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# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2009

Department of the Treasury Internal Revenue Service

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

Sponsoning 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

**Open to Public** Inspection

| A   | A For the 2009 calendar year, or tax year beginning , 2009, and ending |  |   |                    |                  |          |              |               |             | , 20            |                   |                    |           |            |           |               |                 |  |
|---|--|--|---|--------------------|------------------|----------|--------------|---------------|-------------|-----------------|-------------------|--------------------|-----------|------------|-----------|---------------|-----------------|--|
| В   | Ch   | eck if ap  | opticable   | Please             | C Nam            | e of org | ganization   |               |             |                 | •                 |                    |           | D Empl     | oyer id   | entif         | ication number  |  |
|   | ] Ac   | idress cl  | s change use IRS label or City Gates Ministries   |                    |                  |          |              |               |             | 73-1729574      |                   |                    |           |            |           |               |                 |  |
|   | ַ אַ   | ame cha  | e change print or Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Tel |                    |                  |          |              |               |             |                 | E Telep           | E Telephone number |           |            |           |               |                 |  |
| Ļ   |  | trital return spec. 1910 East 4th Avenue, P.M.B. 108 |   |                    |                  |          |              |               |             | 3607050291      |                   |                    |           |            |           |               |                 |  |
| 누   | =  |  |   | Specific           |                  |          |              | ry, and ZIP + | 4           | ····            |                   | L                  |           | F Grou     |           |               | <del></del>     |  |
| F   | ╡  | mended   | return<br>n pending   | Instruc-<br>tions. | · ·              |          | 98506-46     | -             |             |                 |                   |                    |           |            | iber I    |               | .OII            |  |
| =   |  | _  | <del></del>   |                    |                  |          |              |               | A           |                 |                   | - 1                | C Asse    |            |           |               | Cash Accrual    |  |
|   | •  | o Secu   | ion 501(c)(3)   | _                  |                  |          |              | m 990 or 9:   |             | trusts must a   | attacn            | Į.                 |           | (specify)  |           | Ц             | Cash M Accidal  |  |
| _   |  |  |   |                    | флотои           |          | 2010 PT (1 O |               |             | ··              |                   | -+                 |           |            | - <u></u> |               |                 |  |
|   | H Check ► ✓  |  |   |                    |                  |          |              |               |             |                 |                   |                    |           | -          |           |               |                 |  |
| I Website: ► www.citygatesministries.com required to attach Scheduler req |  |  |   |                    |                  |          |              |               |             |                 | iule B (Form 990, |                    |           |            |           |               |                 |  |
| _   |  |  |   |                    |                  |          |              |               |             |                 |                   |                    |           |            |           |               | AOS OOD A       |  |
| K   | -  | heck 🌬   |   | _                  |                  |          |              |               |             |                 | _                 |                    | •         |            |           |               | han \$25,000. A |  |
| _   |  |  |   |                    |                  |          |              |               |             | ses to file a   |                   |                    |           |            |           |               |                 |  |
| L   |  | rt Ines  |   |                    |                  |          |              |               |             | or Fund Ba      |                   |                    |           |            |           |               | r Port I \      |  |
|   | ır e.  |  |   |                    |                  |          |              | -             |             |                 |                   |                    |           |            |           | 5 101         |                 |  |
|   |  | 1  |   |                    |                  |          |              |               |             |                 |                   |                    |           |            | 1         |               | 118,881         |  |
|   |  | 2  |   |                    |                  |          |              |               |             | ntracts .       |                   |                    |           |            | 2         |               |                 |  |
|   |  | 3  |   | •                  |                  | ssessn   | ments .      |               |             |                 |                   |                    |           |            | 3         |               |                 |  |
|   |  | 4  | Investmen   |                    | -                |          |              |               |             |                 |                   |                    |           |            | 4         |               | 9               |  |
|   |  | 5a   | Gross amo   |                    |                  |          |              |               |             |                 | 5a                |                    |           | 6,200      |           |               |                 |  |
|   |  | Ь  | Less: cost  |                    |                  |          |              |               |             |                 | 5b                |                    |           | 0          |           |               |                 |  |
|   | _  | С  |   |                    |                  |          |              |               |             | act line 5b f   |                   |                    |           |            | 5c        |               | 6,200           |  |
|   | Revenue  | 6  | •   |                    | •                | •        |              |               |             | y amount is fro | m gami            | ing, c             | heck here | ▶ ⊔        |           |               |                 |  |
|   | 8  | а  | Gross reve  | enue (no           | ot includ        | ding \$  | ·            |               | _ of con    | tributions      |                   | 1                  |           |            |           |               |                 |  |
| 1   | ₽  |  | reported o  | n line 1           | )                |          |              |               |             |                 | 6a                |                    |           |            |           |               |                 |  |
|   | - 1  | b  | Less: direc   | ct exper           | nses oth         | her tha  | an fundra    | ising exper   | nses .      |                 | 6b                | L                  |           |            | -         |               |                 |  |
|   | -  | C  |   |                    |                  |          |              |               |             | ract line 6b    | from !            | ine 6              | Sa)       |            | 6c        |               |                 |  |
|   |  | 7a   | Gross sale  | s of inv           | entory,          | , less r | returns an   | d allowand    | es          |                 | 7a                |                    |           |            |           |               |                 |  |
|   |  | b  | Less: cost  | of good            | blos at          |          |              |               |             |                 | 7b                |                    |           |            |           |               |                 |  |
|   | - 1  | C  | Gross prof  | fit or (lo:        | ss) from         | n sales  | s of inven   | tory (Subtr   | act line 7t | b from line 7   | 7a) .             |                    |           |            | 7ç        |               |                 |  |
|   | - 1  | 8  | Other reve  | nue (de            | scribe l         | <u> </u> | oan payba    | ck, furnitur  | re sale     |                 |                   |                    |           | )          | 8         |               | 4,345           |  |
| _   | _  | 9  | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  |                    |                  |          |              |               |             |                 | . ▶               | 9                  |           | 129,435    |           |               |                 |  |
|   | ı  | 10   | Grants and  | d simila           | r amour          | nts pa   | iid (attach  | schedule)     |             |                 |                   |                    |           |            | 10        |               |                 |  |
|   | -  | 11   |   |                    |                  |          |              |               |             |                 |                   | 11                 |           |            |           |               |                 |  |
|   | 8  | 12   | Salaries, other compensation, and employee benefits   |                    |                  |          |              |               |             |                 |                   | 12                 |           | 11,905     |           |               |                 |  |
|   | sesue  | 13   | Profession  | al fees            | and oth          | her pay  | yments to    | independ      | ent contra  | actors          |                   |                    |           |            | 13        |               |                 |  |
|   | X  | 作(   | Ocquipané   | rent,              | utilities        | s, and i | maintena     | nce           |             |                 |                   |                    |           |            | 14        |               |                 |  |
| - 1   | <u>o</u>   | 15   |   |                    |                  |          |              |               |             |                 |                   |                    |           |            | 15        |               |                 |  |
| _   | П  | 16   | Other expe  | enses 🖟            | <b>t</b> escribe | e ▶ .    | Client Ser   | vices and     | Administra  | tion Expens     | es                |                    |           | )          | 16        |               | 75,474          |  |
| 960   | Ш  | 1/7()[   | Totali expl   | enses.             | Add line         | es 10 1  | through 1    | 6             |             |                 |                   |                    |           | . ▶        | 17        |               | 87,379          |  |
| 0   | 2  | 18   | Excess or   | (deficit)          | for the          | year (   | (Subtract    | line 17 from  | m line 9)   |                 |                   |                    |           |            | 18        |               | 42,056          |  |
|   | Assets   | -19-   | Net assets  | s or fun           | dbalar           | nces a   | at beginni   | ng of year    | (from line  | e 27, colum     | ın (A))           | (mu                | st agree  | e with     |           |               |                 |  |
| ١,  | ¥  | OG   | leHa-by-yea   | et tigure          | report.          | ed on    | prior yea    | r's return)   |             |                 |                   |                    |           |            | 19        |               | 28,600          |  |
|   | Š<br>Ž   | 20   |   |                    |                  |          |              |               |             | nation)         |                   |                    |           |            | 20        |               |                 |  |
|   | z  | 21   | Net assets  | or fund            | d balan          | ces at   | end of ye    | ear. Combi    | ne lines 1  | 8 through 2     | 0 .               |                    |           | . ▶        | 21        |               | 70,656          |  |
| 1   | Pa   | ırt II   | Balance   | e Shee             | ts. If T         | otal as  | ssets on l   | ine 25, col   | umn (B) a   | re \$1,250,00   | 00 or 1           | more               | , file Fo | rm 990     | instea    | ad o          | f Form 990-EZ.  |  |
| _   |  |  |   |                    | (See             | the in   | struction    | s for Part II | .)          |                 |                   |                    | (A) Be    | ginning of | year      |               | (B) End of year |  |
|   | 22   | Ca   | sh, savings   | , and in           | vestme           | ents     |              |               |             |                 |                   |                    |           |            | 8,600     | 22            | 19,965          |  |
|   | 23   |  | nd and build  | -                  |                  |          |              |               |             |                 |                   |                    |           |            |           | 23            | 0               |  |
|   | 24   |  | her assets (  |                    |                  |          |              |               |             |                 |                   | 1                  |           | 2          | 0,000     | $\rightarrow$ | 52,659          |  |
|   | 25   |  | tal assets  |                    |                  |          |              |               |             |                 |                   | <u> </u>           |           |            | 8,600     | _             | 72,624          |  |
|   | <b>26</b>  |  | tal liabilitie  |                    |                  |          |              |               |             | es              | •                 | )                  |           |            |           | 26            | 1,968           |  |
|   | 27   |  |   |                    |                  |          |              |               |             | with line 2     | 1) .              |                    |           | 2          | 8,600     | _             | 70,656          |  |
| _   | _  |  |   |                    |                  |          |              |               |             |                 |                   |                    |           |            |           |               |                 |  |

| <b>G</b> 1111 C |   |  |                     |                                     |         | 7 ago <b>=</b>                        |  |  |  |
|-----------------|---|--|---------------------|-------------------------------------|---------|---------------------------------------|--|--|--|
| Par             | III Statement of Program Service Accomp   | plishments (See the instru                       | uctions for Part II | l.)                                 |         | Expenses                              |  |  |  |
| <b>Nhat</b>     |   | (Reduired for section<br>501(c)(3) and 501(c)(4) |                     |                                     |         |                                       |  |  |  |
| Desc            | What is the organization's primary exempt purpose? Help low income/homeless clients in emergencies/hardship describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise |  |                     |                                     |         |                                       |  |  |  |
|                 | anner, describe the services provided, the number of persons benefited, and other relevant information for  |  |                     |                                     |         |                                       |  |  |  |
|                 | program title.  | •  |                     |                                     | for at  | a)(1) trusts; optional<br>hers.)      |  |  |  |
| 28              | For everyone who asks for our help, weoffer mentori   | r choices  |                     |                                     |         |                                       |  |  |  |
| 20              | for their lives. In 2009 we helped 177 individuals in d   |  |                     |                                     |         |                                       |  |  |  |
|                 | ~~~   |  |                     |                                     |         |                                       |  |  |  |
|                 | 16 children. We made contact on a regular basis with  |  | 4= 44               |                                     |         |                                       |  |  |  |
|                 | (Grants \$ ) If this amount   | 28a  | 15,645              |                                     |         |                                       |  |  |  |
| 29              | We partner with a local church to collect food/deliver  |  |                     |                                     |         |                                       |  |  |  |
|                 | We receive fresh produce from our local Farmer's Ma   |  |                     |                                     |         |                                       |  |  |  |
|                 | 2209 we delivered 414 food baskets. For our weekly  | 1  |                     |                                     |         |                                       |  |  |  |
|                 | (Grants \$ ) If this amount   | includes foreign grants, che                     | eck here            | . ▶ 🗆                               | 29a     | 40,254                                |  |  |  |
| 30              | This part of our program involves a team of twelve to   | o fifteen volunteers, going to                   | the street one nigh | t a week to                         |         |                                       |  |  |  |
|                 | meet with the homeless and street dependent popula  | ation. The response to our p                     | resence on the stre | et is                               |         |                                       |  |  |  |
|                 | always welcoming, and on any given night we can dr  | raw anywhere from 50 to 200                      | participants.       |                                     |         |                                       |  |  |  |
|                 | (Grants \$ ) If this amount   | includes foreign grants, che                     | eck here            | . ▶ 🗆                               | 30a     | 5.677                                 |  |  |  |
| 31              | Other program services (attach schedule)  | · · · · · · · · ·                                |                     |                                     |         | -                                     |  |  |  |
|                 | , , ,   | includes foreign grants, che                     | eck here            | . ▶ □                               | 31a     |                                       |  |  |  |
| 32              | Total program service expenses (add lines 28a t   |  |                     | ▶                                   | 32      | 61,576                                |  |  |  |
| Par             |   | <del> </del>                                     | en if not compensa  | ted. (See the                       |         | <u> </u>                              |  |  |  |
|                 |   | (b) Title and average                            | (c) Compensation    | (d) Contribution                    |         | (e) Expense                           |  |  |  |
|                 | (a) Name and address  | hours per week                                   | (If not paid,       | employee benefit<br>deferred comper | plans & | account and                           |  |  |  |
| DL:11           | - P   | devoted to position                              | enter -0)           | delerred comper                     | ISAUON  | other allowances                      |  |  |  |
|                 | p Pretto  | President 30 hrs/week                            |                     |                                     |         |                                       |  |  |  |
|                 | Libby Road NE, Olympia, WA 98506  |  | 0                   |                                     |         |                                       |  |  |  |
|                 | A. Wells  | Executive Director 20/week                       |                     |                                     |         |                                       |  |  |  |
| 201             | Swanee Place SE, Olympia, WA 98501  |  | 11,905              |                                     |         |                                       |  |  |  |
| Mau             | a Garrett   | Board Member 5 hrs/week                          |                     |                                     |         |                                       |  |  |  |
| 5035            | Tri Lakes Loop SE, Olympia, WA 98513  | Board McIliber 5 11 3/Week                       | 0                   |                                     |         |                                       |  |  |  |
| Kath            | y Carpenter   | Board Member 5 hrs/week                          |                     |                                     |         |                                       |  |  |  |
| 1072            | 4 School Land Road SW, Rochester, WA 98579  | Board Member 5 hrs/week                          | 0                   |                                     |         |                                       |  |  |  |
| Gary            | & Kathy Talley  | D  |                     | _                                   |         |                                       |  |  |  |
| 847 (           | Old Pacific Hwy SE, Olympia, WA 98513   | Board Member 30/week                             | 0                   |                                     |         |                                       |  |  |  |
| Robi            | n Miller  |  |                     |                                     |         |                                       |  |  |  |
| 5529            | Kinney Road SW, Olympia, WA 98512   | Board Member 5 hrs/week                          | 0                   |                                     |         |                                       |  |  |  |
|                 | rdo McNeely   |  |                     |                                     |         |                                       |  |  |  |
|                 | Sunrise Vista Lane SW, Tumwater, WA 98512   | Treasurer 10 hrs/week                            | 0                   |                                     |         |                                       |  |  |  |
|                 | ie Hunt   |  |                     |                                     |         |                                       |  |  |  |
|                 |   | Board Member 5 hrs/week                          | 0                   |                                     |         |                                       |  |  |  |
|                 | Box 1312, Roy, WA 98580   |  | U                   |                                     |         |                                       |  |  |  |
|                 | a Burdick   | Board Member 5 hrs/week                          | _                   |                                     |         |                                       |  |  |  |
| 3411            | Donnelly Drive SE, Olympia, WA 98501  | ·  | 0                   | ļ                                   |         |                                       |  |  |  |
|                 |   |  |                     |                                     | -       |                                       |  |  |  |
|                 |   |  |                     |                                     |         | · · · · · · · · · · · · · · · · · · · |  |  |  |
|                 |   | .  |                     |                                     |         |                                       |  |  |  |
|                 |   |  |                     |                                     |         |                                       |  |  |  |
|                 |   |  |                     | İ                                   |         |                                       |  |  |  |
|                 |   |  |                     |                                     |         |                                       |  |  |  |
|                 |   |  |                     |                                     |         | ,                                     |  |  |  |
|                 |   | }  |                     | į                                   |         |                                       |  |  |  |
|                 |   |  |                     |                                     |         |                                       |  |  |  |
|                 |   | 1  |                     |                                     |         |                                       |  |  |  |
|                 |   | <u> </u>   |                     |                                     |         |                                       |  |  |  |
|                 |   | •  |                     |                                     |         |                                       |  |  |  |
|                 |   | <u> </u>   |                     |                                     |         | <del> </del>                          |  |  |  |
|                 |   | -  |                     | 1                                   |         |                                       |  |  |  |
|                 |   |  |                     |                                     |         |                                       |  |  |  |
|                 |   | -  |                     |                                     |         |                                       |  |  |  |
|                 |   |  |                     | ļ                                   |         |                                       |  |  |  |
|                 |   |  |                     |                                     |         |                                       |  |  |  |
|                 |   |  | }                   | I                                   |         | 1                                     |  |  |  |

| 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    |          | 1        |
| 34   | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34    |          | 1        |
| 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. |       |          |          |
|      |  |       | - 1      | ,        |
| 8    | 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    |          | ✓        |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A  |       |          |          |
| b    | Did the organization file Form 1120-POL for this year?   | 37b   |          |          |
| 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   |          | 1        |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   |       |          |          |
| 39   | Section 501(c)(7) organizations. Enter:  |       |          |          |
| а    | Initiation fees and capital contributions included on line 9   |       |          |          |
| b    | Gross receipts, included on line 9, for public use of club facilities  |       |          |          |
| 40a  | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |       |          |          |
|      | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶   |       |          |          |
| 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                          |       |          | 1        |
|      | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b   |          |          |
| C    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |       |          |          |
| 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   |          | 1        |
| 41   | List the states with which a copy of this return is filed. ▶ WASHINGTON  |       |          |          |
| 42a  | The organization's books are in care of ▶ Ricardo McNeely Telephone no. ▶ 3  | 60 70 | 5-029    | 1        |
|      | Located at ► 1352 Sunrise Vista Lane SW, Tumwater, WA ZIP + 4 ►  | 9851  | 20407    |          |
| 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  |       | Yes      | No       |
|      | account)?  | 42b   |          | ✓        |
|      | 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.  |       |          |          |
| C    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c   |          | ✓        |
|      | If "Yes," enter the name of the foreign country: ▶   |       | _        |          |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  | . :   | . 1      | ▶ □      |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  |       |          |          |
|      |  |       |          | ·        |
|      |  |       | Yes      | No       |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   |       |          |          |
|      | Form 990-EZ  | 44    | L        | 1        |
| 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    | <u> </u> | <b>✓</b> |
|      |  |       |          |          |

| Part \         | Section 501(c)(3) organizations and s<br>501(c)(3) organizations and section 494<br>and complete the tables for lines 50 ar                     | section 4947(a)(1) none<br>47(a)(1) nonexempt char<br>nd 51. | xempt charitab<br>itable trusts mus | le trusts only. A<br>t answer questio                                     | II sec<br>ns 46 | tion<br>3-49     | <u> </u>     |  |  |
|----------------|---|--|-------------------------------------|---|-----------------|------------------|--------------|--|--|
| 46             | Did the organization engage in direct or indirect   |  | ies on behalf of or                 | in opposition to  |                 | Yes              | No           |  |  |
|                | candidates for public office? If "Yes," complete  |  |                                     |   | 46              |                  | 1            |  |  |
|                | Did the organization engage in lobbying activitie   |  |                                     |   | 47              |                  | 1            |  |  |
| 48             | Is the organization a school as described in section  |  | •                                   |   | 48              |                  | <b>√</b>     |  |  |
|                | Did the organization make any transfers to an ex  | •  | -                                   |   | 49a<br>49b      |                  | <b>√</b>     |  |  |
|                | If "Yes," was the related organization a section 527 organization?  |  |                                     |   |                 |                  |              |  |  |
| 50             | employees) who each received more than \$100,   |  |                                     |   |                 |                  |              |  |  |
|                | (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<br>employee benefit plans &<br>deferred compensation | (e)<br>ac       | Exper<br>count a | nse<br>and   |  |  |
|                |   |  |                                     |   |                 |                  |              |  |  |
|                |   |  |                                     |   |                 |                  |              |  |  |
| f<br>51        | Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization | highest compensated inde                                     | ependent contract                   | ors who each reco   | eived           | more             | than         |  |  |
| <del></del>    | (a) Name and address of each independent contractor   | paid more than \$100,000                                     | <b>(b)</b> Typ                      | pe of service   | (c) Co          | mpens            | ation        |  |  |
| d              | Total number of other independent contractors   | each receiving over \$100,0                                  |                                     |   |                 |                  |              |  |  |
| Sìgn<br>Here   | Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration                              |  | based on all information            | Aug 16  | any kn          |                  | je           |  |  |
|                | Signature of officer  Ricardo T. Me  Type or print name and title   | Neely, Ti  | reasurer                            |   | - · ·           |                  |              |  |  |
| Paid<br>Prepar | Preparer's signature  | Date   | Check if self-<br>employed ▶        | Preparer's identifying nur  | mber (Se        | e instru         | ctions)      |  |  |
| Use Or         | yours if self-employed),  |  | Ell                                 | v <b>&gt;</b>   |                 |                  |              |  |  |
|                | address, and ZIP + 4  |  | Ph                                  | one no. >   | 1               | <del></del>      |              |  |  |
| May th         | ne IRS discuss this return with the preparer show   | n above? See instructions                                    | <u> </u>                            | ▶ <u></u>   | Yes             |                  | No<br>(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.

Open to Publinspection

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

**City Gates Ministries** 

Employer identification number 73 1729574

| Pa       | rt Ï | Reason  | for Public Ch   | narity Status (All or  | ganizati               | ons mus                  | t compl  | ete this                | part.) Se  | e instru                 | ctions.                 |         |
|----------|------|---|---|--|------------------------|--------------------------|--|-------------------------|--|--------------------------|-------------------------|---------|
| The      | orga | anızation is n  | ot a private four   | ndation because it is:   | (For lines             | 1 through                | gh 11, ch  | eck only                | one box  | .)                       |                         |         |
| 1        |      | A church, co  | onvention of chu  | irches, or association   | of churc               | hes desc                 | ribed in s   | section 1               | 70(b)(1)(  | A)(i).                   |                         |         |
| 2        |      | A school de   | scribed in <b>secti</b> e   | on 170(b)(1)(A)(ii). (At   | tach Sch               | edule E.)                |  |                         |  |                          |                         |         |
| 3        |      | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   |   |  |                        |                          |  |                         |  |                          |                         |         |
| 4        |      |   | esearch organiza<br>ame, city, and st   | ation operated in conj<br>ate:   | junction v             | with a ho                | spital de  | scribed i               | n <b>sectior</b>   | 170(b)(1                 | )(A)(iii). Ent          | er the  |
| 5        |      |   | rganization operated for the benefit of a college or university owned or operated by a governmental unit described in ion 170(b)(1)(A)(iv). (Complete Part II.) |  |                        |                          |  |                         |  |                          |                         |         |
| 6        |      |   |   | remment or governme  | ental unit             | describe                 | d in <b>sect</b>   | ion 170(l               | b)(1)(A)(v   | ).                       |                         |         |
| 7        | V    | 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        |      | receipts from   | n activities relate<br>n gross investm  | y receives: (1) more the<br>ed to its exempt func-<br>ent income and unre<br>a after June 30, 1975.  | tions—su<br>elated bus | ibject to i<br>siness ta | certain ex<br>xable inc  | ceptions<br>ome (les    | s, and (2)<br>s sectior                                  | no more                  | than 331/3 %            | of its  |
| 10<br>11 |      | An organiza purposes of   | tion organized a  | nd operated exclusive<br>and operated exclusive<br>blicly supported organ<br>at describes the type   | vely for ti            | he benefi<br>describe    | it of, to p<br>d in secti  | perform to<br>on 509(a) | he functi<br>)(1) or se                                  | ions of, o<br>ction 509( | (a)(2). See <b>s</b> e  |         |
| е        |      | persons other   | this box, I cer   | tify that the organization managers and othe   |                        | ot control               | lled direc   | tly or inc              | directly b   | y one or                 |                         | alified |
| f<br>g   |      | organization  | , check this box  | a written determinate  |                        |                          |  |                         |  |                          | III supporti            | ng 🗆    |
| 9        |      | following pe  |   | the organization door  | opica any              | giit oi o                | Ontribution  | )                       | ary Or tric  | •                        |                         |         |
|          |      | (i) A persor  | n who directly o  | r indirectly controls, onling body of the sup  |                        | -                        |  | th persor               | ns descri  | bed in (ii)              | Yes<br>11g(i)           | No      |
|          |      | (ii) A family   | member of a pe  | erson described in (i) a<br>of a person described  | above?                 |                          |  |                         |  |                          | 11g(ii)<br>11g(iii)     | -       |
| h        |      |   | -   | ation about the suppo  |                        |                          |  |                         |  |                          | [36]                    |         |
| (1)      |      | e of supported<br>panization  | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | T                      |                          | (v) Did you notify<br>the organization in<br>col (i) of your<br>support? |                         | (vi) Is the organization in col (i) organized in the US? |                          | (vii) Amount of support |         |
|          |      |   |   |  | Yes                    | No                       | Yes  | No                      | Yes  | No                       |                         |         |
|          |      |   |   |  |                        |                          | _  |                         |  |                          |                         |         |
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| Tota     | al   |   | 1   |  |                        |                          |  |                         |  |                          |                         |         |

Page 2 Schedule A (Form 990 or 990-EZ) 2009 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.) Part II Section A. Public Support

| Ca  | lendar year (or fiscal year beginning in)  | (a) 2005        | <b>(b)</b> 2006   | (c) 2007         | (d) 2008       | (e)      | 2009        | (f) Total          |  |
|-----|--|-----------------|-------------------|------------------|----------------|----------|-------------|--------------------|--|
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 1500            |                   |                  | 38,342         |          | 118,881     | 157,223            |  |
| 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   |                 |                   |                  | 38342          |          | 118,881     | 157,223            |  |
| 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)  |                 |                   |                  |                |          |             | 0                  |  |
| 6   | Public support. Subtract line 5 from line 4.   | =               |                   |                  |                |          |             | 157,223            |  |
| Sec | tion B. Total Support  |                 | ·                 |                  |                | <u> </u> |             |                    |  |
| Ca  | lendar year (or fiscal year beginning in) 🕨  | (a) 2005        | <b>(b)</b> 2006   | (c) 2007         | (d) 2008       | (e)      | 2009        | (f) Total          |  |
| 7   | Amounts from line 4  |                 |                   |                  | 38,342         | 118,881  |             | 157,223            |  |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                 |                   |                  | 3              |          |             | 12                 |  |
| 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               | <u> </u>          |                  | L              |          | 1           | 157,235            |  |
| 12  | Gross receipts from related activities, etc  | •               |                   |                  |                | 12       | L           |                    |  |
| 13  | First five years. If the Form 990 is for organization, check this box and stop he  | re              | <u> </u>          |                  | _              |          |             | n 501(c)(3)<br>► ☑ |  |
|     | tion C. Computation of Public Su   |                 |                   |                  |                | 1        |             |                    |  |
| 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  | •               |                   |                  |                | 15       | <u> </u>    | <u></u>            |  |
| 16a | 33½% support test—2009. If the organization qualifies  | as a publicly   | supported orga    | nization         |                |          |             | ▶ □                |  |
| b   | 33% % support test—2008. If the organization qua   |                 |                   |                  |                |          |             |                    |  |
| 17a | 10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets and if the o | acts-and-circu  | mstances" test,   | check this box   | and stop here. | Expla    | ain in Part | IV how the         |  |
| b   | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"   | acts-and-circur | nstances" test, o | check this box a | and stop here. | Expla    | ın ın Part  | IV how the         |  |
| 18  | Private foundation. If the organization did  |                 |                   |                  |                |          |             |                    |  |

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts contributions, grants, membership fees received. (Do not include any "unusual grants.") . . . . . 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 . . . . . Public support (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 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . . . Total support. (Add lines 9, 10c, 11, and 12.) . . . First five years. 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 18

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