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Form **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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	A F	or th	e 2009 calendar year, or tax year beginning APR 1, 2		and endi			2010
	R C	heck if	A Name of organization					dentification number
	ا ا	Addres	s use IRS			1	•	
	\vdash	Name Changi	label or			۾ ا	5-0	400450
	\vdash	Initial	Number and street (or P.O. box, if mail is not delivered to street	et address)	T _R	oom/suite E Tele		
	<u></u>	_returr]Term:	1900	, or assir 550,	"			892-2077
	\vdash	Jated Jamer						
	\vdash	Amer returr Applica pendin				1	nber 🕨	mption
			tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts r	must attach a same	loted	G Accounting m		
		- 360	Schedule A (Form 990 or 990-EZ).	nust attach a comp)IEIEU	Other (specify		Outil
		/aheit	e: www.storehousewest.org					the organization is not
			empt status (check only one) — X 501(c) (3) ◀ (insert no.)	4947(a)(1) or	527	-		dule B (Form 990 990-EZ, or 990-PF)
		heck l						
	K U	IICUN J	Form 990 return is not required, but if the organization chooses to				τιαι ψε	20,000. AT 0111 000 EZ 01
		dd lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more,				\$	247,968.
		rt I	Revenue, Expenses, and Changes in Net Assets					
		1	Contributions, gifts, grants, and similar amounts received		(4		1	238,551.
		2	Program service revenue including government fees and contracts				2	230,3310
		3	Membership dues and assessments				3	
		4	Investment income				4	
		5a	Gross amount from sale of assets other than inventory	5a			1	
		b	Less: cost or other basis and sales expenses	5b				
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from			· · · · ·	5c	
	φ	6	Special events and activities (complete applicable parts of Schedule G). If all	•	namina ch	eck here		_
	enn	a	Gross revenue (not including \$ of contributions)		, ,			
	Revenue	_	reported on line 1)	6a		5,017.		
	ш.	Ь	Less: direct expenses other than fundraising expenses	6b		2,430.	1	
		C	Net income or (loss) from special events and activities (Subtract line 6b from				6c	2,587.
		7a	Gross sales of inventory, less returns and allowances	7a				
		b	Less: cost of goods sold	7b				
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	1			7c	
		8	Other revenue (describe ► <u>Sub-Lease Church</u>)	8	4,400.
		9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	245,538.
		10	Grants and similar amounts paid (attach schedule)	MeG.	EIVE.	n .	10	
		11	Benefits paid to or for members	1 100		65	11	
	ģ	12	Salaries, other compensation, and employee benefits	[종] OCT (0 8 201	0 8	12	31,760.
	uses	13	Professional fees and other payments to independent contractors		0 0 20	الآيا "	_13	4,884.
₽	Expe	14	Occupancy, rent, utilities, and maintenance	See	State	men € 4	14	24,463.
2010	ш	15	Printing, publications, postage, and shipping	OGD	EN, L	JT [15	
re)		16	Other expenses (describe	See	State	ment 1)	16	194,084.
ev)		17_	Total expenses. Add lines 10 through 16				17	255,191.
	10	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18_	-9,653.
OCT	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	ı				
	As		(must agree with end-of-year figure reported on prior year's return)				19	333,569.
<u>u</u>	Ě	20	Other changes in net assets or fund balances (attach explanation)				20	
\$		21_	Net assets or fund balances at end of year. Combine lines 18 through 20				21	323,916.
SCANNED	Pa	art II		0,000 or more, file	Form 990 i	nstead of Form 99	0-EZ.	
\mathcal{Q}			(See the instructions for Part II.)		(A)	Beginning of year		(B) End of year
90	22		th, savings, and investments		<u> </u>	176,281		180,657.
	23		d and buildings	_	<u> </u>	200,199		213,284.
	24			ement 2)	68,997		24,516.
	25		al assets			445,477		
	26			ement 3)	111,908		94,541.
	27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)			<u>333,569</u>		
	02-0	171 18-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	parate instruction	S	/	٠, ٩	Form 990-EZ (2009)

Forr	m 990-EZ (2009) Storehouse West, Inc.			85-	04004	50 Page 2
Pa	art III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)			penses
Wha	at is the organization's primary exempt purpose? See Statement	6			1	r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pu	rposes. In a clear and conc	ise manner, descr	be) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other releva	nt information for each prog	gram title.		for others)	
28	Provide food and clothing on a short	<u>rt-term basis</u>	to			
	individuals and families in need					
				<u> </u>		
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>		28a	<u>255,191.</u>
29			 			
				_		
	(Grants \$) If this amount includes foreign	grants, check here		Щ	29a	
30						
				$\overline{}$		
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	30a	
31	Other program services (attach schedule)		_	\Box	04-	
20	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here			31a 32	255,191.
	art IV List of Officers, Directors, Trustees, and Key	Employees, List each one ex	ven if not companyated	(See the		233,131•
۰۰۰	<u> </u>	List each one et	Ven in not compensated	i -	ontributions	
		(b) Title and average hours	(c) Compensation	1, ,	employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0-)		fit plans &	account and other allowances
		position	""		eferred pensation	other anowances
Ro	on Eppes, 1944 12th Ave. SE, Rio	Chairperson				
	ancho, NM 87124	2.00	0.		0.	0.
	erry Bergamo	Vice Chair				
	391 Crow Rd., Rio Rancho, NM 87124	2.00	0.		0.	0.
	ill Cox, 4827 Mi Cordelia Dr. NW,	Secretary				
	lbuquerque, NM 87120	2.00	0.		0.	0.
Wa	addie Fertig	Treasurer				
58	80 Nicklaus, Rio Rancho, NM 87124	5.00	0.		0.	0.
Ge	eorgiana Kugle, 3411 Fowler Meadows	_Executive Dir	ector			
<u>Dr</u>	r. NE, Rio Rancho, NM 87124	25.00	18,000.		0.	0.
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Pai	t V 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.			l
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			l
	and proxy tax requirements?	35a		х
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37Ь		Х
	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	İ	x
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter:			ĺ
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	. [1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶		i	ĺ
	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	i 1		ĺ
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		<u> </u>
	or disqualified persons during the year under sections 4912, 4955, and 4958	1	i i	
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
	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
	List the states with which a copy of this return is filed. > NM	<u> 406 </u>		
	The organization's books are in care of ► Shirley Underwood Telephone no. ► 505-89	2-2	077	
	Located at ► 1030 Veranda SE, Rio Rancho, NM ZIP+4 ► 8			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u>, </u>	<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	, <u></u>		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
	If "Yes," enter the name of the foreign country:	<u> </u>		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70		N/A		
	and differ the amount of tax exempt interest (see 1500) of accorded during the tax year	N/A		
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u>_</u>		130
	Form 990-EZ	44		X
	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		х
			00 57	(2009)

Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charital and 51			_		
46 Did th	e organization engage in direct or indirect political campaign activit	ies on behalf of or in opposition to o	candidates for public		Yes	No
	P If "Yes," complete Schedule C, Part I	• •	•	Г	46	X
	e organization engage in lobbying activities? If "Yes," complete s	Schedule C. Part II		Ī	47	X
	organization a school as described in section 170(b)(1)(A)(II)? If "			f	48	X
	e organization make any transfers to an exempt non-charitable rela	·		-	49a	X
	s," was the related organization a section 527 organization?	nou organization		F	49b	
	lete this table for the organization's five highest compensated emp	lovees (other than officers, directors	tructore and key o	_		moro.
•	5100,000 of compensation from the organization. If there is none, e	· · · · · · · · · · · · · · · · · · ·	t ustees and key of			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred	(e) Expe account other allov	and
	NONE			compensation		
	ization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid in	nore than \$100,000	(b) Type of se	rvice (c) Compensa	tion
					 ,	
d Total	number of other independent contractors each receiving over \$100	0,000	>			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on Signature of officer WAITREEN 5. FE	ng accompanying schedules and statemen n all information of which preparer has any	its, and to the best of many knowledge	9/30 Date	ef, it is true,	
Paid Drangers's	Type or print name and title Preparer's signature		eck if self-	parer's identifying nu	mber (See ins	tr)
Preparer's Use Only	Erm's same /avenue.	em	ployed FIN			
	Firm's name (or yours it self-employed), address, and ZIP + 4		Phor			
 M <u>ay t</u> he IRS	S discuss this return with the preparer shown above? See instruction	ons			Yes [No
					orm 990-EZ	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Department of the Treasury Internal Revenue Service 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 Public Inspection

Name of t	he organizati							E	-	dentification number
			<u>use West, In</u>						85	<u>5-0400450</u>
Part I			ity Status (All organiz					ructions		
The organ 1	A church, con A school des A hospital or A medical rescity, and state An organization section 170 A federal, state An organization 170 (section 170)	a private foundation invention of churches cribed in section 17 a cooperative hospit search organization of e on operated for the (b)(1)(A)(iv). (Complete, or local government that normally receib)(1)(A)(vi). (Complete)	because it is (For lines 1 s, or association of churce 0(b)(1)(A)(ii). (Attach Solital service organization of operated in conjunction of the Part II) ent or governmental unit elives a substantial part of the Part II)	I through 1 ches described hedule E) described with a hos inversity over the described of its supp	I1, check or ribed in section pital descriving or open or open or from a	only one b ction 170 170(b)(1)(libed in se perated by	ox) (b)(1)(A)(i) (A)(iii). ction 170 a governr	(b)(1)(A)(ii	t describe	ed in
8	An organization activities relation and use section. An organization and publicly describes the amount of the section of the s	on that normally recited to its exempt fur unrelated business to 509(a)(2). (Complete ion organized and operation organized and operation organized in the business of the bus	perated exclusively to test perated exclusively for thations described in section organization and compli	1/3% of its ain exception 511 ta st for public ne benefit con 509(a)(1/2 ete lines 1/2 controlled y supporte	support fi ons, and (2 x) from but ic safety S of, to perfo 1) or section 1e through e III - Func I directly on d organiza	2) no more sinesses a Gee section the fur to 509(a)(2 in 11h intronally interinded in indirectly ations described.	than 33 1 acquired being 509(a)(4) actions of, 2). See sectegrated by one or cribed in sections as a section of the section of	/3% of its y the orga i). or to carry ction 509(a) r more discussection 505	y out the page of the desired states of the desired states of the desired states of the states of th	from gross investment ifter June 30, 1975 purposes of one or ick the box that Type III - Other persons other than
g h	supporting o Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	rganization, check the table of the table of the table of the table of the sure of the sure of the table of the sure of the table of the table of table of the table of table		ny gift or co lone or tog or (ii) above	ontribution ether with	from any	of the folk	owing pers		Yes No 11g(i) 11g(ii) 11g(iii)
	of supported anization	(ii) EIN	above or IRC section	in col. (i) lis	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	
Total LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Forn	n 990 or 990-EZ) 2009

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2009 Storehouse West, Inc 85-0400450 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 144,592 213,194. 202,576. 320,858. 231,760. 1112980. include any "unusual grants") 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 144,592. 213,194. 202,576. 320,858. 231,760. 1112980. 4 Total. Add lines 1 through 3 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) 64,142. 1048838. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total 144,592. 213,194, 202,576. 231,760. 320,858. 1112980. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 6,423. 7,024. 7,729 7,873. 4,400. 33,449. and income from similar sources 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) 1146429. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 91.49 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 89.12 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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,

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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		<u>L</u>					
c Add lines 10a and 10b	İ						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
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 First five years. If the Form 990 is fo	r the organization	's first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	organization,	
check this box and stop here_							
Section C. Computation of Publ	ic Support Pe	ercentage					
15 Public support percentage for 2009 (line 8, column (f) o	divided by line 13,	column (f))		15		%
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16		%
Section D. Computation of Inve	stment Incom	ne Percentage			•		
17 Investment income percentage for 20)09 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))	17		- %
18 Investment income percentage from	2008 Schedule A	, Part III, line 17			18		
19a 33 1/3% support tests - 2009. If the	organization did	not check the box	on line 14, and li	ne 15 is more than	33 1/3%, a	nd line 17 is not	
more than 33 1/3%, check this box a	ind stop here. The	organization qual	ifies as a publicly	supported organiz	ation		
b 33 1/3% support tests - 2008. If the	organization did	not check a box o	n line 14 or line 1	9a, and line 16 is m	ore than 33	1/3%, and	
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organ	nization	
20 Private foundation. If the organization	on did not check a	a box on line 14, 19	a. or 19b. check	this box and see in	structions		
						Form 990 or 990-	EZ) 2009

Form 990-EZ Other Expenses	····	Statement	1
Description		Amount	
Food & Clothing		119,0	88.
BECD Accidence		57,29	
Interest Expense		5,83 5,38	
Insurance Supplies		3,6	
Miscellaneous		2,8	
Total to Form 990-EZ, line 16		194,0	84.
Form 990-EZ Other Assets		Statement	2
Description	Beg. of Year	End of Yea	ar
A/R	4,625.	11,4	16.
Inventory	59,127.	8,9	
Other Depreciable Assets	5,245.	4,1	
Total to Form 990-EZ, line 24	68,997.	24,5	16.
Form 990-EZ Other Liabilities	s	Statement	3
Description	Beg. of Year	End of Yea	ar
A/P	4,247.	4,5	04.
Deferred Revenue	8,025.	4,3	09.
Secured Mortgage	99,636.	85,7	28.
Total to Form 990-EZ, line 26	111,908.	94,5	41.
Form 990-EZ Occupancy, Rent, Utilities and I	Maintenance	Statement	4
Description		Amount	
Depreciation		10,8	99.
Other Expenses		13,5	
Total to Form 990-EZ, line 14		24,4	63

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts						
directly or	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?]] Yes	[X]	No		
B) Did the org directly or	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes	[X]	No		

990-EZ Pg 2

Statement

6

Provide food and clothing on a short-term basis to individuals and families in need.