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990-EZ

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

Department of the Treasury Internal Reversion Senace 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.							pection					
A For the 2009 calendar year, or tax year beginning , 2009, and ending						, 20						
_							D Emp	D Employer Identification number				
	Address o	hance use RS International Treasure House Ministries Inc						76-0538446				
=	Name cha	•	label or						E Telephone number			
	initial retu		m type.						281-392-2747			
Ц	Terminate	Specific City or town, state or country, and ZIP + 4								1 -11		
=		Amended return Instruc-							oup Exemption umber >			
ш		on pending	tions.	Katy,TX 77494-3558								
	• Sect	tion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must att npleted Schedule A (Form 990 or 990-EZ).	tach		_	Method: ☑ Cash ☐ Accrua				
			a cor	npleted Scriedule A (FOITH 550 OF 550-E2).			(specify					
_									if the organization is not attach Schedule B (Form 990,			
	Nebsit -				7				hedule i	B (Form 990,		
					527		Z, or 99					
	Check		_	zation is not a section 509(a)(3) supporting organization and its (-	•	•			\$25,000. A		
-				turn is not required, but if the organization chooses to file a ret				lete ret	um.			
				9 to determine gross receipts; if \$500,000 or more, file Form 990 i				* \$		89604		
P	art I		<u> </u>	enses, and Changes in Net Assets or Fund Bala	ances	(See the	instru	ctions	tor Pa			
	1			s, grants, and similar amounts received				1		89429		
	2	Program se	ervice r	evenue including government fees and contracts				2	· · · · · · · · · · · · · · · · · · ·			
	3	Membersh	ip dues	and assessments				3		·		
	4	Investment	incom	e <i></i>				4		175		
	5a	Gross amo	unt fro	m sale of assets other than inventory	5a]				
	b	Less: cost	or othe	r basis and sales expenses	5b		·]				
	c	Gain or (los	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
Revenus	6											
<u>6</u>	a	Gross reve	വള് നി	of contributions								
ě	-	reported of	eported on line 1)									
_	Ь			1 (O)	6b			1 1				
		c Net regame at loss) from specialce ents and activities (Subtract line 6b from line 6a)						6c				
	I _							 ~ 				
								1				
	1							 				
	1							7c 8				
	1	Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								90004		
	9				• • •	· · ·		9		89604		
	10	Grants and similar amounts paid (attach schedule)						10		22520		
_	11	Benefits paid to or for members						11 12				
808	12	Salaries, other compensation, and employee benefits								38227		
6	13	Professional fees and other payments to independent contractors										
Expons	14	Occupancy, rent, utilities, and maintenance										
ш	.•	Printing, publications, postage, and shipping						15		119		
	16	Other expenses (describe Depreciation, Travel Expenses, Fees, Office expenses, Misc.						16		7327		
	17			Add lines 10 through 16				17		68193		
2	18			for the year (Subtract line 17 from line 9)				18		21411		
8	19			d balances at beginning of year (from line 27, column		-		! !				
₹		end-of-year figure reported on prior year's return)						19		45243		
Net Assets	20	Other chan	ges in	net assets or fund balances (attach explanation)				20				
	21			balances at end of year. Combine lines 18 through 20			. ▶	21		66654		
Р	art II	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000	or mo	re, file Fon	m 990	instea	d of Fo	m 990-EZ.		
				(See the instructions for Part II.)		(A) Begi	nning of	year	(B) E	End of year		
22	2 Ca	ash, savings,	and in	vestments			3	34368	22	65864		
23		ind and build							23			
24			_	e ► Mitsubishi Van	1	, [1	3230		8820		
25		otal assets .						7598		74684		
							2355		8030			
· · · · · · · · · · · · · · · · · · ·							15243		66654			

	200 22 (4000)					, ago _
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	L)		Expenses
	t is the organization's primary exempt purpose?					ired for section (3) and 501(c)(4)
	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise					
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	4947	nizations and section (a)(1) trusts; optional
	program title.				for of	hers.)
28	Our organization provided financial support for the					
	and Spring Valley Orphanage. These organizations also provided for other miscellaneous projects to he					
		00-	19920			
29	(Grants \$) If this amount We also provided financial support for the Romania	includes foreign grants, ch			28a	13320
29	In Romania.					

	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	2600
30						
		includes foreign grants, ch	eck here	. ▶ □	30a	
31	p g					
		includes foreign grants, ch	eck here	. ▶ 🛛	31a	
	Total program service expenses (add lines 28a			-	32	22520
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribute		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit deferred compe	plans &	account and
long	lifer E. Phillips	devoted to position	enter -0)	оенетво сотра	nsauon	other allowances
	3 South Warmstone Way Katy, TX 77494	President 40 Hours	28800		7223	0
	erly Van Curen		20000		1220	
	1 South West Columbus, IN 47201	Vice President 1 HR	0		0	0
	beth M Phillips	0				
2322	3 South Warmstone Way Katy,TX 77494	Secretary/ Treasurer 10 Hr	0		0	0
	hia M Gaither	Board Member < 1HR				
2007	Merrill Hills Circle Katy, TX 77450	Dould Melliber - IIIK	0		0	0
	·					
		•				
		•				
	***************************************	1				

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		1				
						

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Form 99	0-EZ (2009)		F	age 3
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.			
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		1
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 0	2		
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			
39	Section 501(c)(7) organizations. Enter:		i	
а	Initiation fees and capital contributions included on line 9	1		
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:			
	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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
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			
0	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		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Elizabeth M Phillips Telephone no. ▶	281-39	2-2747	7
	Located at ► 23223 South Warmstone Way Katy, TX ZIP + 4 ►	77494	-3558	
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.? If "Yes," enter the name of the foreign country:	42c		✓
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	• •	. •	• <u> </u>
		[Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
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		✓
	For	n 99 0	-EZ	(2009)

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	exempt charitab ritable trusts mus	le trusts only. A t answer questio	l sec ns 46	tion 3-49t	b	
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete		ties on behalf of or			Yes	No 🗸	
	•	•			46 47		1	
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
	•		•		48 49a		- <u>v</u>	
	Complete this table for the organization's five hi		49b	es an	d key			
	employees) who each received more than \$100,0							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation				ise ind inces	
								
1	Total number of other employees paid over \$100							
	Complete this table for the organization's five I \$100,000 of compensation from the organization	n. If there is none, enter "N		ors who each rece	ived	more	than	
· · · · · · · · · · · · · · · · · · ·	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	e of service	(c) Con	npensa	tion .	
								
d ·	Total number of other independent contractors e	each receiving over \$100,0	000▶					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompar of preparer (other than officer) is I	nying schedules and stat based on all information	tements, and to the best of which preparer has a	of my	knowle wiedge	edge	
Sign Here	Elizabeth M. Phillips 4-15-10 Stignature of officer Date							
· · · · · · · · ·	Type or print name and title	is Secretar	y/trea	SUVEV				
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	oer (See	instruct	tions)	
Use Ont	y yours if self-employed),		EIN					
May the	address, and ZIP + 4 P a IRS discuss this return with the preparer shown	above? See instructions	Pho	one no. ▶	Yee			

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.

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

Name of the organization

International Treasure House Ministries, Inc

76 0538446

Pai	rt I	Reason	for Public Ct	narity Status (All or	rganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
1											
2		A school de	scribed in secti e	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service orgar	nization d	lescribed	in sectio	n 170(b)	(1)(A)(iii).	1	
4		A medical re	esearch organiza	ation operated in con	junction	with a ho	spital de	scribed i	n section	170(b)(1)(A)(iii). Enter the
			ame, city, and st								·····
5		= · · · · · · · · · · · · · · · · · · ·									
_	_		(b)(1)(A)(īv). (Co	· ·						_	
6		2									
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		receipts from support from	n activities relate n gross investm	y receives: (1) more the ed to its exempt function ent income and unre a after June 30, 1975.	tions—su elated bu	ubject to o siness ta	certain ex xable inc	xceptions come (les	s, and (2) s section	no more	than 331/2 % of its
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety.	. See sec	tion 509	(a)(4).	
11				and operated exclusiv							
				blicly supported orga							
		509(a)(3). Cl	heck the box tha	at describes the type	of suppo	orting orga	anization	and con	nplete line	s 11e th	rough 11h.
	_	a 🗌 Type				e III-Fun	•	_			Type III-Other
е				tify that the organizat							
		-		n managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	scribed in section
_			section 509(a)(2)								
f		_		a written determinati	ion from	the IRS	that it is	a Type	l, Type II	, or Type	Ill supporting _
		•	, check this box				• •				🗆
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	any of the	•	
		(i) A persor	who directly o	r indirectly controls, e	either alo	ne or tog	ether wil	th persor	ıs descril	oed in (ii)	Yes No
		and (iii) b	below, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i)
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)
				of a person described							11g(m)
<u>h</u>		Provide the	following informa	ation about the suppo	orted org	anization	s).				
(i) (of supported anization	(E) EIN	(m) Type of organization		organization		ou notify		s the	(viii) Amount of
	ory	anization		(described on lines 1-9 above or IRC section	governing document?		support?		organization in col.		support
				(see instructions))						S.?	
					Yes	No	Yes	No	Yes	No	
-						_					
								_			
			:								
											
				-							
	_				l	1			1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (f) Total Gifts, grants, contributions, and membership fees received. (Do not 105101 37413 94846 67675 89603 394638 include any "unusual grants.") 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 37413 94846 67675 105101 89603 394638 Total. Add lines 1 through 3 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 10920 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 383718 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 37413 94846 105101 89603 67675 394638 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 123 726 997 274 175 2295 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV.) 396933 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 96.7 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test-2009. 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 10%-facts-and-circumstances test-2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

International Treasure House Ministries, Inc

76-0538446

Attachment to form 990-EZ

Part 1 Line 10:

\$2,600 Romanian Children's Relief

\$19,920 Funds used to support the work with the following organizations:

- Into Abba's Arms orphanage

- Spring Valley orphanage
 H.O.R.E.C. orphanage
 Embaski Academy orphanage