 17 20-1-2651	7	ł	
	(Grants \$) If this amount	includes foreign grants, ch		. ▶ □	28a	49083
	(Grants \$ 7) it this amount	includes loreign grants, cir	eck nere	<u> </u>	20a	11003
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a	
20	Tit the direction	midiades foreign grants, on	CONTIOIC			··
30	***************************************				1	
	***************************************					:
			1			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31					-	
٠.					04-	
		includes foreign grants, ch		· P U	31a	1100 (/2
	Total program service expenses (add lines 28a t			<u> P</u>	32	49083
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ated. (See the i	instruc	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances
-	- A 11		enter -0/	deleted compet	Saucii	Onlei allowances
<u>)h</u>	allow Mills	Poes.	-0-	n_	_	-3 -
41	38 Crossings Lane Bir AL 35243	20 6/3	-92	-0-		-0-
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7	. 4.1.	Sec.	 			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
	•		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		X
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, reporting, and proxy tax requirements?	35a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	 	/
36	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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▷ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▷ ; section 4955 ▷ ;	Ì		
ь	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	40b		X
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		X
41	List the states with which a copy of this return is filed. Alabama			
42a	The organization's books are in care of Bert Broson 1/2. Telephone no. > 115	- 98	0 -E	188
	Located at ► 413 8 C1025.951 Line Bir 196 ZIP + 4 > 35.	172	- 44	76
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	Tal-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[40L	1	Ng
	account)?	42b	├	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
J	If "Yes," enter the name of the foreign country: ▷			- y-x -
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	٠	•	⊳ □
	and the me and the control of the control of doubted daining 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		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X
			ロードア	10000

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51.	xempt charitab table trusts mus	ole trusts only. A st answer question	ll section ns 46–4	า 9b
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of or	r in opposition to	Ye	s Ño
(candidates for public office? If "Yes," complete	Schedule C, Part I			46	X
	Did the organization engage in lobbying activitie		·		47	⊥X _
	Is the organization a school as described in section				48	-X-
	Did the organization make any transfers to an ex	•	•		49a	1X.
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five his	ghest compensated emplo	yees (other than o	officers, directors, t	trustees a	Ind key
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exp	
 ,	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) companion	employee benefit plans & deferred compensation	account other allow	t and
	NA					
	7.3					
				 		
	Total number of other employees paid over \$100		L	<u> </u>	L	
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, enter "N	one."	pe of service	(c) Comper	
				pe of service	(c) Comper	Sation
	N/H					
		,				
	·			ľ		
						
	Tabel and a father in the second and a second and					
ď	Total number of other independent contractors e	each receiving over \$100,00	▶			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompanion of preparer (other than officer) is b	ying schedules and sta ased on all information	itements, and to the bes	t of my know	wledge lge.
C:						
Sign Here	Jestram 6 Tro	soms hy	1	6 MAY	10	
nere	Signature of officer		<u></u>	Date)	
	Type or print name and title	SOWSTER	TREASU	بر دیم		
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying num	iber (See instr	uctions)
Prepare	r's Firm's name (or		employed ▶ ☐	1		
Use Onl	y yours if self-employed),		Eli	· · · · · · · · · · · · · · · · · ·		
May the	address, and ZIP + 4 e IRS discuss this return with the preparer shown	above? See instructions	j Ph	one no. ►	Yes 🗌	No
	and section and record with the property shows				m 990-E	

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
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e or	ne organization	Ch. die		آر جوز	Tac.			72:	1388	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) So	ee instru	ctions.
The	org	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)	
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school de	scribed in secti on	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		•		hospital service orgar							
4	Ш		_	ation operated in con	junction v	with a ho	spital de	scribed i	n section	n 170(b)(1)(A)(iii). Enter the
5		=	ame, city, and st tion operated for	ate: the benefit of a colle		iversity o			by a gov	emmenta	I unit described in
	_		(b)(1)(A)(iv). (Co								
6			=	rernment or governme				=		-	
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)							
9				receives: (1) more th							
				ed to its exempt func							
				ent income and unre after June 30, 1975.						1 511 tax	mom businesses
40	\Box							•	•	4-1441	
10	×			nd operated exclusive and operated exclusive							
11				blicly supported orga							
				at describes the type							
		а 🗶 Туре		_		oe III–Fun				_	Type III-Other
е	X			tify that the organiza							
_	~			on managers and othe							
			section 509(a)(2)				,		J		
f		If the organi	ization received	a written determinat	ion from	the IRS	that it is	а Туре	l, Type il	, or Type	III supporting
		organization	, check this box								
g		Since Augus following pe		the organization acce	epted any	gift or c	ontribution	on from a	any of the	•	
				r indirectly controls, e				th persor	ns descri	bed in (ii)	Yes No
		and (iii) t	pelow, the gover	ning body of the sup	ported or	ganizatio	n? .				11g(i) X
				rson described in (i)							11g(ii) X
_			•	of a person described							11g(iii) X
<u>h</u>	Alom			ation about the support	T						1.m A
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		is the tion in col.	(vii) Amount of support
				above or IRC section (see instructions))	governing	document?	col. (i)	of your port?		zed in the S.?	
				(500 1134 4040115))	Yes	No	Yes	No	Yes	No	
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Tota	al		ļ		1			1	İ		
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Part II

Pai	Support Schedule for Org (Complete only if you chec	anizations I	Described in on line 5, 7,	Sections 17 or 8 of Part I	O(b)(1)(A)(iv) .)	and 170(b)(1	I)(A)(vį)	
Sec	tion A. Public Support				<u> </u>			
Ca	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.")	45,679	60,187	61,526	46,533	55,590	270315	
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	45,679	60,987	61,526	46,533	55,590	270,315	
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)				,			
6	Public support. Subtract line 5 from line 4.			-			270,315	
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	45679	60,987	61,526	46,533	55,590	270315	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	793	2811	1740	631	597	6,572	
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.)						and the	
11	Total support. Add lines 7 through 10 .	L	<u> </u>				276,887	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>					
	tion C. Computation of Public Su						98 %	
14	Public support percentage for 2009 (line					14	9 Y %	
	Public support percentage from 2008 Sci							
168	33% % support test—2009. If the organiand stop here. The organization qualifies							
b	33% % support test—2008. If the organization	-	-				•	
U								
17a	box and stop here. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test-2008 more, and if the organization meets the "forganization meets the facts-and-circumstance Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	theck this box a difies as a public	and stop here. bly supported or	Explain in Part ganization	IV how the ▶ □	

Par	Support Schedule for Organ (Complete only if you checke				1)(2) XI /#	L			
Sec	tion A. Public Support	id the box of	1 11110 3 01 1 0			<u> </u>			
	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		(2) 2000	(5) 255.	(4, 2000	(0, 200	1,7,10.0.		
2	any "unusual grants.")								
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		<u> </u>	<u> </u>			 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						<u></u>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6					<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
с 11	Add lines 10a and 10b								
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	organization, check this box and stop here								
	tion C. Computation of Public Su		<u>_</u>						
15	Public support percentage for 2009 (lin		·		• • •	15	<u>%</u>		
16	Public support percentage from 2008 S			<u> </u>	· · · ·	16			
	tion D. Computation of Investmer					T := T			
17	Investment income percentage for 2009		• • •	•	• • • •	17	<u>%</u> %		
18	Investment income percentage from 20					18			
19a	33% % support tests – 2009. If the orga 17 is not more than 33% %, check this b								
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	supported org	anızation 🕨 🔲		
20_	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	structions 🕨 🗌		

Schedule A (F	form 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Co Part II, line 17a or 17b; and Pa	omplete this art III, line 12.	part to provide the Provide any other	the explanations required er additional information.	by Part II, line 10;
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