

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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)

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning 5/01, 2009, and ending 4/30		2010	
В	Check if applicable C	D Employer id	lentification number	
	Address change Please use IRS BREAKING CHAINS	26-01	68447	
		E Telephone i		
	Initial return bype SAN DTEGO, CA 92198	610-7	52-6325	
	Termination Specific -	019-7	32-0323	
H	Amended return Instructions. Application pending	F Group Ex Number	emption -	
1_			Cash X Accrual	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting the Acco		Odsh M Accida	
	H Check ►	If the org	anization is not	
		ttach Sched	dule B (Form 990,	
<u>J</u> _	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 9			
	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts ar	e normally i	not more than	
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure	to file a con	iplete return	
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990		00 407	
_	Instead of Form 990-EZ	►\$	89,487.	
ra	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the		00 407	
	1 Contributions, gifts, grants, and similar amounts received	1 1	89,487.	
	Program service revenue including government fees and contracts .	3		
	Membership dues and assessments	<u> </u>		
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b	 		
P		5c		
2∰#≈≖<≖≖	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	- - - 		
Ě	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
£	a Gross revenue (not including \$ of contributions			
20	reported on line 1) b Less direct expenses other than fundraising expenses 6b			
I	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	80		
	7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b			
JAN		7c		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8 Other revenue (describe >) 8	00 407	
MOZESKANNED	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	89,487.	
2	10 Grants and similar amounts paid (attach schedule)	10		
₹E	11 Benefits paid to or for members 12 Salaries other compensation, and employee benefits	11		
ÇX P	12 Salaries, other compensation, and employee benefits	12		
¥ E	13 Professional fees and other payments to independent contractors C 1/2 2010 2010	13		
S	14 Occupancy, rent, utilities, and maintenance	14	1 004	
š	15 Printing, publications, postage, and shipping	15	1,004.	
	16 Other expenses (describe ► SEE STATEMENT 1 OGOEN 150)	<u>16</u> ► 17	120,939.	
	17 Total expenses. Add lines 10 through 16	- + '' +	121,943.	
_	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,456.	
N S E E T S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year 19	76,790.	
투퇴	figure reported on prior year's return)	20	70, 190.	
s	20 Other changes in net assets or fund balances (attach explanation)	► 21	44,334.	
	21 Net assets or fund balances at end of year Combine lines 18 through 20 rt II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990			
Га			(B) End of year	
22	·	938. 22	7,307.	
22 23		23	7,507.	
24		852 . 24	37,027.	
25		790. 25	44,334.	
26		0. 26	0.	
27		790. 27	44,334.	~
	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)	8
J-1			, OIII 330-LE (2003)	0
	TEEA0803L 01/30/10			r 1
			^	UI

Form 990-EZ (2009) BREAKING CHAINS				-016	58447 Page 2
Partill Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	0	Expenses
What is the organization's primary exempt purpose? SE	E STATEMENT 3			501(c	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	ne organization's exempt purp	oses In a clear and co	ncise manner,	orgaj	nîżations and section
program title.	r persons benefited, or other	relevant information for	eacii	for o	thers)
OO CEE OF THE A					
200 21.02.001.1.1.1.1.1.1.1.1					
(Cranta 6		ranta abadi bara		28 a	85,066.
	nis amount includes foreign gi	ants, check here		20 a	03,000.
29 SEE STATEMENT 5					
	nis amount includes foreign gi	rants, check here	<u> </u>	29 a	22,736.
30		~ _ ~			
	nis amount includes foreign gi	rants, check here	<u> </u>	30 a	<u> </u>
31 Other program services (attach schedul	•		. [
	nis amount includes foreign gi	rants, check here		31 a	107 000
32 Total program service expenses (add l				32	107,802.
Part IV List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan		(e) Expense account and other allowances
(a) Name and address	to position	not paid, enter -v)	deferred compensa	is and tion	and other allowances
STEVEN T CASS	PRESIDENT & CEO	0.		0.	0.
PO BOX 27524	35.00				
SAN DIEGO, CA 92198	1		ĺ		
JILL W FOLSOM	SECRETARY	0.	 	0.	0.
PO BOX 27524	20.00			٥.	· ·
	20.00		}		
SAN DIEGO, CA 92198	CVIA TOWAR			0.	0.
MARK WALLIS	CHAIRMAN	0.	1	U.	0.
PO_BOX_27524	2.00				
SAN DIEGO, CA 92198					
_JAMES_SILVA	CFO	0.		0.	0.
PO_BOX_27524] 10.00				
SAN DIEGO, CA 92198	<u> </u>				
			}		
	1				
					-
<u></u>	1		!		
	7				
 	 		1		
	1				
	1				
	 				
	†		1		}
	-				
	 	 	 		
	-}		,		
	-				
		 	 		
	4				
	4	[
	 	ļ	 		ļ
	1				
	1	1	1		
	<u> </u>		<u> </u>		
]	}	1		
	l				<u> </u>

Pe	TY V Coner information (Note the statement requirements in the insus for Fart V.) SEE ST	WICHI	71/1	<u>, </u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	22		Ų
34	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33		X 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 a 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?	35 a		<u> </u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	350	-	 -
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X_
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			, -
	b Did the organization file Form 1120-POL for this year?	37b	-	X
38	a 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?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/I	7		
39	Section 501(c)(7) organizations Enter	7		
	a Initiation fees and capital contributions included on line 9	_		
	b Gross receipts, included on line 9, for public use of club facilities N/A	<u> </u>		
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.			
	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	40 b		X
	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			, ,
	e 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			; <u>-</u>
	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed CA	40 e		X
7'	List the states with which a copy of this feturit is filled.	_	· ··· .	
42	a The organization's	152_6	225	
	books are in care of ► JILL FOLSOM Telephone no. ► 619-7 Located at ► 12806 ABRA PLACE SAN DIEGO CA ZIP + 4 ► 92198	<u> </u>	242	
	Control of Table 1 Intel District of Table 1			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
			ļ	. !
			,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the US?	42c		<u> </u>
	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		▶	N/A
-	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			V	N _c
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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		Х
BAA		orm 99 0)-EZ (

►X Yes

Form **990-EZ** (2009)

Part VI	 Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table 	ection 4947(a)(1) no	nexempt char	mpt charitable trusts only table trusts must answer of	All sections	on
46 Did	the organization engage in direct or indir	ect political campaign a	ctivities on hehalf	f of or in apposition to candidates	Ye	s No
for p	the organization engage in direct or indir public office? If 'Yes,' complete Schedule	C, Part I	carracs on benun	or or an opposition to canadates	46	<u> </u>
47 Did	the organization engage in lobbying activ	uties? If 'Yes,' complete	Schedule C, Part	t II	47	<u> </u>
	ne organization a school as described in s				48	<u> X</u>
	the organization make any transfers to a		related organiza	tion?	49a	<u> </u>
b If 'Y	es,' was the related organization a section	on 527 organization?			49Ь	Щ
50 Com	nplete this table for the organization's five ployees) who each received more than \$1	e highest compensated of 00,000 of compensation	employees (other from the organiz	ration If there is none, enter 'Noi	and key ne.'	
((a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on (d) Contributions to employee benefit plans and deferred compensation	(e) Expension account are other alloware	nd
NONE						
					-	
	al number of other employees paid over \$				than \$100.0	00 -6
com	nplete this table for the organization's five spensation from the organization. If there			 		
NONE	(a) Name and address of each independent cor	ntractor paid more than \$100,000	·	(b) Type of service	(c) Compens	ition
NOME -						
d Tota	al number of other independent contracto	rs each receiving over \$	5100,000	-		
	Under penalties of perury, I declare that I have exatrue, correct, and comprete Declaration of preparer	imined this return, including according to the control of the cont	ompanying schedules a all information of which	nd statements, and to the best of my knowled n preparer has any knowledge	edge and belief,	it is
Sign				12/15/1	10	
Here	Signature of officer STEVEN T CASS			PRESIDENT & CEO		
	Type or print name and title				ror's Identifica-	Number
Paid Pre-	Preparer's signature NON-PAID PREPAI	RER	Date	self-	rer's Identifying instructions)	
parer's	Firm's name (or yours if self-		MATERIAL CONTRACTOR			
Use	employed), address, and	the second that is the same of the total				
Only	ZIP + 4	and the second second	All Complete Control	Phone no	11. 51.	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2009

Name	of the	e organization					· · · · · ·		Employe	r identifica	tion number
BRE	BREAKING CHAINS 26-0168447										
Par	<u>t I</u>	Reason for Pu	blic Charity Statu	s (All organizations	must c	comple	te this	part.)	See i	nstruct	tions
The o	orga	inization is not a pri	vate foundation becau	ise it is. (For lines 1 thro	ugh 11,	check o	nly one	box)			
1		A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).									
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l)(1)(A)	iii).			
4		A medical research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) E	nter the hospital's
	_	name, city, and sta	ate	,							
5		An organization op 170(b)(1)(A)(iv). (0	erated for the benefit	of a college or university	owned	or oper	ated by	a gover	nmenta	l unit de	scribed in section
6 7	X	An organization that		governmental unit descri substantial part of its su art II)					t or fron	n the ge	neral public described
8		-		170(b)(1)(A)(vi). (Comple	te Part I	I)					
9		from activities relate investment income	ed to its exempt function	more than 33-1/3 % of its some subject to certain excess taxable income (less omplete Part III)	eptions, a	and (2) r	o more i	lhan 33-	1/3 % of	its supp	ort from aross
10		1		exclusively to test for pu	iblic safe	ety. See	section	1 509(a)	(4).		
11		An organization org	ganized and operated orted organizations of	exclusively for the benef described in section 509(a zation and complete lines	fit of, to a)(1) or	perform section	the fun 509(a)(2	ctions o	of, or ca	rry out t 509(a)(3	he purposes of one of the box that
		a Type i	b Type II	c Type III				ted		d 🗀	Type III- Other
e		By checking this be	ox. I certify that the or	ganization is not controll n one or more publicly si	led direc	tly or in	directly	by one	or more ed in sec	disqual	lified persons other 9(a)(1) or section
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,
g			006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	s ⁷
		(i) a person who	directly or indirectly	controls, either alone or	together	with ne	renne d	escriber	d in (ii) :	and (m)	Yes No
		below, the go	overning body of the s	upported organization?	together	with pe	130113 0	CSCIDE	u III (II) (una (m)	11 g (i)
		(ii) a family mem	nber of a person desc	cribed in (i) above?							11 g (ii)
		(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii)
h		Provide the following	ng information about t	the supported organization	ons.				,		,
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col i in your rning ment?	the organ	ou notify lization in (i) of upport?	organizat	s the on in col- zed in the S ?	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
		_ _									
		·									
											_
Total											

Schedule A (Form 990 or 990-EZ) 2009 BREAKING CHAINS 26-0168447 Page 2 Part II 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 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 77,633 163,825 89,487 330,945. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge. 0. 89,487 163,825 330,945. 77,633 Total. Add lines 1-through 3 0 0 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 125,285. shown on line 11, column (f) Public support. Subtract line 5 20<u>5,660</u>. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 0 77,633 163,825 89,487 330,945. 7 Amounts from line 4 0. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 through 10 330.945. 12 0.

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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14_	%	i
15	Public support percentage from 2008 Schedule A, Part II, line 14	15_	%	,

16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and 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, 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.

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

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

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)

VAC	tion A. Public Support		ne 9 or rait 1)				
		(3) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ndar year (or fiscal yr beginning in) P Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2005	(b) 2006	(6) 2007	(4) 2000	(6) 2003	() Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b				<u> </u>		ļ
8	Public support (Subtract line						
	7c from line 6.)						<u> </u>
<u>Sec</u>	tion B. Total Support		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal yr 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 form similar sources						
	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
11	on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is						
12 13	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
12 13 14	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
11 12 13 14 Sec	on securities loans, rents, royalties and income form similar sources. Ourrelated 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 inline 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 ins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	blic Support P	Percentage			s a section 501(c	
11 12 13 14 Sec 15	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	blic Support P 009 (line 8, colum	Percentage n (f) divided by lii				%
11 12 13 14 Sec 15 16	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	blic Support P 009 (line 8, colum 2008 Schedule A,	Percentage n (f) divided by fii , Part III, line 15	ne 13, column (f)		15	
11 12 13 14 Sec 15 16 Sec	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support F 009 (line 8, colum 2008 Schedule A, vestment Incor	Percentage n (f) divided by lii , Part III, line 15 me Percentag	ne 13, column (f))	15	%
12 13 14 Sec 15 16 Sec 17	on securities loans, rents, royalties and income form similar sources O 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage from	blic Support F 2009 (line 8, column 2008 Schedule A, restment Incor for 2009 (line 10c,	Percentage n (f) divided by lin , Part III, line 15 me Percentage , column (f) divide	ne 13, column (f) e ed by line 13, column)	15 16	% %
11 12 13 14 Sec 15 16 Sec 17 18	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support percentage for the support	blic Support F 2009 (line 8, column 2008 Schedule A, restment Incolumn for 2009 (line 10c, from 2008 Schedule propanization did not	Percentage n (f) divided by lin, Part III, line 15 me Percentage , column (f) divided lile A, Part III, line to the column on	e d by line 13, column 17 line 14, and line 15	umn (f)) 5 is more than 33-1/3	15 16 17 18 3%, and line 17 is r	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support tests — 2009, If the more than 33-1/3%, check this business.	blic Support F 099 (line 8, colum 2008 Schedule A, restment Incor for 2009 (line 10c, from 2008 Schedul organization did not box and stop here	Percentage n (f) divided by fin, Part III, line 15 me Percentage , column (f) divide alle A, Part III, line theck the box on the organization	ne 13, column (f) e d by line 13, column 17 line 14, and line 15 n qualifies as a p	umn (f)) 5 is more than 33-1/3 bublicly supported	15 16 17 18 3%, and line 17 is rorganization	% % % not • [
11 12 13 14 Sec 15 16 Sec 17 18 19a	on securities loans, rents, royalties and income form similar sources 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 inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support percentage for the support	blic Support F 099 (line 8, column 2008 Schedule A, restment Incom for 2009 (line 10c, from 2008 Schedul organization did not boox and stop here the organization did this box and sto	Percentage n (f) divided by lin, Part III, line 15 me Percentage, column (f) divided lile A, Part III, line it check the box on the organization of the check a both phere. The organization of the organiza	ed by line 13, column (f) ed by line 13, column 17 line 14, and line 15 n qualifies as a p x on line 14 or 19 nization qualifies	umn (f)) 5 is more than 33-1/3 bublicly supported 9a, and line 16 is a sea publicly supp	15 16 17 18 3%, and line 17 is rorganization more than 33-1/3 orted organizatio	% % % % % % % % % % mot

Schedule A	(Form 990 or 9	90-EZ) 2009	BREAKING (CHAINS			26-0168447	Page 4
Part IV	Supplement	al Informati	on. Complete	this part t	o provide	the explanations re	equired by Part II, line ormation. See instruc	= 10;
,	Part II, line	17a or 17b;	and Part III, I	line 12. Pro	ovide any	other additional info	ormation. See instruc	tions.
_								
			-					
					_			
			·					
								~
						_~		-
						_~		
				_ 				
	-			_ _				
			. 					-
			. 					
			·					- -
-								-
-							-	
- -								
				- - -				
					-			
 -					_ _			
			_					
-				_ _				
		- -		_ 				
-			·					
-								

	_	-	
~	•	n	•
	8 5		v
_	u	2.5	_

FEDERAL STATEMENTS

PAGE 1

BREAKING CHAINS

26-0168447

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

AFTERCARE AUTO EXPENSES BANKING & EXCHANGE FEES CHARITABLE CONTRIBUTIONS CONFERENCES, CONVENTIONS, A DEPRECIATION NOTARY EXPENSES OFFICE EXPENSES OUTREACH SPEAKING ENGAGEMENTS TAXES & LICENSES TELEPHONE TRAFFICKING INVESTIGATIONS TRAVEL WEBSITE	AND MEETINGS	TOTAL \$	62,039. 15,509. 1,843. 2,628. 710. 3,180. 7,800. 314. 415. 1,931. 325. 2,768. 14,199. 6,939. 339.

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BEGI	NNING_	ENDING
AUTOMOBILES LONG-TERM INVESTMENT	\$	4,400. \$ 30,000.	5,960. 30,000.
MACHINERY AND EQUIPMENT PREPAID LEGAL FEES		1,452. 5,000.	1,067. 0.
	TOTAL \$ 4	10,852. \$	37,027.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO FIGHT FOR THE FREEDOM OF INNOCENT CHILDREN WHO HAVE BEEN CAUGHT IN THE CHAINS OF PROSTITUTION, SEX TRAFFICKING AND SEXUAL ABUSE.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

AFTERCARE: BREAKING CHAINS ACTIVELY WORKS TO BRING HEALING TO WOMEN AND CHILDREN WHO WERE AFFLICTED BY HUMAN TRAFFICKING. THE ORGANIZATION HAS HELPED MEET THE NEEDS OF OVER 60 WOMEN RECOVERING FROM FORCED PROSTITUTION. BREAKING CHAINS ALSO RECRUITS MISSIONARIES TO BE SENT TO WORK IN SHELTERS IN LATIN AMERICA - IN THIS, BREAKING CHAINS ACTS AS A MISSION SENDING ORGANIZATION.

2009

FEDERAL STATEMENTS

PAGE 2

BREAKING CHAINS

26-0168447

STATEMENT 5
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ABOLITION: BREAKING CHAINS ACTIVELY WORKS TO ELIMINATE HUMAN TRAFFICKING - IT DOES THIS IN TWO WAYS: 1) INVESTIGATIONS - BREAKING CHAINS WORKS WITH VARIOUS LAW ENFORCEMENT AGENCIES IN AN EFFORT TO BETTER COORDINATE INFORMATION BETWEEN THEM. BREAKING CHAINS ALSO SENDS MISSIONARIES TO LATIN AMERICA, WHO CONDUCT FIELD WORK, AND WHO ASSIST IN DISCOVERING WOMEN AND CHILDREN THAT ARE CAUGHT UP IN FORCED PROSTITUTION. WE HAVE ASSISTED IN THE RESCUE OF APPROXIMATELY 500 WOMEN AND CHILDREN SINCE OUR INCEPTION. 2) THE MINISTRY PROACTIVELY RAISES AWARENESS OF THE PLIGHT OF HUMAN TRAFFICKING THROUGH SPEAKING ENGAGEMENTS BY ITS FOUNDER STEVEN CASS.

STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

CUR SPECIAL PRIOR SALVAG DEPR PRIOR NETHON LIFE RATE	SALVATING CHANNS SALVAR 179, PRIOR SALVAR 179, PRIOR 179, PRIOR SALVAR SALV	SREQWING GRADINS PRIOR SALVAG 1,100 SODB HY 5 32000 SODB HY 5 32	
CUR SPECIAL 1797 PRIOR SALVAG BERR PRIOR METHOD LIFE RATE OFFRRE PRIOR 1,100 2000B HY 5 32000 750 2000B HY 5 20000 3,400 2000B HY 5 20000 2000B HY 5 20000 2000B HY 5 20000 2000B HY 5 20000 2,500 1,100 2000B HY 5 20000 2000B HY 5 20000 2000B HY 5 20000 2,471 814 2,2000B HY 5 20000 2,200 BHY 2,20000 2	BUS THE SPECIAL PRIOR SALVAGE BETTER PRIOR SALVAGE BESTS OFFR METHOD LIFE RATE BASIS OF 1,100 2000B HY 5 2000 750 2000B HY 5 20000 750 2000B HY 5 20000B HY 5 20000 750 2000B HY 5 20000B HY	SUS CUR SPECIAL 1797, PRIOR SALVAG CORP 1700 2000B HY 5 32000 3400 3400 255 288 1500B FY 5 32000 350 3400 3400 3400 3400 3400 3400 34	
5,500 1,100 2000B HY 5 32000 750 2000B HY 5 20000 3,400 2,000B HY 5 20000 3,400 1,100 200B HY 5 20000 3,400 1,100 200B HY 5 20000 3,255 268 150DB 5 5 643 296 200DB 17 5 20000 205 198 200DB HY 5 20000 205 198 200DB HY 5 20000 205 198 200DB HY 5 20000 206 0 0 0 0 0 2,471 814 206 1,101 1,101 1,114	5,500 1,100 2000B HY 5 32000 3,400 2,000B HY 5 20000 3,400 3,600 1,100 2,000B HY 5 20000 5,200 1,100 2,000B HY 5 20000 6,43 286 1,500B 5 2,000B 5 2,000B 5 2,000B HY 5 2,0000 0 0 0 0 0 0 0 0 0 0 0 0 12,121 1,914 0 0 0 0 0 0 0 12,121 1,914	5500 1,100 2000B HY 5 20000 750 2000B HY 5 20000 3,400 2000B HY 5 20000 525 288 1500B 5 5 109 529 138 2000B 17 5 2000 526 2000B 5 5 109 529 138 2000B 17 5 2000 527 288 1500B 5 5 109 643 256 2000B 5 5 109 643 256 2000B 5 5 109 643 256 2000B 17 5 2000 528 108 2000B 17 5 2000 529 138 2000B 17 5 2000 520 1,100 200B 17 5 200 520 1,100 200B 17 5 200 520 1,100 200B 17 5 200 520 1,100 200B 17 5 2000 520 1,100 200B 17 5 200 520	DATE DATE ACCILIRED SOLD
5,500 1,100 2000B HY 5 32000 750 2000B HY 5 20000 3,400 3,400 2000B HY 5 20000 1,100 2000B HY 5 20000 3,400 3,400 2,400 1,100 200 0 0 0 9,650 1,100 200 1,100 5 2000B HY 5 20000 200 1,100 5 2000B HY 5 20000 200 1,100 5 2,400 5 2,400 5 2,400 200 1,100 2,401 814 200 0 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 1,101 1,101 200 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 0 0 0 1,101 1,101 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5,500 1,100 2000B HY 5 750 2000B HY 5 3,400 2000B HY 5 3,400 0 0 9,650 1,100 525 268 150DB 5 643 296 2000B 5 889 198 2000B HY 5 205 2000B HY 5 0 0 0 0 0 2,471 814 0 0 0 0 0 2,471 814	5,500 1,100 2000B HY 5 32000 3,400 2000B HY 5 20000 3,400 2,000B HY 5 20000 8,400 0 0 0 9,650 1,100 9,650 1,100 2000B HY 5 20000 9,650 1,100 2,000B HY 5 20000 0 0 0 0 0 0 0 0,2,471 814 0 0 0 0 0 0 0 0,2,471 814 0 0 0 0 0 0 0 0,2,471 814	
5,500 1,100 200DB HY 5 3,400 200DB HY 5 3,400 200DB HY 5 3,400 2,650 1,100 200DB HY 5 1,100 52 268 150DB 5 1,100 52 150DB 7 1	5,500 1,100 2000B HY 5 3,400 2000B HY 5 3,400 0 0 0 9,650 1,100 525 268 1500B 5 643 296 1900B HY 5 814 2000B HY 5 989 198 2000B HY 5 980 0 0 0 0 2,471 814 90 0 0 0 0 12,121 1,914	5,500 1,10 2000B HY 5 750 2000B HY 5 3,400 2,401 1,100 0 0 0 9,650 1,100 0 0 0 9,650 1,100 0 0 0 0 0,650 1,100 0 0 0 0 0 2,471 814 0 0 0 0 0 0 2,471 814 0 0 0 0 0 0 0 0,12,121 1,1914	
3,400 2000B HY 5 20000 3,400 0 0 9,650 1,100 52 1500B 5 5 20000 8,400 0 0 0 0 9,650 1,100 52 1500B 5 5 20000 8,525 268 1500B 5 5 2000B 5 5 2000B 5 5 2000B 5 5 2000B 8,525 268 1500B 5 5 2000B 5 5 2000B 8,525 2600B HY 5 2000D 8,525 2600B HY 5 2000D 9,650 1,100 5 2,471 814 5 2000B	750 2000B HY 5 3,400	750 2000B HY 5 20000 3,400 0 0 0 9,650 1,100 525 268 150DB 5 109 52 150DB 5 643 296 2000B 15 52000 200 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,1314	11/19/08
3,400 200DB HY 5 2000 0 0 0 0 9,650 1,100 525 268 150DB 5 109 52 150DB 5 643 296 200DB 5 989 198 200DB HY 5 32000 205 2,471 814 0 0 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	3,400 2000B HY 5 525 268 150DB 5 109 52 150DB 5 643 296 200DB HY 5 643 296 200DB HY 5 205 200DB HY 5 0 0 0 0 0 2,471 814 0 0 0 0 0 12,121 1,1914	3,400 2000B HY 5 2000 0 0 0 0 0 9,650 1,100 109 52 150DB 5 109 109 12,121 1,514 1,514	5/09/09
0 0 0 0 9,650 1,100 5 525 268 150DB 5 109 52 150DB 5 643 236 200DB 5 989 198 200DB HY 5 2000 205 205 1914 5 2000 0 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	0 0 0 0 9,650 1,100 525 268 150DB 5 109 52 150DB 5 643 296 200DB H7 5 205 200DB H7 5 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	0 0 0 0 0 9,650 1,100 \$25 268 150DB 5 109 \$2 150DB 5 643 296 200DB HY 5 2000 205 200DB HY 5 2000 0 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	60/10/9
525 268 150DB 5 109 52 150DB 5 643 296 200DB 5 989 198 200DB HY 5 32000 205 200DB HY 5 20000 0 0 0 0 2,471 814 5 20000 0 0 0 0 12,121 1,914	525 268 150DB 5 109 52 150DB 5 643 296 200DB HY 5 989 198 200DB HY 5 200 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1914	525 268 150DB 5 109 52 150DB 5 643 296 200DB 75 989 198 200DB HY 5 32000 205 205 200DB HY 5 32000 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	•
525 268 150DB 5 109 52 150DB 5 643 296 200DB 75 2000 989 198 200DB HY 5 32000 205 205 200DB HY 5 2000 0 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	525 268 150DB 5 643 296 200DB 5 643 296 200DB 5 889 198 200DB HY 5 205 200DB HY 5 206 200DB HY 5 207 207 814 208 198 200DB HY 5 209 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	525 268 1500B 5 109 52 1500B 5 643 296 2000B 5 989 198 2000B HY 5 32000 20 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	
109 52 150DB 5 643 296 200DB 5 989 198 200DB HY 5 22000 205 200DB HY 5 22000 206 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	169 52 150DB 5 150DB 643 296 200DB 17 205 200DB 17 5 150DB 17 5 15	109 52 150BB 5 643 296 200BB 5 889 198 2000B HY 5 32000 205 2,471 814 0 0 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	5/04/07
643 296 200B 5 989 198 200DB HY 5 32000 205 200DB HY 5 2000 0 0 0 0 0 2,471 814 0 0 0 0 0 12,121 1,914	643 296 200B 5 989 198 200DB HY 5 205 200DB HY 5 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	643 296 2000B 5 989 198 2000B HY 5 32000 205 2000B HY 5 20000 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	7/15/07
989 198 2000B HY 5 32000 205 206 2000B HY 5 20000 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	989 198 200DB HY 5 205 200DB HY 5	989 198 2000B HY 5 32000 205 2000B HY 5 20000 0 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	2/04/08
0 0 0 0 2,471 814 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	205 200DB HY 5 200DB H	205 20008 HY 5 20000 0 0 0 0 0 0 2,471 814 0 0 0 0 0 0 12,121 1,914	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1/29/10
0 0 0 0 1,914 0 0 0 0 1,914 0 0 0 0 12,121 1,914	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2,4
$\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{12,121}$ $\frac{1,914}{1,914}$	0 0 0 0 12,121	$\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{0}$ $\frac{0}{12,121}$ $\frac{1,914}{0}$	12,1
			12,1

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
A corporation Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	nd complete			
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	ruest an extension of			
one of the electronical returns, or a	Fitting (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Hower y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ver, you ca s 990-BL, (nd signed p	annot file Form 8868 5069, or 8870, group age 2 (Part II) of Form			
Type or print	Name of Exempt Organization SREAKING CHAINS		dentification number 0168447			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 27524					
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO. CA 92198					
Check type Form 99 Form 99 Torm 99 Torm 99	10-BL Form 990-T (sec. 401(a) or 408(a) trust) 10-EZ Form 990-T (trust other than above)	0	Form 4720 Form 5227 Form 6069 Form 8870			
Telephone If the org If this is for the who	s are in the care of JILL FOLSO!! No. > (858) 472-7149 FAX No. > () anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box > [] . If it is for part of the group, check this box					
1 requesting the second seco	ne names and ElNs of all members the extension will cover. Lest an automatic 3-month (6 months for a corporation required to file Formula 1.5 , 20 10, to file the exempt organization return for the organization organization's return for: calendar year 20 or , 20 09 , and ending 4 20	named abo	extension of time ove. The extension is			
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tany nonrefundable credits. See instructions.	-	\$			
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to ents made. Include any prior year overpayment allowed as a credit.					
depos	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	d, nt				
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.					

Form 8	868 (Rev.	4-2009)	·	Page 2
Note.	Only or	filing for an Additional (Not Automatic) 3-Month Extension, complete implete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on part II)	nsion on a previous	check this box . ▶ ☐ sly filed Form 8868.
Part		Additional (Not Automatic) 3-Month Extension of Time. Only fil		copies needed).
Type print	or	Name of Exempt Organization		ployer identification number
File by extende	ed l	Number, street, and room or suite no. If a P.O. box, see instructions.	For	IRS use only
filing th return. Instruct	e See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Chec	k type	of return to be filed (File a separate application for each return):		
□F	orm 990) 🔲 Form 990-PF 🔲 F	orm 1041-A	☐ Form 6069
] Fo	orm 990)-BL	form 4720	☐ Form 8870
□Fe	orm 99	O-EZ	form 5227	
STOP	l Do no	t complete Part II if you were not already granted an automatic 3-mon	th extension on a	previously filed Form 8868.
• The	books	are in the care of >		*****
Tele	phone	No. ▶ () FAX No. ▶ ()	·	
		nization does not have an office or place of business in the United State	es, check this box	▶ □
		a Group Return, enter the organization's four digit Group Exemption N		
		e group, check this box ▶ 🔲 . If it is for part of the group, ch		
list w	ith the	names and EINs of all members the extension is for.		
4	l reque	st an additional 3-month extension of time until	, 20	
		endar year, or other tax year beginning, 20_		
		ax year is for less than 12 months, check reason: Initial return		
		detail why you need the extension		
8a	If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter th	e tentative tax,	
	less an	y nonrefundable credits. See instructions.		8a \$
b	If this a	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda	ble credits and	
		ed tax payments made. Include any prior year overpayment allowed as		
	amoun	paid previously with Form 8868.		8b \$
C	Balance	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if	required, deposit	
	with FT	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	. See instructions.	8c \$
		Signature and Verification		
Under	penalties	of perjury, I declare that I have examined this form, including accompanying schedules and t, and complete, and that I am authorized to prepare this form.	statements, and to the	e best of my knowledge and belief,
	,	and another of any age to the administration in backets and failt		
		Aldrin Sant.		-11 -
Signati	ure 🕨	Justish Secretary	1	Date > 9 13 2010
		· I		Form 8868 (Rev. 4-2009)